WOMEN REPRODUCTIVE RIGHTS AS HUMAN RIGHTS: A SUSTAINABLE ENDEAVOUR

Gunjan Chandhok
M.Phil Research Scholar, Department of Social Work, University of Delhi, Delhi, India

Abstract: Contemporary conceptualization of health nurtures the holistic approach to health and well being that essentially identifies biological, mental, social, ecological and spiritual determinants to health. Dynamic understanding of health therefore focuses upon bio-psycho-social model of health. The present paper focuses upon the eclectic approach to reproductive health and embraces it from a human rights perspective. Adopting a life-cycle approach, it profoundly highlights the stressful impact of socio-cultural practices on women's reproductive health seeking behavior. The paper aims at presenting an in-depth analysis of gender based health inequities by uncovering several factors that constraint women's autonomy to discuss about her vital reproductive and sexual health needs and concerns.
Descriptive and thematic approach was followed in reviewing the literature to get a comprehensive understanding of the topic and highlight the inter-linkages between different works. It has helped in identifying similarities and differences in the researches carried out around the central theme which has subsequently helped in identifying the research gaps as well.
The current paper seeks to explore gender sensitive approaches at micro, mezzo and macro levels to break-free women from culture of silence surrounding their reproductive and sexual health concerns. It also endeavours to ascertain inter-linkages between women's reproductive health, human rights dynamism and sustainable development.

Keywords: Reproductive and Sexual Health Rights, Human Rights, Gender Sensitive, Socio-Cultural Factors.

Introduction: Human being's are sexual being's with a natural instinct to procreate. Classically propounded by Malthus (1989) that population increases exponentially and that subsistence increases arithmetically lead to the conceptualization of the term 'choice'. Human being is a social animal with unlimited needs and limited means. Basic physiological needs as explained by Maslow Need Hierarchy theory recognizes 'sex' as human being's common biological need. This crucially conveys that reproductive and sexual rights thus are vital for human being's to maintain a descent standard of living.
In the recent past, reproductive and sexual rights of women have gained much importance across globe. Human rights are indispensable instruments of human existence. Present generation is and future generations will certainly be indebted to the early initiatives of 'The American Declaration of Independence' (1776) and French Revolution's 'Declaration of the Rights of Man and the Citizen' (1789). The modern conceptualization of human rights is corresponding to the primary tenants of French Revolution viz. 'Liberty', 'Equality' and 'Fraternity'. Evolution of human rights discourses powerfully strengthens the idea that certain rights are natural and inalienable to human existence without any discrimination on the basis of caste, class, sex and religion. Thus, applicability of human rights is universal. Inception of human rights has occurred in dominantly three generations. First and second generation human rights embraced civil, political, economic, social and cultural rights respectively. Whereas third generation human rights were a pragmatic shift from individualistic to a more collective rights. Reproductive rights of women are comparatively a young generation of human rights owing its existence from late second generation and early third generation human rights.

Understanding the position of women along the three generations of human rights then [1] emphasized that women have been excluded throughout the three generations of human rights discourses. Exclusion in health is an ugly facet of social exclusion. Most of the developing nation's constitutions recognized 'Right to Health' at a much later stage. Moreover the recognition of 'Right to Health' was not only late but also was gender insensitive. The conventional notion of men as superior to women systematically

hampered women's not only economic, political and social status but also restricted her health seeking behavior.

Women and reproduction have cohesive inter-linkages. The interrelatedness is not only limited to her ability to procreate; rather it is crucial to understand the relationship as a life-cycle approach. Time and again women have been easy victims of prevailing patriarchal environment in the society. Female feticide, infanticide, early marriage followed by early and multiple pregnancies, coercive sex by intimate partner, domestic violence, harassment at workplaces etc are some of the key issues which are by and large outcomes of such gender bias towards a women's identity as only inferior to men.

Understanding the gender bias in reproductive health from the early historical events then early German Radicals passed sterilization laws that led to huge number of forceful sterilizations of 'genetic inferiors' and the murder of millions of Jews, gypsies and homosexuals in Nazi gas chambers [2]. Women were cruelly targeted by Nazi obstetrics and were subjected to selective breeding and sterilization and castration. This was done to enhance patriarchal dominance so as to encourage talented men to succeed in their respective careers and produce many more progenies for the healthy growth of the population. Women were seen passive elements in the sphere of reproduction and reproductive success was correlated to their beauty. This form of reproductive pattern was based upon economic subjugation of women. Similar eugenic steps were further adopted by countries like England, United States, Singapore and China [3].

