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# **Patriarchy and its Adverse Impact on the Reproductive Health of Women in India**

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## **ABSTRACT**

The reproductive health, especially gynaecological health, of women in India is generally very bad. Women from economically deprived sections of society are more inconvenienced than others. This is largely due to the patriarchal nature of Indian society. This paper reviews the literature on patriarchy and reproductive health to substantiate this deleterious relationship.

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## **1. Patriarchy**

Patriarchy, resulting in their secondary status in society, economy and polity as compared to men, is the most important factor in preventing women from attaining reproductive health (Malhotra, A, Vanneman, R and Kishore, S, 1995). Feminist historians have traced this secondary status to the dominance of men in society from the late paleolithic era (Lerner, 1986). Patriarchy according to them is all pervasive in nature straddling society, economy and polity affecting both women and men adversely. Analysing all the main institutions of society like the family, marriage, kinship groups, media, religious hierarchies and the state, they have shown that all these play a role in maintaining the overall patriarchal structure of society. Over thousands of years this structure has become well entrenched and to most people including women it seems natural instead of being a social construct as it really is.

As a result, traditionally women have had to work more, they have been denied the right to inheritance of property, they have had to assume total responsibility for house work and the care of children and the elderly and this work is not counted as of being of any economic value, they have had to go underfed and have been subjected to domestic and external violence of the worst kind (Becker, 1999). As a consequence of this secondary status, women have to bear more babies to ensure that there are male progeny who will inherit the property and provide security in old age. Along with this there is social control over the sexuality of women so that men can be assured that the children born to their wives are truly theirs and so ensure the purity of their descent. Naturally all this affects the overall health of women and especially their reproductive and sexual health. Since there is a taboo on the discussion of these issues women have to suffer their troubles in silence and this leads to mental problems. Thus, there is a deafening culture of silence surrounding women's reproductive and sexual health problems (Dixon-Mueller & Wasserheit, 1991). The biggest irony is that the menstrual cycle which is an integral part of the reproductive process is considered in the prevailing cultural system to be the cause of various negative things and given a dirty connotation in this country (Garg & Anand, 2015). This adversely affects the ability of women to maintain personal hygiene and results in their being afflicted by various diseases of the reproductive and urinary tracts.

The two words sex and gender have different meanings as sex refers to the biological difference between men and women while gender refers to the social difference between them. While the first is natural the second has been constructed by human beings during the course of their development. The systematic study of the power imbalance between men and women was first initiated in the twentieth century by women activists and scholars and this gave rise to the discipline of feminism which challenged the control of women's lives by men (Allen, A.T, 1999).

The present species of humans, which is biologically known as Homo Sapiens Sapiens, evolved about 3.15 lakh years ago from earlier species of humans in the paleolithic age. Humans had by then discovered the use of stone tools and weapons to aid in hunting. Soon this species of humans became adept at hunting and gathering in groups. With time as their use of hands increased, these humans were able to better use their tools by bringing their thumbs in front of the other fingers to hold them more securely. These changes made this species of humans much more powerful than other species of hominins such as Neanderthal and this is the only human species that remained on earth as the others became extinct (Lal, 2016).

Walking upright led to the pelvis of humans and the space in between becoming less and so the space available between the uterus and the vagina of women became less. Simultaneously, due to the increased intellectual activity of human beings, attendant on the greater use of their hands, resulted in the size of their brains increasing. As a result of these two changes in the bodies of human beings, their babies could not be born with a size of head commensurate with their

evolutionary development because such a big head would not come out of the uterus into the vagina given the lesser space available. Consequently, babies were born with smaller heads and brains and so were incapable of moving about on their own immediately after birth as the babies of other mammals and especially chimpanzees are and this helpless situation of human babies is termed altricial. Instead, they needed to be tended for at least a year, during which the brain develops to its commensurate size at a pace faster than the rest of the body, before they became slightly able to move around on their own (Wong, 2012).

This important change in the development of human beings came at a time when their average life expectancy was about 35 years due to excessive work, inadequate and uncertain nutrition and diseases. Under the circumstances bearing more children and taking care of them became of paramount importance for the survival of human beings as human resources were the main means for survival and groups that had more members had a better chance of surviving. Earlier men and women used to participate equally in hunting and gathering because bearing children, delivering them and then taking care of them was not that difficult. However, once the humans began walking upright and bearing and caring for children became difficult, it fell to women to take up this responsibility and so they could not take part as freely in hunting and gathering. Apart from this due to the rigours of a difficult delivery, often the mother and new born would die and so women had to continuously bear children to keep up the group numbers. Thus, the particular circumstances of human development were such that women had to become restricted to bearing and caring children and domestic work and a gender division of labour arose between men and women (Crompton, 2012).

