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Human Rights Inquiry into Women's Reproductive and Sexual Health

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Abstract:

Reproductive and sexual health rights of women have globally emerged as vital human rights issue with various international conventions and agreements accentuating women's reproductive and sexual health rights as human rights. The current paper begins with conceptual underpinnings on the theme and further maps the rights-based approach towards reproductive and sexual health. It attempts to present detailed insights into the current scenario on reproductive and sexual health of women in India and unveils various socio cultural factors with respect to women's reproductive and health from a gendered lens. The uniqueness of the paper lies in its integration with the role of professional social workers towards realization of women's reproductive and sexual health rights at multifarious levels.

Keywords: Reproductive and Sexual Health, Human Rights, Social Work, Gender, Sustainable Development

Introduction

"Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recogni-

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tion of the basic rights of all 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." (International Conference on Population and Development, Programme of Action, Para 7.3)

Reproductive and sexual health rights have globally emerged as vital human rights issue. Several international conventions and agreements accentuated that reproductive and sexual health rights are integral to women's rights and well-being, which in turn are primary foundations to achieve overall social and economic development (UNFPA, 2010). Series of United Nations interventions post 1990s, viz. Vienna Human Rights Conference (1993), the International Conference on Population and Development in Cairo (1994) and the Fourth World Conference on Women in Beijing (1995) laid the crucial milestones for the global regimes to collectively endorse multifaceted associations between population growth, reproductive and sexual health, gender equality, demand and supply patterns, sustainable development and human rights.

World Health Organization (WHO) defined reproductive health "as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity; reproductive health addresses the reproductive processes, functions and systems at all stages of life. Reproductive health therefore implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide, if when, and how often to do so. This definition focus on right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and the right to access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant". WHO has further emphasized upon the following key elements of any holistic RCH programme:

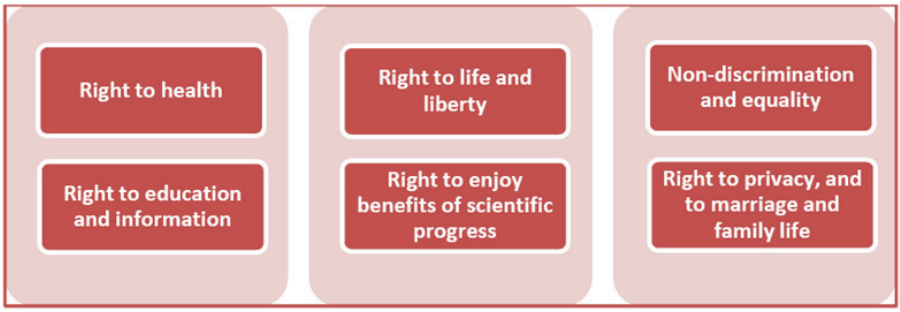
- Prevention and management of unwanted pregnancy

- Maternal care that includes antenatal, delivery and postpartum services
- Child survival services for new-borns and infants
- Management of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs)

Reproductive and sexual health has often been understood as a biological concept conveniently left at the helm of medical and science and technology professionals. Reproductive and sexual health concerns have been confined to discussion around issues limited to childbirth and pregnancy only leaving behind essential human rights concerns. Reproductive and Sexual Health must be therefore understood as a life-cycle approach to health acknowledging the contemporary gender concerns. After several decades of advocacy by women's organisations and concrete global waves of feminism have finally succeeded towards shifting emphasis towards broader health and social contexts related to fertility, parenthood, sexuality, gender and human rights in the arena of population development.

UNFPA (2016) explains that reproductive and sexual health rights have well recognized that besides improving women's chances of surviving preg-

