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RESEARCH ARTICLE

UNDERSTANDING THE CONCERNS AND PROMOTING REPRODUCTIVE "Health Rights Among" INDIAN WOMEN

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A R T I C L E I N F O

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A B S T R A C T

The most important period in the life span of women is the reproductive period, which extends from menarche to menopause. Fertility regulation is one of the basic and most important preventive health care services for women in reproductive age. India became the first country in the world to launch a family planning programme to check the population growth.From the beginning, India has positioned its family planning programme as one arising out of concern for women's well being and status. Plan after plan has implied, if not highlighted outright, the unfair burden placed on women by unplanned, repeated pregnancies and consequently the spiral of unmanageable developmental needs on society. The traditional feudal society has sought to regulate every aspect of women's lives and not much importance is given to the reproductive health of women in earlier days. Religion, caste and cultural values have played important roles in defining and controlling women's fertility. A woman's general health status is intimately related to her health during pregnancy and is ofmajor importance for her reproductive outcome.Women's reproductive rights must account for the fact that reproduction is only one aspect of women's physiology and lives, and cannot be viewed in isolation. Hence the reproductive health is a fundamental human right as well as human development issue that states must strive to fulfill. Though we have certain rights and privileges related to reproductive rights women are not aware and they are not free to enjoy these rights. The present article highlights the issues and concerns related to reproductive health rights of women in India. The article explores the issues and concerns related to reproductive health and promoting reproductive health rights among women.

INTRODUCTION

Health of a nation is an essential component of development, vital to its economic growth and internal stability.Health is a fundamental to national progress, and is a positive state of well-being in which the harmonious development of physical and mental capacities of the individual lead to the enjoyment of a rich and full life. It is negative state of mere absence of disease. Health further implies complete adjustment of the individual to his total environment, physical and social. Health involves primarily the application of medical science for the benefit of the individual and of society. But many of the factors, social, economic and educational have an intimate bearing on the health of the community. Health is thus a vital part of a concurrent and integrated programme of the development of all aspects of community life (Rameshwari, 2009).

The declaration of Health for All in specific health status indicators is based on implicit assumption that the health status of people can be impersonal, independent of overall socio-economic development through direct state intervention in the form of Universal Primary Health Care. Health is not simply a medical issue based on natural and biological factors and medical interventions. Health is a social issue which is a product of the interaction between the biology, physical, socio-culturaland political enviournment where we lead our life.

Overview of the study

The objective of the present paper is to explore the issues and concerns related to reproductive health and promoting reproductive health rights among women. The present article is based on the secondary data collected from the reports, journal and articles from the newspapers. In the first section the focus has been laid on the concept of reproductive health, reality of women's reproductive health status, which is followed by an examination of promotion of reproductive health rights among Indian women. The chapter concludes by identifying the substantive gaps that need to be addressed to empower women.

An Insight on Reproductive Health

Reproductive health is a state of complete physical, mentaland social well-being, and not merely the absence of reproductivedisease or infirmity. Reproductive health deals with thereproductive processes, functions and system at all stages of life. The International Conference on Population and Development (ICPD) Programme of Action states that

reproductive health impliesthat people are able to have a satisfying and safe sex life andthat they have the capability to reproduce and the freedom todecide if, when and how often to do so. Implicit in this lastcondition are the right of men and women to be informed and to haveaccess to safe, effective, affordable and acceptable methods offamily planning of their choice, as well as other methods of theirchoice for regulation of fertility which are not against the lawand the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth andprovide couples with the best chance of having a healthy infant (International Conference on Population and Development, 2013).

Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. A concept of Reproductive health brings a new dimension to safe motherhood, family planning and Sexually Transmitted Diseases programmes. The complexity of the concept of reproductive health may seem overwhelming, particularly when translating into action. Reproductive health approach means that:

- People have the ability to reproduce and regulate their fertility;
- Women are able to go through pregnancy and childbirth safely;
- The outcome of pregnancy is successful in terms of maternal and infant survival and wellbeing;
- Couples are able to have sexual relations free of the fear of pregnancy and of contracting diseases (Fathalla, 1988).

Reproductive Health means more than bio-medical interventions. Reproductive health affects, and is affected by, the broader context of people's lives- their economic circumstances, education, employment, living conditions, family enviournment, social and god relationship and the traditional and legal structures within which they live. A reproductive health focus provides a means of addressing health and population issues with an emphasis on needs of women and men. Specific reproductive events notably pregnancy and childbearing have an impact on women's health as well as on traditionally emphasised demographic trends. However, reproductive health presents a lifelong process inextricable linked to the status and role of women in their homes and societies and is not just related to the biological events of conception and birth.