Men continued to hunt and gather more than women and so they became physically stronger than the women who were restricted to domestic work and child bearing and rearing. Men also took part more in the battles with other groups. In those days since human resources were the most important, the victor group in a battle would capture the men and women of the vanquished group and bring them along as prisoners initially. But at a time when there were no iron chains it was difficult to keep the captors by tying them only with grass ropes. The feminist historian Gerda Lerner in her book "Creation of Patriarchy" has on the basis of her researches into pre-history in the middle east surmised that about 15000 years ago the men discovered that it was possible to continually rape the captured women and make them pregnant and so make it easier to keep them captive and also increase the group population. This is what led to the social division resulting in men becoming more powerful than women and the creation of patriarchy (Lerner, op cit).

Around 10000 years ago in the Neolithic era humans discovered animal husbandry and agriculture which enabled them to settle in relatively stable habitats that allowed them to accumulate surpluses and reduce the uncertainty of living as the need for going out to hunt and gather daily was obviated. The work of agriculture and animal husbandry had to be done according to specific time schedules and this gave humans the leisure to think and research about developing their lives further. This important change is called the Neolithic Revolution because it led in about two millennia afterwards to the accumulation of capital, artisanal production and trade resulting in the formation of the first city states in the middle east (Scott, 2017). Men were already more powerful than women when this change took place and so they appropriated the capital and property created and deprived women of the right to property, thinking and skill development, keeping them confined to bearing and rearing children, doing domestic work and taking care of the old. The neolithic revolution, thus, resulted in a strengthening of the patriarchal control of women by men.

The accumulation of property created the problem for men of who to bequeath the property to after their death. Earlier men and women used to live and sleep together in a commune and so there was no way of knowing who were the biological parents of the children. However, to pass on their property men needed to know who their biological children were and this gave rise to the institution of marriage wherein one or more women were bonded to one man and he knew who his sons were. In this way the sexual rights of women were also curtailed and they could only sleep with one man even though men remained free to sleep with other women (Engels, 2010). Thus, patriarchy was firmly established and over time it has become entrenched and currently its main components are as follows -

1. Adverse gender division of labour wherein women have to do domestic work and care work without any remuneration.
2. No property rights for women and prohibition on their doing independent economic work. Even if in some cases women do economic work, they get paid less than men for similar work.
3. No reproductive and sexual rights for women, thus depriving them of control over their own bodies. Men decide when and how many times women will have sex and children. If women refuse to have sex with their husbands then they are accused of sleeping with other men and often husbands use violence to force themselves on their wives.
4. Women suffer gender based violence of various kinds from men because this is a major means used by men for subjugating them.

Women, consequently have a secondary status in society and most women have internalised this prevailing patriarchal mindset that women are inferior to men.

A major aspect of patriarchal oppression is gender based violence which is on the rise as is evocatively stressed by the United Nations Campaign "One Billion Rising" which seeks to address the fact that one third of the total three billion women the world over are suffering from gender based violence. Men are trying to thwart the increasing participation of women in the economy and polity through violence. Often men try to vent their frustrations arising from economic hardship on their women. The definition given by the United Nations for gender based violence is as follows (UN Women, 2022a) -

This is the violence against women in their public or private lives that can or does result in physical, sexual and mental harm to them and which includes threat of such violence and forceful restrictions on the freedom of women. The various forms of gender based violence have been briefly described in the following Table 1.

**Table 1: Forms of Gender Based Violence**

Sl. No.	Type of Violence	In Private Life	In Public Life
1.	Physical	Beatings and even murder by husbands or other male relatives. Often aggravated due to alcoholism of men.	Beatings, acid attacks and murder of women especially related to their participation in politics.
2.	Sexual	Marital Rape of women by their husbands	Molestation, Rape, Sex work & Sexual Harassment at Workplace.
3.	Mental	Verbal abuse and taunts	Glass ceiling in the workplace and non-recognition of women's merit.

Source: UN Women (2022a)

Clearly patriarchy has pushed women into secondary status in society. However, unlike 15000 years ago when it originated, conditions now do not require women to produce a series of babies and nor do they have to be restricted to their homes as this is not necessary for the survival of the human race as it was then. Men can easily share much of the responsibility for raising the one or two children that a family will have and so free women to pursue their goals.

Thus, there is no logical or factual basis anymore for considering women to be weaker than men in socio-economic and political terms as the historical reasons for this adverse gender division do not exist anymore and with combined efforts by men and women, patriarchy can be dismantled.