Figure 1
Human Rights Obligations Linked to Reproductive Rights

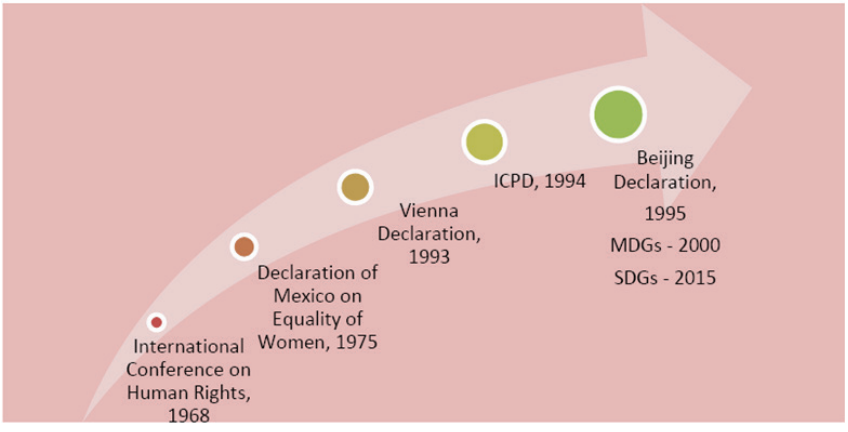


Source: NHRC, 2018: (http://nhrc.nic.in/sites/default/files/sexual_health_reproductive_health_rights_SAMA_PLD_2018_01012019_0.pdf)

Reproductive rights are based on the right of couples and individuals to decide; free from discrimination, coercion and violence whether to have children, how often and when to do so, having the necessary information and means to make such decisions. They are also connected with their right to the highest attainable standard of sexual and reproductive health (International Conference on Population and Development (ICPD) Programme of Action, Paragraph 7.3). Reproductive rights are not a new set of rights rather are a constellation of freedoms and entitlements that are already recognized in national laws, international human rights instruments and other consensus documents (UNFPA, 2014).Reproductive health rights therefore necessitate the intersection of a range of rights – including but not limited to the rights to food and nutrition, sanitation, livelihoods, education, non-discrimination, comprehensive information and informed consent, comprehensive healthcare, freedom from violence, coercion, etc. and therefore there is a need to study a vast spectrum of policies, programmes and laws that implicate reproductive health rights (NHRC, 2018). Figure 2 represents the trajectory of reproductive rights through various international treaties and commitments.

Figure 2

Reproductive Rights through International Treaties and Commitments



Source: NHRC, 2018: (http://nhrc.nic.in/sites/default/files/sexual_health_reproductive_health_rights_SAMA_PLD_2018_01012019_0.pdf)

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child (Article 24), the Convention on the Rights of Persons with Disabilities (Article 25) and the International Covenant on Civil and Political Rights (Article 6). The Millennium Development Goals (2000) exemplifies noteworthy emphasis on reproductive and sexual health rights as a precursor of all global development goals. Post identifying dynamic set of challenges and alternative opportunities and solutions, Sustainable Development Goals (2030) overhaul the agenda of transforming lives by giving newer in-depth direction towards upholding reproductive and sexual health rights for all. Sexual and reproductive health policies are vital to empowering women and the youth, thus constituting a cornerstone of sustainable development. In fact, the 2030 Agenda can only be fulfilled with full enjoyment of sexual and reproductive health and rights (United Nations, 2019).

After mapping the rights based approach towards reproductive and sexual health, let us gain an insight into the scenario on Reproductive and Sexual Health of Women in India:

Reproductive and Sexual Health of Women: The Indian Scenario

Women in India constitute one half of the population (Census, 2011) but are still overlooked as only inferior to men. The second class citizenship of women strategically place them at a subordinate position in the ladder of development bargaining their negotiating and decision making power within sexual relationships. UNFPA (2018) report highlighted that "Family size, whether small or large, is intertwined with reproductive rights, which are tied to many other rights, such as those to health and education, adequate income, the freedom to make choices, and non-discrimination. Where all rights are realised, people tend to thrive. Where they are not, people are not able to realize their potential, and fertility rates tend to be higher or lower than what most people really want".

India, being signatory to the aforementioned Covenants and Conventions, is obligated to ensure that these goals are fulfilled in its policies and laws. Looking at national laws and policies relevant to reproductive health rights presents a mixed picture of compliance as well as huge gaps. For instance, contemporary evidence from the ground as well as the mapping of policies and programmes reiterates the continued implementation of targets in "family planning programme" leading to egregious forms of violation of reproductive rights and autonomy, particularly of women from marginalised communities. Laws enabling medical termination of pregnancy (abortion), protection against forced or sex selection, maternity benefits, protection from domestic violence including sexual violence by an intimate partner, etc have direct or indirect impacts on the enjoyment of reproductive health rights by women. Several concerns have been raised regarding the inadequacy of these laws. However, that the implementation of these laws has also been grossly inadequate is clearly reflected through the case studies, government data, and independent research(NHRC, 2018).