Emancipation from Eugenics led to the surfacing of Universal Declaration of Human Rights (1948). The declaration certainly acknowledged that all human beings are equal and that everyone has a right to life which essentially has an underlying connotation of Right to Health as well. Article 21 of the Indian Constitution also embraces right to life profoundly embedded in it the right to health as well.

The assorted system of health-care in India where preventive and promotive health care is majorly provided by the government health services and most of the curative care is through private medical practitioners and institutions is at a situation which is far from being called as satisfactory. Public health concerns of 'Availability', 'Accessibility' and 'Affordability' still haunts the Indian health care system. Poor medical infrastructure, shortage of trained medical personnel, lack of awareness and poor sense of ownership attributes the Indian public health system. Amidst this empathetic health scenario now let us understand the evolution of reproductive health rights concept in India.

Reproductive Health Rights in India: Tracing the various national and international developmental milestones which have been instrumental in recognizing the reproductive and sexual health rights as human rights in India without any discrimination then one comes across the following events 1) The Universal Declaration of Human Rights (1948); 2) United Nations International Conference on Human Rights, Teheran (1968); 3) International Covenant on Economic, Social and Cultural Rights (1976); 4) Convention on the Elimination of All Forms of Discrimination Against Women (1979); 5) The United Nations Conference on Human Rights, Vienna (1993); 6) The International Conference on Population and Development, Cairo (1994); 7) Four International Conferences on Women in Mexico City(1975), Copenhagen(1980), Nairobi(1985) and Beijing(1995) respectively.

In 1943 a sub-committee 'Sokhe Committee' was formed by the National Planning Committee of the country to provide primary mother and child health care services by ensuring minimum standards of health infrastructure and by training medical and para-medical professionals. However it was only after the precarious Bengal Famine that negative impacts of such population boon were realized. Reports of Bengal Famine Enquiry Committee (1945) and Bhore Committee (1946) presented an assessment of empathetic health conditions in India calling for immediate reorientation of its public health systems. Rampant poverty coupled with lack of proper medical facilities and shortage of trained medical personnel shifted the focus of early population policies towards family planning or fertility regulation.

Early population policies in India measured women's worth by her ability to reproduce unfortunately neglecting all her various practical and strategic needs. It was only post International Conference on Population Development (1994) held in Cairo that population policies were reoriented from being gender blind to gender sensitive. Post ICPD India witnessed a change in the conceptualization of population policies. The dynamic reproductive health policy approaches were now a realistic shift from being individualistic and target centric to a more holistic and client centric ones.

However, at this juncture it was important to realize that the conceptualization of reproductive health transpired exterior to the economic development framework. In most of the developing nations, it is the Gross Domestic Product that defines the economic health of the nation conveniently neglecting the real heath concerns of the nation. Narrow understanding of development as only limited to economic development has led to some serious public health concerns in India. Presuming that economic development will automatically be translated into social development too poses some serious doubts on the macro policy makers of the country. Reference [4] pointed that the draft document of tenth five-year plan policy on health was inclined more towards free market rather than for the health of the underprivileged. The fact that reproduction takes place through sexual relations, which are a part of wider gender relations was unfortunately ignored in most of the government programmes under the spell of structural adjustment programmes. Consequentially, women's key reproductive health issues and concerns have been disregarded within such mutually exclusive development framework.

India is a diverse multi-cultural nation and embraces secularism which essentially means that there exist various socio-cultural factors that overtly and covertly influence individuals and society as a whole too. Let us now explore how socio-cultural factors impact a woman to realize her reproductive health rights.

Socio-Cultural Factors and Women's Reproductive Rights: Society's traditions, customs and culture form the basis of an individual's lifestyle. In most of the traditional societies these cultural and customary practices primarily highlight the features of patriarchal domination. Early feminist social scientists primarily argued that men define reality and legitimate their experiences in their own terms thereby completely devaluing, denying and distorting women's experiences.