## 2. Feminist Movements Across The World and in India

The seventeenth and eighteenth centuries saw the emergence of liberal democracy in Europe and America and the end of the arbitrary rule of kings. Instead, governments elected by the people and the rule of law were established to ensure freedom, equality, fraternity and justice (Gray, 1995). However, these newly established democracies had no provision for the equality of women who continued to be second class citizens under the rule of patriarchy.

Mary Wollstonecraft published her seminal book "Vindication of the Rights of Women" and for the first time spoke of economic and political rights for women and their right to control their bodies (Wollstonecraft, 1996). After this there were a spate of women's movements across America and Europe demanding the right of abortion, reduction in domestic care work and the right to work equally as men in economically rewarding professions and finally the right to vote in elections.

In India during the British colonial era itself in the nineteenth century there were demands for the stopping of the practice of Sati, the start of widow remarriage and education for women. Pandita Ramabai raised the issue of women's health and it was due to her efforts that the colonial administration took steps to improve maternal health and introduced education for girls (Butler, 1922).

The twentieth century saw an increase in the struggles of women and as a result they were able to secure the right to work and the right to vote and take part in politics. Abortion, equal pay for equal work, education, incentives and subsidies for women to take up professions and vote and participate in elections all became a reality over the early decades.

Simone de Beauvoir, the French feminist, in her book "The Second Sex" for the first time systematically wrote about the social origins of patriarchy and this gave rise to a whole range of thought and action for the elimination of patriarchy spurred on by many schools of feminism which are still afoot (Beauvoir, 1997). Even though there are currently many forms of feminism, a general definition is as follows (Mendus, 2005) -

"A movement to secure for women social, economic and political rights equal to men, by transforming gender roles that are obstacles to the welfare of women that have been determined for men and women under patriarchy so as to create a gender equal society".

The feminist movement over the past century and a half has thus been able to create enough pressure on governments the world over and these and international institutions have taken the following measures in favour of women -

1. Enactment of laws and policies for the security and economic and social betterment of women
2. Creation of institutions and systems that ensure the implementation of laws and policies in favour of women and raise their awareness so that they are empowered to demand their rights.
3. Implementation various welfare schemes to improve the educational, health and economic status of women.

The various covenants, laws and policies in favour of women from the international to the national level are detailed below.

### 3. International Covenants Of Women's Rights

There are several important conventions adopted by the United Nations to ensure the rights of women and the most important of these are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted in 1979, the Declaration of the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the Beijing Platform of Action (BPA) that was adopted at the Fourth International Conference of Women in Beijing in 1995. The latter two reaffirm the provisions of the first which are still not being fully implemented.

#### 3.1 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

The adoption of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) by the UN General Assembly on 18th December 1979 was the culmination of decades of international efforts to protect and promote the rights of the world's women. It resulted from initiatives taken within the UN Commission on the Status of Women (CSW), the body established within the United Nations system in 1946 to consider and make policy recommendations to improve the status of women. The CEDAW is a comprehensive document that provides for complete elimination of all forms of discrimination against women comprehensively detailed in its 30 articles (UN Women, 2022b).

The implementation of CEDAW is ensured by the imposition of a reporting obligation on States parties. States are obliged to submit a report on implementation of the Convention within one year of entry into force of the Convention for the State concerned, and thereafter every four years or when the monitoring body established by the Convention, the Committee on the Elimination of Discrimination against Women, requests. In these reports, States must indicate the measures they have adopted to give effect to the provisions of the Convention. Individuals can also make submissions to the committee about the status of implementation of CEDAW in their countries. The Committee discusses these reports and individual submissions with representatives of the State party and explores with them areas for further action. The Committee on the Elimination of Discrimination against Women, is an expert body that oversees the implementation of CEDAW. The Committee, which met for the first time in 1982, is composed of 23 members from around the world who are responsible for monitoring the progress made by States in implementing the Convention. It monitors the progress in the status of women made in those countries that are parties to the Convention through the consideration of reports. Since the adoption of the Optional Protocol to the Convention, the Committee is also able to receive and consider individual complaints or complaints by groups of individual women from States that have accepted the Protocol. The Protocol also enables the Committee to initiate inquiries into situations of grave or systematic violations of the Convention in States that have accepted this procedure. In India's case monitoring by the Committee has ensured that the Government has taken steps to ensure the implementation of CEDAW.