The latest National Family Health Survey (NFHS-4) report explored the understanding the in-depth connection between women's education and health seeking behaviour. It was revealed that only 35.7 per-cent women (15-49 years)had ten or more years of schooling. Lack of awareness about one's own reproductive system makes woman and her baby susceptible to several complications of complex nature. With Infant Mortality Rate standing at 41 per 1,000 live births and under five mortality rate at 50 per 1000 live births, only 21 per cent mothers had full ante-natal care and only 30.3 per cent mothers consumed iron folic acid tablets for 100 days or more when they were pregnant. Consequentially about 53.1 per cent women (15-49 years) were anaemic posing greater risks for increased IMR and MMR.

Understanding the unmet need for family planning then it is evident that universal access to reproductive and sexual health services influence and is influenced by numerous aspects of life. It involves individuals' most intimate relationships, including negotiation and decision-making within sexual re-

lationships, and interactions with health providers regarding contraceptive methods and options. NFHS-4 report affirmed that only 17.7 per cent health workers ever talked to female non-users about family planning. Therefore, this suggests that despite availability of several contraceptives it is also important that young women and men are taught about the essentiality of its usage not only to regulate family size but to also protect themselves from hazardous risk of acquiring STIs/RTIs and HIV/AIDS.

The health of women is intrinsically linked to their status in society, several studies(Velkoff& Adlakha, 1998; Pradhan, 2011; Gulati & Nanda, 2011) showcased that the contributions Indian women make to their families often are overlooked, and instead they are viewed as economic burdens thereby compromising on their health-seeking behaviour. The culture of silence is further manifested with poor self-esteem and self-image making women vulnerable to adolescent childbearing, unsafe, unwanted or forced sexual relations, unplanned pregnancies and abortions, and the risk of Reproductive Tract Infections, HIV and other Sexually Transmitted Infections (STIs) (Santhya&-Jejeebhoy, 2012). A report by NACO(2016) explained that ignorance towards STIs and RTIs enhances the possibility of acquiring and transmitting HIV infection by 4 to 8 times. A study by Thakur (2011) claimed that 73 per cent women could not force their husbands for cleanliness before having sex and about 54 per cent women are victims of STDs and other infections. Thakur (2011) also described that it was very sensitive issue for a wife to ask husband about his other sexual partners and about 52 per cent men who are truck drivers and about 37 per cent of the men, who are not occupied anywhere or living in urban areas, do have extra marital relationships.

The situation can be better understood as Anand (2005) explains that women's vulnerability leads them to getting blamed by their parents and in-laws for infecting their husbands or for not controlling their partner's urges to have sex with other women. The patriarchal nature of society besets women, further heightening the vulnerability of women to HIV infection as they touch upon age-old gender roles, marital tradition and deep poverty. For millions of

women and girls, expecting fidelity, demanding condom use, or refusing sex to their partner, even when they suspect or know he is already infected himself, is not a matter of right. Moreover, they often lack the economic power to remove themselves from relationships that carry major risks of HIV infection.

The above indicat orsproject that though some progress has been made in research and development and policy framing, still millions of Indian women each year undergo distressing experiences related to pregnancy, child birth and children's deaths and spousal violence. McCleary-Sills, McGonagle and Malhotra (2012) elucidated that role of gender barriers play a dominant role in defining women's reproductive and sexual decision making. Therefore, it is imperative to understand various socio cultural factors with respect to women's reproductive and health from a gendered lens.

Socio Cultural Factors affecting Women's Reproductive and Sexual Health

Influence of socio-cultural factors on women's reproductive and sexual health is immense. Over several decades, women have died young at the time of pregnancy and childbirth as a consequence of sheer negligence and torture arising out of gender biased discrimination throughout her life-cycle. Some of the crucial factors affecting women's reproductive and sexual health are delineated below:

Gender Socialization

Gender socialization plays a pivotal role in defining individual's overall personality, interacting styles, coping mechanism and access to resources thereby influencing their range of day to day activities and behavior. Gender is a social concept which must be understood beyond the biological categories of male and female. Ramsden (2012) defines gender to be a range of behavior that is considered appropriate and permissible by the society. It explains how social relations are shaped and its subsequent influence as experienced differently by men and women. Traditional gender norms encourage men to develop dominating, competitive and independent behavior reflective of

their assertive nature, confidence and toughness. On the contrary, women are taught to develop passive traits of being docile, dependent, compassionate, supportive, and emotionally expressive to represent their warm and nurturing attitude. Such gender differences lead to the development of complex power dynamics between men and women influencing individual's agency, autonomy and control over social roles and responsibilities, resources and self-being. Anand (2016) affirms that rigid gender norms influence individual's self-esteem thereby inculcating attitudes towards self as well as others, acquiring control over one's body, adequate information and access to resources, all of which affect the reproductive health of an individual.