Reality of Women's Reproductive Health in India

From time immemorial, women have had a lower social standing. They form the traditionally exploited and oppressed social segment. They have been marginalized as the 'second sex', whose place in society has never been on par with that of their male counterpart (Iyer, 1994).Women are the principal providers of care and support to the families, yet every social indicator shows a fundamental social bias and inequality. In the past two centuries, though India has seen the invasion of westernization packed with liberal ideas, women are still blemished by subordination. The subordination of women can be seen in all aspects of society such as education, religion, family, politics and economics. However, the most significant is the marginalization based on their physical vulnerability, which manifests through torture and violence. In fact, violence against women is the most heinous and pervasive human rights violation in the world today (David, 2002).

In India, it was in mid 80s that the women's silence about their own illnesses, specially gynaecological morbidity came into light through the pioneering empirical research in Gadchiroli, Maharashtra. This research threw open a range of issues vis-à-vis women's health and also facilitated further research on the subject matter. Also, health researchers, health activists and groups working at grassroots level based on their experiences over the time could develop gender sensitive conceptualisation of women's health and their silence about their sufferings. Analysis of available data, with all their constraints, from these perspective gender differentials vis-a-vis health care and related matters unfavourable to women was revealed (Sunita & Shelley, 1991).

More than one quarter (27 percent) of Indian women age 20-49 married before age 15, over half (58 percent) married before the legal minimum age of marriageie 18 years, and three quarters (74 percent) married before reaching age 20(International Institute for Population Sciences, 2007) Following marriage there are socio-cultural pressure on the young women to conceive as soon as possible. This is one means whereby she can attain both prestige and security in her home. Child bearing is an important event in the reproductive health and poses great risk to the women. Women in India remain largely valued for their reproductive performance and large number of children and sons in particular are widely desired.

The magnitude of women's reproductive health problems in India is immense. The indicators are sobering: rates of mortality and morbidity related to pregnancy and childbirth contribute to remain high. The maternal mortality ratio in India, for the period 2007-09was 212 per 100,000 live births. As per the same source, data for Infant Mortality Rate (IMR) in India is available for the years 2009, 2010, and 2011. The latest IMR for the country as per SRS 2011 is 44 per 1000 live births. As per the latest MMEIG (Maternal Mortality Estimation Inter-Agency Group-WHO, UNICEF, UNFPA, World Bank) report titled "Trends in Maternal Mortality: 1990 to 2010" India is ranked 126 out of 180 countries when countries are arranged in ascending order of MMR (India Sanitation Portal, 2013).

Maternal mortality and morbidity are the result of either direct or indirect causes. Direct causes are diseases or complications that occur during pregnancy or up to six weeks after delivery or termination of pregnancy from any cause related to aggravate by the pregnancy and its management. Major direct causes of maternal mortality are haemorrhage, hypertensive diseases of pregnancy, infection abortion and obstructed labour (World Health organization , 1991). Indirect causes are those that may be present before pregnancy and are aggravated by pregnancy. These include anaemia, malaria, hepatitis, tuberculosis and to a lesser extent, heart disease and high blood pressure of unknown origin. Among these, anaemia is the leading indirect cause of maternal death, aggravating other complication of pregnancy. Such as eclampsia, ante-partum haemorrhage, sepsis and genitor-urinary tract infection (Jejeebhoy, 2000).

Reproductive morbidity is an outcome of not just biological factors but of women's poverty, powerlessness and lack of control over resources as well. Malnutrition, infection, earlyand repeated childbearing and high fertility also play an important role in poor maternal health conditions in India. Lack of access to health care, along with the poor quality of the delivery system, and its inadequate responsiveness to women's needs, exacerbate maternal morbidity.

Reproductive health in India is largely influenced by poverty-related and socio-cultural factors on the one hand and programme intervention on the other. Socio-cultural factors which impinge reproductive health include women's lack of awareness of health practices, strong seclusion norms which inhibit health seeking, adolescent marriage, large family size norms which encourage frequent and closely spaced pregnancies and a general devaluation of women which makes them the last to obtain food or health care and which requires of them long periods of physical activity. However, women's reproductive health exists within a larger socio-cultural framework that is often ignored. Relatively little research has been conducted on the context of maternal mortality and morbidity, the socio-cultural constraints women face and the quality of care offered (Jejeebhoy, 2000). Sexual and reproductive health (SRH) issues are often neglected, particularly by many developing country governments, because of religious and cultural opposition.