#### 3.2 International Conference on Population and Development (ICPD) & Beijing Platform of Action (BPA)

The United Nations organised the International Conference on Population and Development in 1994 which adopted the resolution that Women have sexual and reproductive rights and it is they who will decide on how the family is to be planned. Following this the Fourth International Conference for Women was held in Beijing in 1995 and a Platform of Action was adopted that resolved to work on the following areas of concern for women's wellbeing (UN Women, 2022c) -

1. The persistent and increasing burden of poverty on women
2. Inequalities and inadequacies in and unequal access to education and training
3. Inequalities and inadequacies in and unequal access to health care and related services
4. Violence against women
5. The deleterious effects of armed or other kinds of conflict on women, including those living under foreign occupation
6. Inequality in economic structures and policies in productive activities and in access to resources
7. Inequality between men and women in the sharing of power and decision making at all levels

Insufficient mechanisms at all levels to promote the advancement of women

8. Lack of respect for and inadequate promotion and protection of the human rights of women
9. Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media
10. Gender inequalities in the management of natural resources and in the safeguarding of the environment

### 3.3 Sustainable Development Goals

The United Nations General Assembly adopted in 2015 a set of seventeen Sustainable Development Goals (SDG) with specific targets which are to be achieved by 2030. Acknowledging that the earlier Millennium Development Agenda had a top down, reductionist and fragmented approach that did not adequately address the deep-rooted structural obstacles to equitable and sustainable development and consequently lacked in holistic and integrated planning for doing so, the stress in the achievement of the Sustainable Development Agenda has been laid on partnership. The new Agenda is guided by the purposes and principles of the Charter of the United Nations, including full respect for international law. It is grounded in the Universal Declaration of Human Rights, international human rights treaties, the Millennium Declaration and the 2005 World Summit Outcome. It is informed by other instruments such as the Declaration on the Right to Development. These goals are all encompassing and have been formulated so as to bring about all round development. All future development planning should be based on these SDGs. The fifth goal is related to the welfare of women and girls as under (UNDP, 2022)-

#### Goal 5. Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere.

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.

5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women.

5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

To achieve these goals the following steps need to be taken -

1. The legislation for reservation of seats for women in parliament and state legislatures needs to be enacted soon as this will provide women with more political power to bring about gender equity and counteract the deep-rooted patriarchy that still stifles Indian society.

2. There should be reservations for women in education and employment also in addition to that in political posts.

3. Gender Resource Centres must be set up at the grassroots community level to provide women with space and skill training to engage in economic activity within planned sustainable development zones ensuring gender inclusion.

4. Gynaecological treatment must be provided free on a priority basis to economically deprived women to improve their reproductive and sexual health.

5. The Government should directly transfer an amount equal to the minimum wage to the bank accounts of all women for the important service they provide to society by undertaking care and domestic work which is mostly unpaid presently.

6. Special forces should be set up to ensure safety and security of women and plan and run programmes that ensure security of women in the workplace, transit and at home.

7. Special courts should be set up to try cases of crimes against women and investigation of such crimes by the police should be done properly so that the conviction rate goes up from the abysmal levels that prevail now.

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## 4. Laws and Policies in Favour Of Women In India

India is a signatory of the Convention for Elimination of Discrimination Against Women (CEDAW) has overhauled its legal framework to comply with its provisions. The Constitutional, legal and programmatic provisions for women are as follows -

#### **4.1. Constitutional Provisions**

- (i) Equality before law for women (Article 14)
- (ii) The State not to discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them (Article 15 (i))
- (iii) The State to make any special provision in favour of women and children (Article 15 (3))
- (iv) Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State (Article 16)
- (v) The State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood (Article 39(a)); and equal pay for equal work for both men and women (Article 39(d))
- (vi) To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or scheme or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities (Article 39 A)
- (vii) The State to make provision for securing just and humane conditions of work and for maternity relief (Article 42)
- (viii) The State to promote with special care the educational and economic interests of the weaker sections of the people and to protect them from social injustice and all forms of exploitation (Article 46)
- (ix) The State to raise the level of nutrition and the standard of living of its people (Article 47)
- (x) To promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women (Article 51(A) (e))
- (xi) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in a Panchayat (Article 243 D(3))
- (xii) Not less than one- third of the total number of offices of Chairpersons in the Panchayats at each level to be reserved for women (Article 243 D (4))
- (xiii) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality (Article 243 T (3))
- (xiv) Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide (Article 243 T (4))

#### **4.2. Legal Provisions**

To uphold the Constitutional mandate, the State has enacted various legislative measures intended to ensure equal rights, to counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women.

Although women may be victims of any of the crimes such as 'Murder', 'Robbery', 'Cheating' etc, the crimes, which are directed specifically against women, are characterized as 'Crimes against Women'. These are broadly classified under two categories.