Gender and power dimensions have critical linkages with reproductive and sexual decision making of women. Gender Biased Socialization; Early Marriage; Poor Knowledge about Human Reproductive Anatomy are some of the factors which have an adverse impact on women's reproductive health. Let us explore these factors in detail:

Gender Biased Socialization: Gender norms, roles and relations have an influential bearing on women's receptiveness to different health conditions and diseases and affect her freedom to enjoy sound physical and mental wellbeing. They certainly have a strong impact on women's access to and uptake of health services. Consequentially, it is reflected on the health outcomes which they experience in their entire lifespan [5]-[6]-[7].

It is vital to understand that gender roles are societal and not biological. Sex cannot be gendered. Biologically women's physiology is assigned the responsibility of child bearing however child rearing is a socially assigned role. Undoubtedly, the personality patterns for men and women are not supposed to be outlined by their biological sex. Biological sex does not follow personality patterns for men and women. Gender differences carved out as part of gender socialization where society anticipates a woman to be passive, kind, introvert and a modest being whereas, it is assumed from a man to demonstrate more active and controlling traits. Societies and communities shaped set of rigid gender roles and expectations which they felt were suitable for both men and women. Unfortunately, the bases of such appropriateness of roles were never concretely established. There exists gender bias because it was conventionally sanctioned by the society.

The rigid and hierarchical gender socialization process defines an adult women's persona as only subordinate to men which does not only hampers her autonomy to adopt to reproductive health seeking behavior but also curtails her freedom to share her reproductive and sexual health concerns and issues. Highlighting upon the utilization aspect of reproductive health services then a study [8] in urban slums showcased that in spite of reproductive health services available the utilization level was abysmally low as a consequence of rigid socio-cultural beliefs. Mass mobilization as part of concurrent fieldwork in NCR's slum settlement, a fifty-eight year old female and a mother in law of two young brides was observed saying *"In our days women never used to have any reproductive complications. It a purposeful agenda by all community level health workers and medical professionals to enhance their business by propagating such sensitization agendas and influence our daughter in laws mindset creating unnecessarily chaos for us".* Such statement powerfully communicates that a woman's decision to seek health care is essentially influenced by what her family thinks about her health. In another study [9] it was emphasized that women do not seek health care services because their husbands think that it is not necessary.

It is clear that women are constrained in the prevailing culture of silence to not share their concerns and issues and rather cope with them silently.

Early Marriage: Patriarchal notions of women's roles within the family reflect that women are repeatedly valued based on their ability to reproduce. Early marriage and pregnancy, or repeated pregnancies spaced too closely together, often as the result of efforts to produce male offspring because of the preference for sons, has a devastating impact on women's health with sometimes fatal consequences. Women are also often blamed for infertility; suffering ostracism and as a result are being subjected to various human rights violations [10].

Constitutional provisions in India prohibit child marriage which essentially conveys the state's commitment towards protecting young girls and boys from harmful traditions of early marriage. Unfortunately, the reality is almost half of all women aged 20-24 years were married before eighteen years [9]. Tracing historical evidences then there is no contradiction that women have died young during child-birth or in ill health or may be as the victims of violence and social discrimination. Socio-cultural maneuvers burden a woman's life-course with chronic feelings of low self-esteem. Poor confidence to express themselves, curtailed freedom and discriminatory attitude of the society make a woman undergo a terrifying plight.

Reference [11] highlighted that a young married woman lacks the much needed autonomy to voice her health concerns and seek treatment and advice. Limited agency in the reproductive and sexual health arena certainly poses higher risks for coerced sexual relations. A study [12] suggested that a young married woman is thirty-two percent more vulnerable to face sexual violence by her husband. A study in Bangladesh [13] also presented critical associations between intimate partner violence and low utilization of various reproductive health services.

It is a dismal reality that several key laws and provisions exist only on papers and miserably fail at the implementation level. Consequentially, gender discrimination persists and women's several practical and strategic needs remain unmet. A young bride is overburdened and forced into early marriage, early sexual intimacy and early pregnancy when she was supposed to be in school attaining the required knowledge that perhaps would have given her wings to cherish her dreams. Gender sensitivity would bring instant and stable growth in economy and society [14].

Let us now understand that how lack of knowledge about reproductive anatomy curtails women's right to realize her reproductive rights.