The situation of women sets the stage for poor reproductive health and unsafe motherhood even before pregnancy occurs, and exacerbates the situation once the pregnancy takes place. Gender disparities in childhood feeding and health care behaviour can result in below average height and weight and anaemia in adult women. The health of the women is also severely constrained by women's lack of authority to make health care decisions for them, seclusion practices that restrict their morbidity, socialization that leads them to underply their own health problems and bear them in silence and lack of control over economic resources and healthcare. Women's perception that they should not make independent decisions can prevent treatment seeking and women's restricted mobility imposes yet another barrier to reproductive health.

Promoting Reproductive Health Rights

The most significant was the 1994 International Conference on Population and Development (ICPD), which reframed reproductive health as a human rights issue, in order to increase international and national attention to persistent high rates of maternal mortality and morbidity, teenage pregnancy, gender-based and sexual violence, and low rates of contraceptive use, among other issues. At the time, both international and national efforts had been focused on population control and safe motherhood, without much attention to individual needs or health outcomes. The reframing therefore sought to shift the focus to individual needs, rights and health, particularly of women, girls and adolescents, and to addressing the structural issues that underpinned poor reproductive and sexual health outcomes.
The ICPD recognised women's rights to reproductive and sexual health as being key to women's health. According to ICPD Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.Reproductive rights also include the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. This aspect of reproductive rights can also be derived from the Women's Convention (Carmel, 1998).

The reproductive rights embrace certain human rights that are already recognised in national laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health(United Nations, 1996).

One of the most important fronts in the struggle for women's human rights is around sexual and reproductive autonomy, and the coercive and often violent ways in which that autonomy is suppressed. (Amnesty International, 2007) Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health. Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence (Knudsen, 2006).

Discrimination against women is a significant factor in the high numbers of deaths and complications related to pregnancy and childbirth. Failure to provide maternal health services often reflects the low priority attached to women's special needs in the allocation of resources. Maternal mortality and morbidity can largely be avoided through the provision of reproductive health services, including contraception, safe abortion, and essential and emergency obstetric care.Reproductive rights include the right to legal or safe abortion, the right to birth control, the right to access good-quality reproductive health care, and the right to education and access in order to make free and informed reproductive choices. Reproductive rights may also include the right to receive education about contraception and sexually transmitted infections, and freedom from coerced sterilization, abortion, and contraception, and protection from gender-based practices such as female genital mutilation. The most obvious human right violated by avoidable death in pregnancy or childbirth is women's fundamental right to life itself**.**

The proponents of reproductive health approach believe that reproductive health is inextricably linked to the subject of reproductive rights and freedom and to women's status and empowerment. Thus the reproductive health approach extends beyond the narrow confines of family planning to encompass all aspects of human sexuality and reproductive health needs during the various stages of life cycle (Srinivasan, 1996).

Sexual and reproductive rights are based on certain ethical principles of bodily integrity, personhood, equalityand diversity. They encompass a broad range of internationally and nationally recognized civil, political, economic,social,

and cultural rights. Broadly speaking, they encompass two key principles: that all persons have theright to reproductive and sexual health care, and secondly, they have the right to make their own decisions abouttheir sexual and reproductive lives.Sexual rightsinclude the right to choose with whom we have sex and how we express our sexuality, and also the right toinformation for people of all ages. Sexual and reproductive rights are fundamental human rights. They embrace human rights that are already recognized in international, regional and national legal frameworks, standards and agreements (Carolyn & Stephanie, 2013)

CONCLUSION

To conclude despite some legislative protection of reproductive rights in India, reproductive self-determination is not yet a reality for many Indian women. Early pregnancy in India, almost all of which takes place within marriage, is the major cause of poor reproductive health among women. However, women's reproductive health exists within a larger socio-cultural framework that is often ignored. The majority of reproductive health issues and episodes of ill health in India are preventable given that both the knowledge and means of prevention are available. The reproductive rights extend to all human beings but it is particularly essential for women's exercise of their right to health, and includes the right to comprehensive, good quality reproductive health services that ensure privacy, complete information and free consent, confidentiality and respect.

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