##### **(1) The Crimes Identified Under the Indian Penal Code (IPC)**

- (i) Rape (Sec. 376 IPC), the Supreme Court has now ordered that men marrying girls under 18 years of age and having sexual intercourse with them will be charged with rape under this section.
- (ii) Kidnapping & Abduction for different purposes ( Sec. 363-373)
- (iii) Homicide for Dowry, Dowry Deaths or their attempts (Sec. 302/304-B IPC)
- (iv) Torture, both mental and physical (Sec. 498-A IPC)
- (v) Molestation (Sec. 354 IPC)
- (vi) Sexual Harassment (Sec. 509 IPC)
- (vii) Importation of girls (up to 21 years of age)

##### **(2) The Crimes identified under the Special Laws (SL)**

Although all laws are not gender specific, the provisions of law affecting women significantly have been reviewed periodically and amendments carried out to keep pace with the emerging requirements. Some statutes which have special provisions to safeguard women and their interests are as follows:

- (i) The Employees State Insurance Act, 1948
- (ii) The Plantation Labour Act, 1951
- (iii) The Family Courts Act, 1954
- (iv) The Special Marriage Act, 1954
- (v) The Hindu Marriage Act, 1955
- (vi) The Hindu Succession Act, 1956 with amendment in 2005
- (vii) Immoral Traffic (Prevention) Act, 1956
- (viii) The Maternity Benefit Act, 1961 (Amended in 1995)
- (ix) Dowry Prohibition Act, 1961
- (x) The Medical Termination of Pregnancy Act, 1971
- (xi) The Contract Labour (Regulation and Abolition) Act, 1976
- (xii) The Equal Remuneration Act, 1976
- (xiii) The Prohibition of Child Marriage Act, 2006
- (xiv) The Criminal Law (Amendment) Act, 1983
- (xv) The Factories (Amendment) Act, 1986
- (xvi) Indecent Representation of Women (Prohibition) Act, 1986
- (xvii) Commission of Sati (Prevention) Act, 1987
- (xviii) The Protection of Women from Domestic Violence Act, 2005
- (xiv) Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013

### ***4.3 Special Initiatives for Women***

#### **(i) National Commission for Women**

In January 1992, the Government set-up this statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards provided for women, review the existing legislation to suggest amendments wherever necessary, etc.

#### **(ii) Reservation for Women in Local Self -Government**

The 73rd Constitutional Amendment Acts passed in 1992 by Parliament ensure one-third of the total seats for women in all elected offices in local bodies in rural and urban areas.

#### **(iii) The National Plan of Action for the Girl Child (1991-2000)**

The plan of Action is to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child.

#### **(iv) National Policy for the Empowerment of Women, 2001**

The Department of Women & Child Development in the Ministry of Human Resource Development has prepared a "National Policy for the Empowerment of Women" in the year 2001. The goal of this policy is to bring about the advancement, development and empowerment of women.

#### **(v) Beti Bachao, Beti Padhao**

Scheme for Protection and Development of Women

#### **(vi) Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA**

#### **(vii) Sukanya Samridhi Yojana (Girl Child Prosperity Scheme)**

**(viii) Support To Training And Employment Programme For Women (STEP) 2014****(ix) SWADHAR, 2011**

A Scheme for Women in Difficult Circumstances

**(x) UJJWALA**

A Comprehensive Scheme for Prevention of trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation.

Thus, there are adequate legal, policy and programmatic provisions for gender equity in India. Gender budgeting has also been introduced in all departments of the Governments at the Centre and the States to ensure dedicated funding for gender development programmes.

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## 5. Reproductive Health Problems Of Women

Analysing the history of health policy in India, Prakash has shown how patriarchal social structures have resulted in the marginalisation of women in the health system in this country (Prakash, 1984). Right from the time in the late nineteenth century when for the first time, women's health problems were addressed the concentration has been on the provision of maternal health services like safe delivery practices. Even though as a consequence of the efforts of Pandita Ramabai and Lady Dufferin, pregnant women began to get access to institutional health services, the general reproductive health and associated psychological health problems of women remained unaddressed. Thus, continuously ante-natal and post-natal care has been provided and the problems of the reproductive tract and sexuality have been neglected. Health policies have been silent about the negative effects of patriarchy on the physical and mental health of women. So, it is no surprise that the sex ratio which was 972 females to 1000 males in 1911 had declined to 914 by 2011. Matters have been compounded by the use of pre-natal diagnostic techniques to abort female foetuses and this is done mostly by higher income groups indicating that patriarchy is prevalent throughout society irrespective of various divisions (Mari Bhat & Francis Zavier, 2007).