Poor Knowledge about Human Reproductive Anatomy: One of the key factors underlying poor reproductive and sexual health status of women is their low level of understanding about human reproductive anatomy. Overprotective attitude towards girl child expects her to remain unaware about

crucial issues related to menstruation, sexual intimacy, safe sex practices, pregnancy and childbirth. Reference [15] affirms that gendered construction of behaviors have unfavorably influenced relationships between adolescents and their parents culminating into various communication gaps leading to several restrictions on adolescents to acquire knowledge. As an outcome, their understanding about human reproductive anatomy is premised upon cultural myths, assumptions and taboos which they have obtained from informal sources such as friends, female relatives and some forms of local media. Reference [16] suggested that widening the spectrum of women's knowledge will also enhance her ability to realize her reproductive and sexual rights. Sophisticated educational levels inspire women to explore her individual autonomy thus seeking higher levels of gender equality. Therefore it is more likely that a woman who is more educated is more aware of her rights and is more empowered.

From the above arguments it is clear that a woman's health is consistently associated to several socio-cultural factors. These factors crucially impact her several coping mechanisms including influencing her ability to utilize various reproductive and sexual health services.

Let us now explore various micro, mezzo and macro level strategies which can be directed towards enhancing women's autonomy to realize her essential reproductive and sexual rights.

Suggestive Gender Sensitive Interventions:

Micro Level (Individual & Family):

a) Encourage pro-active involvement of family members to ensure conducive environment for women's overall growth and development through continuous dialogue and discussion;
b) Facilitate information, education and effective communication (IEC) on RSH issues;

Mezzo (School, Community & Groups):

a) Extend support and encourage formal (school) and non formal institutions to develop and implement reproductive and sexual health programmes by providing effective counseling and knowledge to adolescents;
b) Develop effective IEC strategies to raise awareness and disseminate information in the community on critical issues such as RTI/STI, menstruation, contraception, human reproductive anatomy etc;
c) Regular involvement of local groups, SHG's, PRI members, community and religious leaders. It is important because they have an influential bearing on the community's health seeking behavior;

Macro (Service Providers & Policy Makers):

a) Gender sensitive training and capacity building for field level facilitators such as ASHA, TBA, ANM, AWW etc;
b) Effective networking and collaboration with strategic stakeholders thereby strengthening gender aware and not gender blind campaigns;
c) Encourage inter-sectoral and multi-disciplinary approach to rights based reproductive health;
d) Advocacy with the government and social institutions, policy makers and political representatives;
e) Gender sensitive assessments and evaluation of population policies, programmes, laws and legislations;
f) Generating gender sensitive literature to support research and development processes;
g) Think tanks for gender inclusive policy making.

These gender sensitive strategies are just suggestive and not limited to what is mentioned. Autonomy of choice in the areas of sexuality, contraception, pregnancy and childbirth, emancipation from abusive sexual practices and informed choices are some of the chief contemporary concerns in the reproductive rights domain. Let us strive together to build a gender sensitive society which embraces all with equality, equity and much needed compassion. However, this is only possible when a woman is understood as an equal human being with a soul and a mind that responds both positively and negatively [17].

Conclusion: In the past few decades, the gender development theories have undergone a paradigm shift from philanthropic traditions to emancipation thereby sorting essential integration of human rights perspective in handling various instances of social inequalities. Human rights perspective envisions creation of socially just humane society and explicitly supports gender inclusive development to achieve social change. Values and principles as articulated in Universal Declaration of Human rights (1948) are core to the gender-sensitive practice. A human rights approach to gender development is crucial for tackling global reproductive and sexual health inequalities. It considers three important aspects of social justice: universal application; the notion of entitlements to human rights; and establish that gender needs and social concerns are interlinked.

Throughout the paper we can completely observe that though almost all human rights developments pertaining to matters of reproductive and sexual health concerns are committed towards empowering women to break free the rigid socio-cultural chains and stand against manifold forms of discrimination. It is equally unfortunate to realize that violations of women's sexual and reproductive health rights are profoundly engrained in societal values pertaining to women's sexual autonomy.

Vibrant Sustainable Development Goals 2030 are committed towards "Transforming Lives". Target 7 of SDG 3 "*Ensure healthy lives and promote well-being for all at all ages" aims "to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes"* by 2030.

Let us together join hands towards creating sustainable environment where gender equality prevails across nations.

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