



## **Gender As Road Block To Access Reproductive Health Rights Of Women**

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### **Abstract**

Reproductive rights comprise certain human rights that are already recognized in national laws, 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. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. The Declaration and Platform for Action of the subsequent 1995 UN Fourth World Conference on Women in Beijing (Beijing Platform for Action) emphasized that reproductive health is "a state of complete physical, mental and social well-being," and officially recognized reproductive rights as encompassing sexual rights — which include the right to be free from sexual violence and coercion, and the right to the highest standard of sexual health. Furthermore, the Beijing Platform for Action highlighted the need to promote and protect the reproductive and sexual rights of women "throughout their entire life cycle," against women begins at the earliest stages of life and must be addressed from then onwards." In India, women's enjoyment of the above-defined reproductive rights is heavily undermined by gender-biased norms and practices, and by discriminatory religion-based laws that govern family matters, face a wide range of human rights abuses.

**Keywords:** Women Health, Reproductive rights, Beijing Platform, Human Rights.

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### **1. Introduction**

Reproductive health is an important component of general health it is a prerequisite for social, economic and human development and also a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters.

Available studies show that in many developing countries gender and cultural norms often dominate in taking important decisions in the family, including reproduction, family size and contraceptive use.

Male-involvement not only helps in accepting a contraceptive, but also in its effective use and continuation. On the other hand, even if the wife wants to use contraceptive, she may not be able to use it or may be forced to discontinue the method, if the husband disapproves of contraception. Due to such kind of gendered health related decisions women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs). Their social, economic and political disadvantages have a detrimental impact on their reproductive health. Young people of both sexes are also particularly vulnerable to reproductive health problems because of a lack of information and access to services.

## **2. Gender & Blocks**

Reproductive health issues are directly connected with gender. The gendered socialization, social norms and conditions are disempowered women and young girls in reproductive health such as lack of power, lack of access to information, lack of decision making and choices, limited mobility, safe sex education, and gender based violence. This existing gender discrimination in society leads to misconception and poor understanding among women particularly girls who are the next generation builders regarding reproductive health matters. It results, serious physical, psychological and sexual harmful health implications like premarital and adolescent pregnancy, abortion, foeticide, maternal mortality, STDs & HIV/AIDS, sexual assaults and gender based violence. Also such acts create conflict and disharmony among individuals, families and society just because of restricted knowledge on reproductive health and gender insensitivity. Empowerment of women in society and within their households is thus critical to promoting change in reproductive attitudes and behaviour, especially in patriarchal societies (Dyson and Moore, 1983; Jejeebhoy, 1995; Jeffery and Basu, 1996; Kabeer, 2001). Notably, the National Population Policy 2000, specifically identified the low status of women in India as an important barrier to the achievement of population and maternal and child welfare goals (Ministry of Health and Family Welfare, 2000). Mostly women do not have the autonomy and the economic means to take the decisions in related to reproductive health in general and control over their own body in particular (NFHS-3 2005–06: India, 2007). As far as concern to use contraceptive methods and existing technologies either permanent or temporary women are always at the victimized end in lose their health, facing more side effects and complication as users to perform the socially expected role a “complete/perfect women” through procreation of child.

## **3. Gender and Reproductive Health Inequalities**

In Indian society, irrespective of caste, class, gender women’s sexuality is predominated by male throughout their life and also sees child bearing as the prime task of sexuality, and motherhood is a prime role to women. With this socio-cultural understanding women’s sexuality and reproductive functions are controlled by patriarchy very strongly. Moreover patriarchal control over of women’s body extended to prevent the reproductive rights of women such as right choose the partner, family formation, access to knowledge and information, informed choices of contraceptive technologies, fertility preference, right to abortion, free from sexual violence and sexually transmitted diseases etc. Women’s access reproductive health services and care is associated with their gender power relation and social status. This nexus includes lack of access to knowledge and information in reproductive health like antenatal, natal and postnatal care, immunization, contraceptives, prevention of HIV/AIDS and Management of RTI/STI.

As far as fertility is concerned, women are voiceless and do not have any say over to decide number of children, spacing, place of delivery, well-being during pregnancy, pregnancy outcome, birth control measures and infertility (Julia Cleves Mosse, 1994). The problem of childlessness or infertility is mainly considered as women’s problem. Due to gender power relations women are put under the pressure unable to express and explore real conditions of childlessness and also facing struggle to bring the men to undergo clinical fertility check-ups. However, the this problem of both sexes women only facing

psycho-social problems related to infertility for ex. considering inauspicious, exclusion to participate social and family function etc., In addition to that in order to undergo fertility treatment women are experiencing many reproductive health morbidities or a life time of chronic reproductive ill-health .

Socially constructed masculine and feminine characteristics are also important in shaping the capacity of both women and men to realize their potential for health. Gender inequalities in access to health promoting resources have damaging effects on women's wellbeing. Gender ideals and norms rule the attitudes and behaviours of individuals i.e. male and female and that are an important influencing factor in sexual and reproductive experiences (Laura Fingerson, 2008). The meaning of Sexuality is differ contextually and sexual behavior that socially oriented and organized in gender lines. Due to androcentric socially oriented sexual behaviours and practices women and girls are incapable to protect themselves from unwanted sexual acts, unwanted pregnancy and sexually transmitted diseases like HIV/AIDS (Marge Berer, 2000). Also the sexual double standard that provides almost in all the societies women is sexually more vulnerable.

#### 4. Conclusion

Social category of gender norms and ideals plays the curial role in influence the reproductive health rights of women both structurally and ideologically. This gender difference based power imbalances restrain women to determine their reproductive health decision and access resources to entitle their reproductive rights. To remove this gender embedded ideals in reproductive health of women; the Gender analysis is needed in review existing population policies and progmmes in way and promotes male participation and their involvement in reproductive health matters in on other way to support well-being of women.

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