The report submitted by the Health Survey Committee headed by Sir John Bhole in 1946 did stress that the whole gamut of health problems of women should be addressed instead of just concentrating on safe motherhood but there was no specific mention of the problems or reproductive health and sexuality and the ways in which these could be solved (GoI, 2022). Immediately after independence the economists engaged in the preparation of the First Five Year Plan did not consider the work put in by women inside the home to be of a productive nature and so made no allocation for the overall health of women and concentrated only on providing for safe motherhood. The stress on maternal health over the first half of the twentieth century did produce a number of female doctors and nurses who were also abreast of the latest developments in reproductive health but only the women of rich households had access to the benefits of this knowledge and the vast majority of poor women in this country remained without access to quality reproductive health services.

Government policies for women largely centred around putting most of the responsibility for family planning onto them. Completely ignoring the ground reality, that in the patriarchal social structure that prevails in India, there is a preference for male children which forces women to bear more children and so the thrust of the programme should be towards mitigating patriarchy, the government family planning programme concentrated on doing sterilisations of women given the reluctance of men to get sterilized, irrationally fearing a loss of their sexual powers. Thus, in addition to the suffering from poor reproductive health women had to shoulder the burden of family planning also. All kinds of dubious experiments involving injectables were carried out during this campaign (FWH, 1995).

Consequently, when a joint study group of the Indian Council of Medical Research and the Indian Council of Social Science Research conducted a review of women's health in 1980 it found that the main reasons behind high maternal mortality rates and the decline of the sex ratio were the malnutrition and poor reproductive health of most women (Nayar, 2012). The group also averred that this had happened because the government had looked at women only as prospective mothers neglecting their exploitation within and outside the home in a highly patriarchal social setting. However, despite this scathing report there has been inadequate improvement in the health policies with regard to women. This despite the fact that the government had endorsed the declaration of the First World Women's Conference organised by the United Nations in Mexico in 1975 which exhorted both governments and the people at large to - "*recognise the health needs of women of all ages and situations, those with children, girls who were yet to reach child bearing age and women who had passed the child bearing age range and also those living singly or as couples, give women the right to choose the number of children they wish to have and also the spacing between them and prevent any such discrimination and violence that is against the welfare of women, that prevents them from taking active part in the social, economic and political development of their societies and that violates their human rights*" (Whitaker, 1975).

The first effective steps towards improving the status of women's reproductive health in India were taken by NGOs in the 1980s. The pioneer in this respect is the NGO SEARCH in Gadchiroli district of Maharashtra. In the course of their work among the Gond indigenous people they found that all women were not reporting their gynaecological problems properly. So, they decided to conduct a detailed study which has now become a landmark in this field (Bang, 1989). The study revealed that 55% of the women surveyed admitted to some gynaecological problem or other but when they were tested clinically this proportion rose to 92%. The most disturbing finding was that only 8% of these women had come to the NGO for treatment of their problems indicating a tremendous level of reticence to confront their serious reproductive health problems. Many other studies later have confirmed these disturbing findings (Jeejeebhoy, 1997).



The International Conference on Population and Development organised by the United Nations in Cairo in 1994 and the fourth World Women's Conference in Beijing in 1995, as mentioned earlier, finally led to the adoption of this feminist viewpoint and an appeal was made to all governments to tailor their women's health programmes to meet these parameters. In consonance with this the Government of India made a revolutionary change in its population policies and replaced the sterilisation target oriented family planning programme with a more comprehensive reproductive and overall health programme in which the participation of women was made mandatory (Department of Family Welfare, Government of India, 1996).

This new programme charted out a major role for NGOs assuming that the government machinery was incapable of ensuring the participation of women. As a result throughout India a number of NGOs became active in this field and adopted the reproductive and sexual rights approach to women's health. One such is the Stree Hitkarini in Mumbai working among poor slum women. In order to assess the extent of the reproductive health problems of the women in its area of work before embarking on a programme of amelioration this NGO conducted a reproductive health survey among 750 slum women. This study too revealed that 73% of the women suffered from some reproductive health problem or other and they did not seek any remedy for them (Parikh et al, 1996).

The women living in slums in Indore have largely remained outside the purview of qualified medical help and have had to rely mostly on quacks as borne out by the story of the girl related in the beginning. Thus it has been left to NGOs to deliver what little service they can to them. The most important of such efforts was the five year project undertaken by the Urban Health Resource Centre, New Delhi with funding from USAID in collaboration with five local NGOs of Indore (Agarwal & Bhanot, 2004). The main thrust of this programme named the Environmental Health Programme was on involving the community in the accessing of the government's reproductive and child health services and so improving the health of women and children so as to reduce the infant, child and maternal mortality rates. 87 Community Based Organisations (CBO) were formed in the slums and these were then grouped together to form 9 Lead CBOs. Apart from creating health awareness among the people the NGOs also hold monthly health camps in which doctors did check ups and provided medicines to the women. However, this programme too following the general trend in India provided only help for maternal and child health and skirted the larger issue of reproductive and sexual health and patriarchy. Indeed, the programme had initially begun with interventions only in child health and took up maternal health also because it found that this was imperative if child health was to be improved (Agarwal et al, 2005).