Lack of autonomy

Patriarchal gender inequalities augment inequities in health status and have an undeviating implication on individual's sexual decision making. A woman who is already placed low in the family hierarchy is systematically constrained towards negotiating, handling or even anticipating situations of inequality and discrimination. Chatterjee (1988) highlighted that utilization of a health service by a woman is primarily dependent upon four crucial factors viz a viz "Need". "Permission", "Ability" and "Availability". Collectively taken, then women's agency in decision making, freedom of mobility, access and control over resources and experiences of violence reinforce poor health seeking behavior amongst women (Azuh,D., Fayomi,O. & Ajayi, L. 2015; Jejeebhoy et al., 2014; Agrawal& Bharti, 2006).

Early marriage

Throughout several decades, practice of early and child marriage has been culturally deep rooted. The country has faced several consequences due to such harmful traditional practices and therefore was committed towards prohibiting early marriage. Santhya and Jejeebhoy (2012) affirmed that despite laws prohibiting marriage to young women before age eighteen and to young men before age twenty-one, early marriage continues to take place. Further, Nirantar (2015) highlighted that 74 per-cent girls are married before reaching

twenty years. NFHS-4 report also suggested that 26.8 per-cent women aged 20-24 years were married before age of 18 years.

Marriage at a young age denies girls their right to freedom to take important life decisions, as well as excluding them from several educational and professional opportunities which has a far-reaching influence on their overall reproductive and sexual health rights. A young married woman is expected to enter into conjugal relationship with an expectation of initiating a family. She is expected to bear children soon after marriage and also believed to take care of the household chores as well without discussing her crucial health concerns with anyone in the family. Barua and Kathleen (2001) explained that a young bride has abysmally low or no autonomy to communicate her health concerns or even seek advice or treatment for the same. Consequentially, it leads to increased risks for coercive sexual relations often resulting into unsafe and unwanted pregnancies, greater risk for RTIs/STIs and even sex-selective abortions (Kostick et al., 2010). UNFPA(2018) report suggests that the age of marriage needs to be raised further so that young girls are physically, mentally and emotionally mature to make right and healthy reproductive choices.

Inadequate knowledge on Reproductive and Sexual Health

Limited or no knowledge about one's reproductive and sexual maturation often plays a vital role leading to poor health seeking behavior. Constricted gender norms adversely lead to development of various communication gaps thereby imposing several restrictions to men and women to gain knowledge on sex, sexuality and reproductive and sexual health. Unfortunately, open discussing about sex and reproduction is still considered a taboo in our country. Lack of formal sex education and co-existence of several cultural myths and assumptions restrict young women to exercise their right to health. Population report (UNFPA, 2018) emphasized that "young girls have less knowledge and access to health services and contraception; therefore, they are more likely to surrender to pressure to start a family at an early age which is harmful for the health of both mother and child". NFHS-4 report underlines that only 53.5 per cent currently married women (15-49 years) are using family plan-

ning methods and that there is still 12.9 percent total unmet need for family planning.

A study (Sangita & Bir, 2012) conducted in Delhi slums stressed that only 29.9 per cent of respondents in the slum areas were using contraceptives for family planning and that the male involvement in family planning was very poor as rarely any male took initiative towards utilizing services in limiting family size. Lack of acceptability of family planning methods based on cultural factors, low or no male involvement in planning family size has certainly led to increase in disproportionate burden on women to bear for contraception (Ringheim, 1996). UNFPA Population Report (2018) explicitly highlighted that "real progress happens in states with higher literacy and when people regard fertility as a conscious choice that they can control".

Limited knowledge about one's reproductive and sexual being also makes them vulnerable to adopt unhygienic practices during menstruation, sexual communion or childbirth making them prone to RTIs/STIs and even STDs such as HIV/AIDS. NFHS-4 report showcased that only 20.9 per cent women (15-49 years) had comprehensive knowledge of HIV/AIDS. NFHS-4 report also highlighted that 42.4 per cent women (15-24 years) do not use hygienic methods of protection during their menstrual period.

Undoubtedly, lack of awareness on reproductive and health impacts the behaviour, knowledge and outlook of young men and women, married and unmarried restricting their access and utilization of various reproductive and sexual health care services.

