

Notification: 501/2021

Date: 27/10/21

Name : Sadaf

Supervisor : Prof. Nisar-ul-Haq

*Department of Political Science, Faculty of Social Sciences,
Jamia Millia Islamia, Jamia Nagar, New Delhi-110025*

KEYWORDS: REPRODUCTIVE HEALTH, RIGHTS, GENDER, MORTALITY, MORBIDITY,

**Rights of Women and Reproductive Health: Legal Framework and Policy Perspectives
in India**

Reproductive health rights are a women's human right that uphold reproductive health and well-being, including rights that protect the ability to decide whether and when to procreate. The process of reproduction and health, particularly the health of women are interconnected deeply. Reproductive health combine with rights and choices, broadly encompasses social and health conditions that affect overall reproductive functioning of women, i.e. whether to reproduce or to avoid it completely. Motherhood should be chosen and not forced on women. It has to be fought for in any patriarchal structure of society, which recognizes women as baby producing machines seeks this as the best way to oppress women. This form of oppression can be covered up by empowering women and making them more responsible and imbuing in them the power of being an individual who has full autonomy over her body, soul, and herself. Forced birth and forced abortion violates reproductive rights, as they are an assault on the dignity, rights, and autonomy of women and also poses threat to their reproductive health and well-being altogether.

Reproductive Health implies that people are able to have responsible, safe and satisfying sex life and that they have capability to procreate and freedom to decide concerning their reproductive choice. Pregnant women must have the right to exercise true choice, free from coercion and unconstrained by fear for their own lives. It also refers to mortality, morbidity, and quality of life attributable to the reproductive system, process, and events experienced by women at all stages. Zurayk defined reproductive health as "The ability of women to live through the reproductive years and beyond with reproductive choice, dignity, and successful childbearing, and to be free of gynecological disease and risk." The International Conference on Population and Development (ICPD) defined reproductive health in generic terms but stressed on the importance of reproductive health. The World Health Organization (WHO) defines it as "a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life." The term reproductive age group refers to the active reproductive years in women starting with menarche around 12-14 years and ending with menopause around 45-49 years.

Keeping the objectives of the research in view, which is to address multiple dimensions of the population, reproductive health, exercise of reproductive rights, progress made in empowering women, and achieving gender equity, this study has been divided into five chapters. The first chapter of the thesis discusses the conceptual framework of 'Gender', 'Autonomy', and 'Reproductive Rights' in detail. Initiating from the evolution of 'Gender' to a Gender theory debates with 'autonomy' being the best chosen derivatives for the enlightenment of domesticated women. It also elaborates on the reproductive health rights and choices of women in terms of reproduction and autonomy to attain free and equal right to decide about when to start a family concerning their health and wellbeing irrespective of their gender. The second chapter of this research work is on *Reproductive Health: International Standards*. This chapter discusses all the international conferences and conventions concerning reproductive health, rights, choice, and autonomy of women. It also highlights the important articles of the Universal Declaration of Human Rights, International Covenant on

Economic Social and Cultural Rights and Convention on Elimination of all forms of Discrimination against Women. It also discusses the theoretical framework of the 'Three Delays' Model' combined with the 'Continuum of Care' approach for a better understanding of the complications concerning reproductive health at different stages and finding out solutions to address it.

The third chapter describes the legalities of reproductive health rights being enshrined in the Indian Constitution. Reproductive health, being an important component of 'human rights' have not been accepted as a fundamental right, but has gained value and significance through various international and national legislation in the form of bills becoming laws and others being kept under the directives for the state. Further, the fourth chapter discusses all the pre and post-independence health committee reports which essentially led to the enactment of various policies and the most important feature discussed here is a major shift from population control policies to reproductive health and rights concerning policies in India.

The fifth and last chapter analyses the reproductive health situations of women by comparing the demographic, socio-economic, and reproductive health profile in the state of Chhattisgarh, Tamil Nadu. It assesses the effective utilization and outcome of the various programmes and policies being implemented by the central and state government simultaneously to improve the reproductive health access and care. It also looks in detail the factor which has a far-reaching influence upon the utilization pattern of the maternal health services in both the selected states. Besides the descriptive analysis, SPSS has also been used to find out the association between the demographic, socio-economic, and three levels of CoC i.e. antenatal, institutional, and postnatal deliveries.

In the course of this study it concludes that over half a million women still die each year because of pregnancy and childbirth-related issues in the developing countries. Despite a five decade old Family Welfare programme, India continues to contribute almost a quarter of the global estimates of maternal mortality. This research on the demographic behavior in India has illustrated that there is a marked divergence between north and south India. This contrast is further reflected in the demographic paths being traversed by the northern and southern states, which shows divergence due to regional differences in the rate of fertility decline over the last five decades. Fertility has declined rapidly in southern states reaching replacement level by the turn of the century, whereas in the northern region, fertility rates are approximately double those in the southern areas.