A comparative study of the data from the first, second and third National Family Health Surveys has come up with an extremely disturbing finding (Shrinivasan et al, 2007). Even though the spending on family planning by the Government of India after the initiation of the new reproductive health approach in 1996 in the years 1998 -2004 has been double that in the earlier period from 1992 - 1998 the improvement rate in the case of many reproductive health characteristics has been less during the later period. This situation continue to be poor even in 2021 as the NFHS V data show that the proportion of women of the age group 15 to 49 years suffering from anaemia has increased from 54.1 percent in 2016 to 59.1 percent in 2021 (IIPS, 2021). This clearly means that not enough is being done to tackle the deleterious effects of patriarchy which is at the root of most of the reproductive and sexual health problems faced by women and is reflected in their anaemic condition.

Thus, it is clear that the status of reproductive and sexual health and rights of most women in India is bad. Consequently, there is an urgent need for introducing a participatory reproductive and sexual rights and health programme for economically deprived women which involves their men also.

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## 6. Masculinity and its Adverse Effects on Women's Reproductive Health

Specific roles, attitudes and activities have been earmarked for men in patriarchal society and the behaviour of men in conformity with these is called **MASCULINITY**. Masculinity requires that men should be strong, they should not cry in adversity, they should not do domestic work like washing clothes, cooking food and caring for children and elders and they should inflict physical, sexual and mental violence on women to keep them suppressed (Kimmel & Aronson, 2004).

Clearly, masculinity is harmful for both women and society since women constitute half of the population and if they are not physically and mentally fit then their contribution to society and economy also is less than it should be, leading to loss for the whole population. Specifically in the sphere of reproductive health, the non-cooperation of men results in problems for women and the children they are bearing, lack of menstrual hygiene and diseases of the reproductive tract of both men and women. Men also suffer from the burden of having to conform to the demands of masculinity. The violence and the resultant lack of peace in life adversely affects the mental makeup of the men (Sinha Dutta, 2022). All these problems are not amenable to easy solutions.

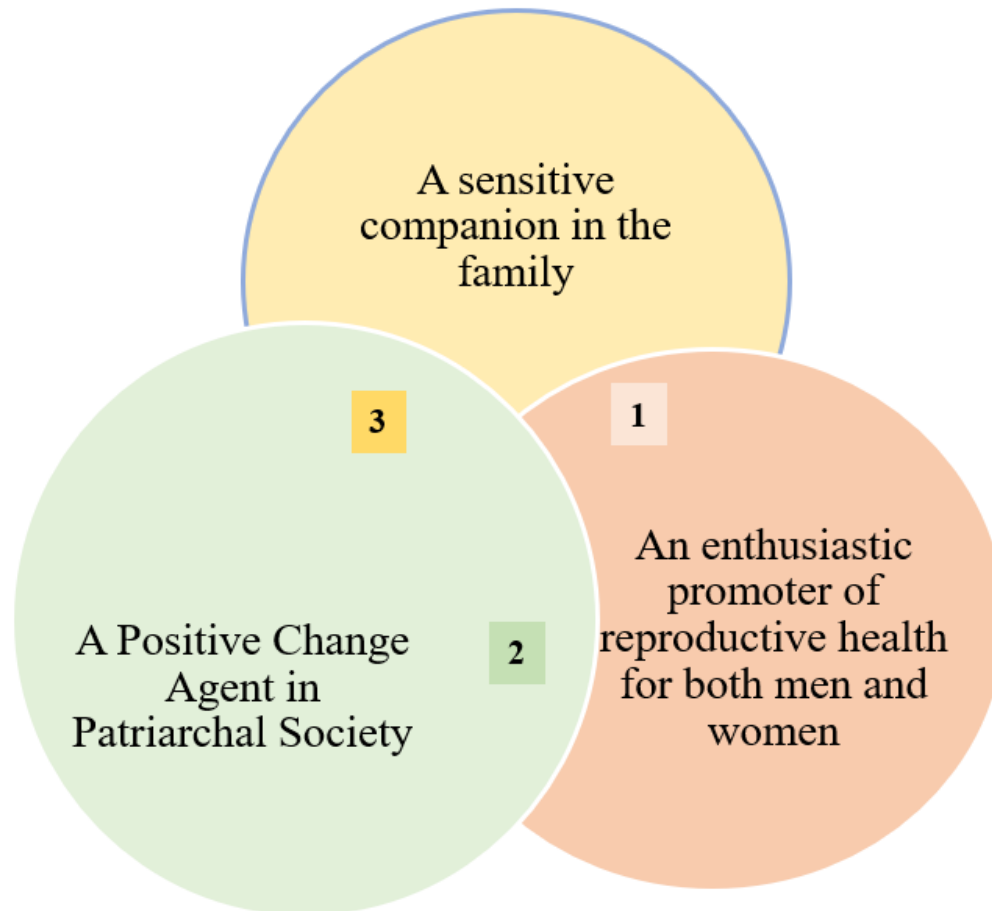
Therefore, masculinity must be rejected and men must be encouraged to break out of their prescribed gender roles and participate in domestic work and care work and also refrain from gender based violence. This behaviour change of men will bring the following benefits -