Impact of Urbanization

Neo-liberal times led the interface between underdevelopment, industrialization and globalization. Subsequently, cities and towns started witnessing rampant migration squeezing into poor housing conditions. Spatial segregation, insanitary environment and poverty leave no stone unturned to induce economic, social and emotional stress onto families which ultimately determine their overall health-seeking behavior. 'Availability', 'Accessibility' and

'Affordability' have always been the cornerstone for public health challenges actively influencing the utilization pattern of health services. Urbanization has weakened the traditional familial and communal alliances thus leading to erosion of social capital. Heterogeneous nature of urban population combined with uncertainties of employment, safe shelter and food security has strained women to bear triple role burden i.e. 'reproductive', productive' and 'community' roles. Consequently, this triple role burden has led to woman's limited agency and control on her own health leading to increased levels of negligence and ignorance which has an unfavorable brunt on woman's health

After understanding various socio-cultural factors affecting women's reproductive and sexual health, it becomes imperative to now discuss the role of professional social workers towards realization of human rights agenda of gender equality and social justice.

Role of Social Work in Promoting Reproductive Rights Agenda for Women

Principles of human rights and social justice are fundamental to social work practice. Helping clients make their own decisions about reproductive health meets our professional obligation to affirm client self-determination (NASW, 2018). Social work theories of social systems and human behaviour forms the basis for concrete interface between people and their surrounding environment thus promoting sound problem solving and coping mechanisms. Advocating for reproductive and sexual health rights and gender mainstreaming is central to the key tenants of social work practice i.e. social justice and empowerment. Some of the sexual and reproductive health concerns in social work practice as adapted from (Alzate, 2009) can be delineated as below:

- Lack of awareness regarding information on reproductive rights
- Contraception for individuals, regardless of their marital status and age, including emergency contraception, forced sterilization, or forced contraception

• Forced abortions at different stages of gestation among women of all reproductive ages

• Infertility and its psychological consequences

• Sexually transmitted infections (including HIV/AIDS), from prevention to treatment, as well as sociocultural and economic factors that surround them.

• Intimate partner violence, including rape within marriage/cohabitation/dating and coercion of women's contraceptive choices.

• Rape in diverse circumstances, including war, natural disasters, and prostitution, particularly of minors.

• Sexual trafficking, especially of young immigrants, refugees, and internally displaced populations.

• Child sexual abuse and female genital mutilation.

• Pregnancy-related diseases, such as anaemia and diabetes as well as pregnancyrelated disorders and postpartum depression

• Underage marriage and forced marriages

Each one of the aforementioned situations calls for social work interventions with individuals who need direct services, with families who face these situations, and with groups, organizations, institutions, and legislative bodies that provide, advocate, promote, control, and/or regulate needed services. Let us unveil some of the probable interventions by professional social workers to promote a rights-based approach to reproductive and sexual health of women.

Individual and Group Level Interventions

Social work professionals engage with individuals and varied groups to assess psycho social issues and intervene. Some of the potential interventions to enhance reproductive health of women with individuals and various groups are as follows:

• Capacity building sessions to build self-esteem and confidenc eamong girls and women, nurturing their latent talents, providing opportunities to holistic development and participation

• Individual and group counselling with thrust on information dissemination on issues like nutrition, personality development, menstrual hygiene, sexuality, incest, rape, sexually transmitted infections and overall sex education

• Pre and post marital counselling of to- be- married girls/ boys and young women/ men regarding responsible marriage and parenthood, contraception, sexuality, RTIs etc.

• Involvement of males in planning, designing and development of reproductive health programmes

• Encouraging pro-active involvement of family members to facilitate a conducive environment women's overall growth and development through continuous dialogue and discussion

Community Level Interventions

• Promote consultation with communities about appropriate and acceptable health care services to generate demand for reproductive health services. Make efforts to remove cultural and social barriers to access.

• Awareness programmes on recognition of a life-course perspective towards reproductive health by enabling a proactive environment for girl children, delaying early marriage and the birth of the first child till the age of 21 years

• Training and capacity building of para medics like dais, ANMs, TBAs, Asha workers on adopting a gender sensitive approach towards reproductive health, safe deliveries, promoting ANC and PNC and appropriate referrals

• Mobilizing communities through peer education, campaigns, awareness programmes, street plays, distribution of hand-bills, flyers, pamphlets, wall paintings and other innovative tools of IEC.