1. Men will get the right information about gender and reproductive health which will help them to take right decisions after consultation with women.
2. The cooperation of men will help women to improve their reproductive health and also their participation in social and economic affairs.
3. The participation of men in domestic work will improve the care of children and the old.

4. The man-woman relationship is an intimate one within the family and the unequal power relations in it cannot always be addressed through fights. So if men themselves understand the ill effects of masculinity, patriarchal rules and gender based violence and reject them to establish a gender equal society then it will be beneficial. Especially when men are in decision making positions in society, economy and politics.

5. Men have their own reproductive and sexual health problems which they are unable to address because of the culture of silence and the burden of masculinity. An open environment free of such oppressive rules and customs will enable men also to seek solutions for their problems.

However, such behavior change of men will not come easily unless undertaken by involving the whole community as individual men will be subjected to taunts if they reject masculinity from other men and even women who are steeped in patriarchy given its widespread control of society. Therefore, gender sensitisation workshops have to be conducted with men also and later with men and women together so as to promote free discussion on these issues and break the culture of silence that prevents behaviour change. The graphic in Fig. 1 below illustrates this new role synthesis for men (Mogford, Irby and Das, 2015).



**Intersection 1:** Between sensitive companionship and promotion of reproductive health by men will ensure better health outcomes for the family and society.

**Intersection 2:** Between promotion of reproductive health and a positive change agency by men will result in reduction of patriarchal oppression in society.

**Intersection 3:** Between positive change agency and sensitive companionship by men will result in cooperation between men and women for more harmonious living.

**Fig. 1: Changed Role of Men**

Source: Mogford, Irby and Das, 2015

Women and Men are intimately linked to each other in family and society and so it is not possible always for women to take an adversarial stand against patriarchy. Consequently, it is necessary that behaviour and attitude change on the above lines are brought about in men for a more harmonious relationship between genders.

## 7. Reproductive Health and Rights Status of Women in India

The status of Reproductive Health in Indore can be gauged from the latest NFHS V data for the district which is given in Table 2.2 below

**Table 2 Selected Reproductive Health and Rights Characteristics of Women in India**

Characteristic	NFHS IV 2016 (%)	NFHS V 2021 (%)
BMI indicating acute under nutrition (<18.5 kg/m <sup>2</sup> )	18.9	15.6
Anaemic (<12 gm/decilitre)	46.8	48.1
Mothers with complete Ante-Natal Care	76.1	74.6
Mothers with complete registration for ANC and PNC	97.7	94.2
Births Delivered by Caesarian Section	21.6	21.9
Women 20-24 yrs married before 18 years of age	23.4	21.7
Women 15-19 yrs who were pregnant/had child	5.1	4.2
Female Sterilisation as Proportion of all Family Planning	69.1	57.4
Total Fertility Rate (%)	2.3	2.0
Women Aged 15 – 24 years who use Hygienic Methods for Menstruation Management	37.6	60.5
Women who worked in the past year and were paid in cash	29.9	26.8
Ever Married Women Aged 18 – 49 years who have ever experienced spousal violence	33.0	28.1

Source: National Family Health Survey V (IIPS, 2021) .

A serious matter of concern is that the proportion of women who are anaemic has increased from 2016 to 2021 indicating a worsening of reproductive health status. Also, the proportions of mothers with complete ante-natal care and registration for both ante-natal and post-natal care have gone down in the five-year period between the two surveys. The burden of family planning continues to be on women's sterilization and their work participation rate is not only low but has come down over the last five years. Thus, the reproductive health and rights situation of women in India leaves a lot to be desired.

## 8. Conclusions

The above discussion clearly shows that patriarchy is a major deterrent factor in the achievement of reproductive health by women in India. Despite various international covenants and laws and policies in favour of women within India, they are not being implemented properly and so women continue to suffer from lack of access to quality health services and suffer as a consequence.

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