• Regular meetings with local groups, SHGs, PRI members, community and religious leaders due to their influence on the community's health care seeking behaviour

• Setting up youth resource centres or health forums to ensure individual outreach and group support by facilitating range of activities such as FGDs on gender empowerment and reproductive health, life-skills training for transition, emotion management and self-awareness

• Establishing various support groups e.g. mothers/ father groups, women's / men's group at the community level to encourage participation of men in planning parenthood, highlighting the importance of institutional delivery, disseminating information on available contraceptives and overall reproductive health

• Couple counselling on issues related to relationship building, responsible marriage and parenthood, sexuality etc.

• Identification and education of pregnant and lactating mothers and their spouses regarding mother and child health, ante natal and post-natal-check-ups, safe delivery, lactation, immunization, contraception etc.

• Networking with local dispensaries, health centers and hospitals for appropriate referrals and follow ups

• Mass level awareness on Reproductive and Child Health (RCH) programmes covering immunization of children and pregnant women, adolescent health, pre and post marital counselling, family planning, ANC and PNC, prophylaxis and treatment of nutritional anaemia, distribution and consumption of IFA tablets, emergency obstetric and neonatal care, treatment as well as prevention of RTIs/ STIs, reducing MMR, IMR, promotion of safe deliveries and abortions(Anand and Chandhok, 2017).

School Level Interventions

• Use of classrooms in schools and colleges as forums to initiate discussion on gender, nurturing confidence of young boys and girls and promoting non

stereotypical attitudes and pioneering practices

• Innovative programmes e.g. cultural and sports activities, debates, school health clubs to initiate discussions on issues such as puberty, menstrual health, teenage sex etc.

• Teachers' sensitisation towards building knowledge, attitude and skills towards the needs and concerns of adolescents, their sexual health and relationships

• Extending support and encouraging schools and non-formal institutions to develop and implement reproductive and sexual health programmes

• Setting up parent-teacher associations to educate parents on various health issues, the available facilities and services

• Advocating for reproductive rights

• Undertake and support regular interface and consultative and collaborative processes with civil society towards strengthening diverse aspects of RHR. Bridging information gaps between service providers and clients through effective communication of available policies and provisions

• Pro-actively involve and cooperate with civil society stakeholders, experts and the relevant population groups to design and implement programmes in a participatory manner, including for carrying out evaluations

• Encourage inter-sectoral and multi-disciplinary approach to rights based reproductive health

• Working with various sections of media like films, television soaps, advertisements, print media for advocacy, challenging stereotypes, information dissemination to enable in taking necessary legal action, enactment of appropriate laws, sensitizing the authorities and creating public dialogue on rights-based approach on reproductive health (Anand, 2014)

• Developing partnership with various institutes of health and governmental organization and NGO's to promote participation of women in all

aspects of reproductive health

• Advocacy and consultation meetings with the government officials, social institutions, policy makers and local political representatives

• Generating gender sensitive literature to support research and development processes, working with 'think tanks' for gender inclusive policy making (Anand and Chandhok, 2017)

Conclusion

Human Rights approach to health is a concept of universal applicability defying discriminatory attitude on the basis of one's sex, class, caste or religion. The patriarchal social order has critically led to the situations of vicious circles of power and violence thereby marginalizing and displacing women's status in social hierarchy as only secondary to men. Critical violations of human rights concerning women's reproductive and sexual health calls for strategic actions for addressing multifaceted social, cultural, ecological, economic, political and legal injustices. The gender biased structural impediments may be demolished with greater degrees of social and legal intolerance if the global state aspires to achieve the 2030 agenda of 'transforming lives'. Adopting a rights-based approach on reproductive health makes it imperative that newer and innovative models of women's well-being are carved out thereby empowering them to raise voice against any sort of discrimination and exploitation perpetuated by patriarchal perpetrators.

Social work profession with its belief in inherent worth and dignity of individuals through various interventions at micro, mezzo and macro levels can contribute towards enabling the women to identify their talents, reach their fullest potentials following a rights-based approach. The understanding and promotion of sexual and reproductive rights are essential in social work profession, not only to improve the health status of affected populations but to advocate effectively for social justice and to respond to globalized realities. There is a great relevance of sexual and reproductive rights in the philosophical foundation and practice of social work, emphasizing the impact of re-

productive health and rights on women's lives. The profession of social work indeed embraces and promotes sexual and reproductive rights of women (Alzate, 2009) and also for those belonging to other genders. Social workers can contribute immensely by working with individuals, families, schools, communities as well as various stakeholders to take up the reproductive rights agenda and bring about equality and justice based on the true spirit of realization of human rights for all.

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