

# **Reproductive Health Rights and Social Work**

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# Introduction

International Conference on Population and Development (ICPD), 1994 defines Reproductive Rights as the right to decide freely and responsibly the number and spacing of their children, to be educated and informed in this respect, to have access to reproductive health services, and to have control over their bodies and attain highest reproductive health standards.

# Why Reproductive health rights?

- India contributes more deaths than any other country to the global figure of 5,00,000 women and girls dying from pregnancy, childbirth or unsafe abortion every year.
- In the year 2013 India accounted at 17 per cent (50,000) maternal deaths globally.
- Annual Health Survey 2010-11 India has recorded 381 Maternal Mortality Ratio (MMR) against 1, 00,000 live births.

- During 2014 to 2016 Assam had 237 MMR per 1,00,000 live births which was again highest in the country.
- According to Sample Registration System in the year 2016 Assam had 44 IMR per 1000 live births of children under one year of age, which is again very high.

# Objectives :

1. To find out the reproductive health needs of the women and
2. To find out how far the reproductive rights of the women are upheld.

# Methodology

- The paper is based on a qualitative study carried out on the basis of in-depth interviews. During the study a total thirty (30) women aged between 15 to 49 years participated. The participants were explained the objectives behind the study. Their consent was taken before the in- depth interviews.

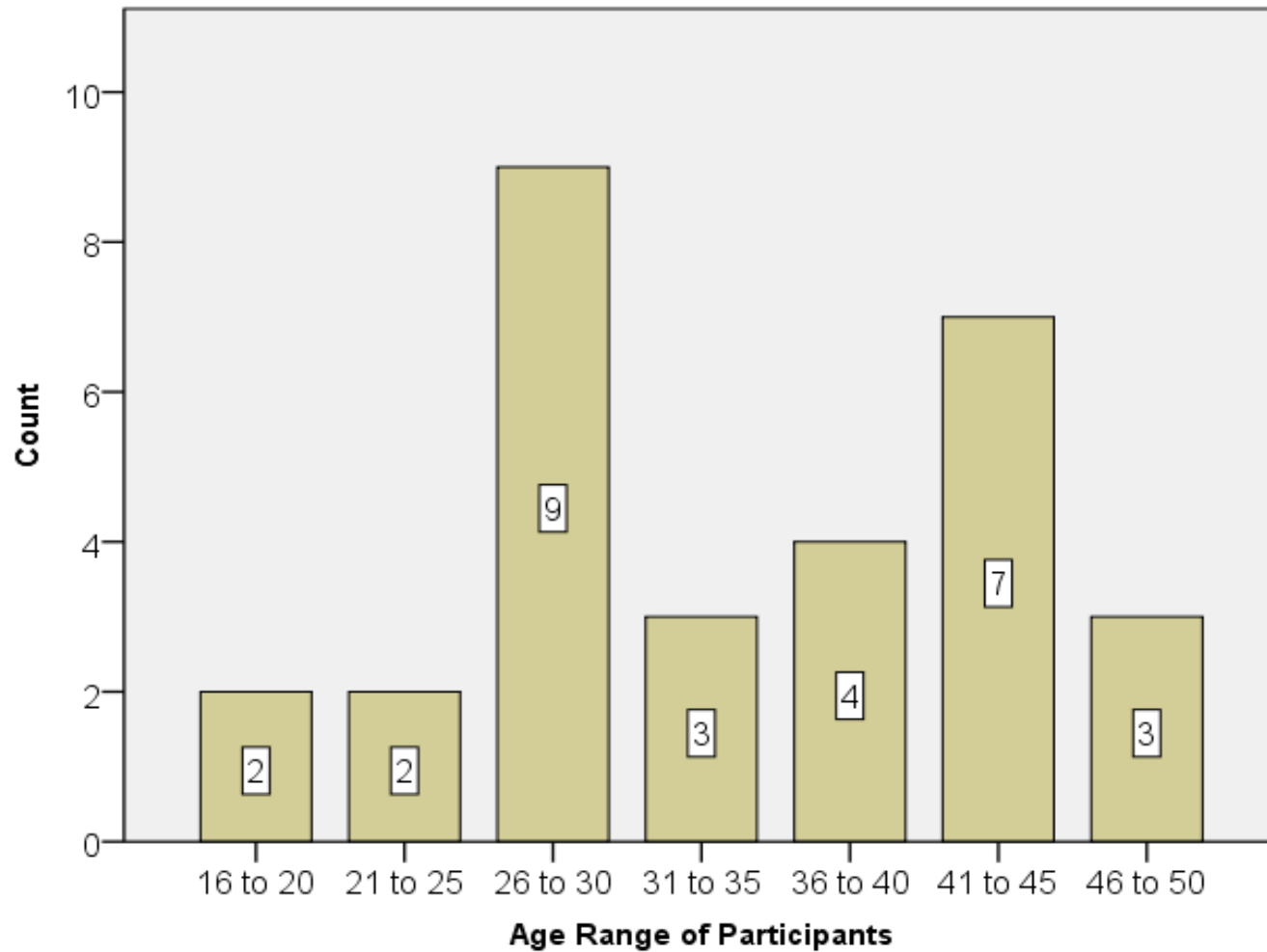
## Study area:

- The study was carried out among the scheduled castes women in one of the blocks of Kamrup District, Assam. The Hajo Development block of Kamrup district is 50 km away from Guwahati city. From the block a village was chosen to carry out the study.

- The Scheduled Castes or *Dalits* are historically-disadvantaged people recognized in the Constitution of India. During the period of British rule in the Indian subcontinent, they were known as the oppressed class. After independence, the Constituent Assembly continued the prevailing definition of Scheduled Castes and Scheduled Tribes.



# Findings: (Socio economic background)



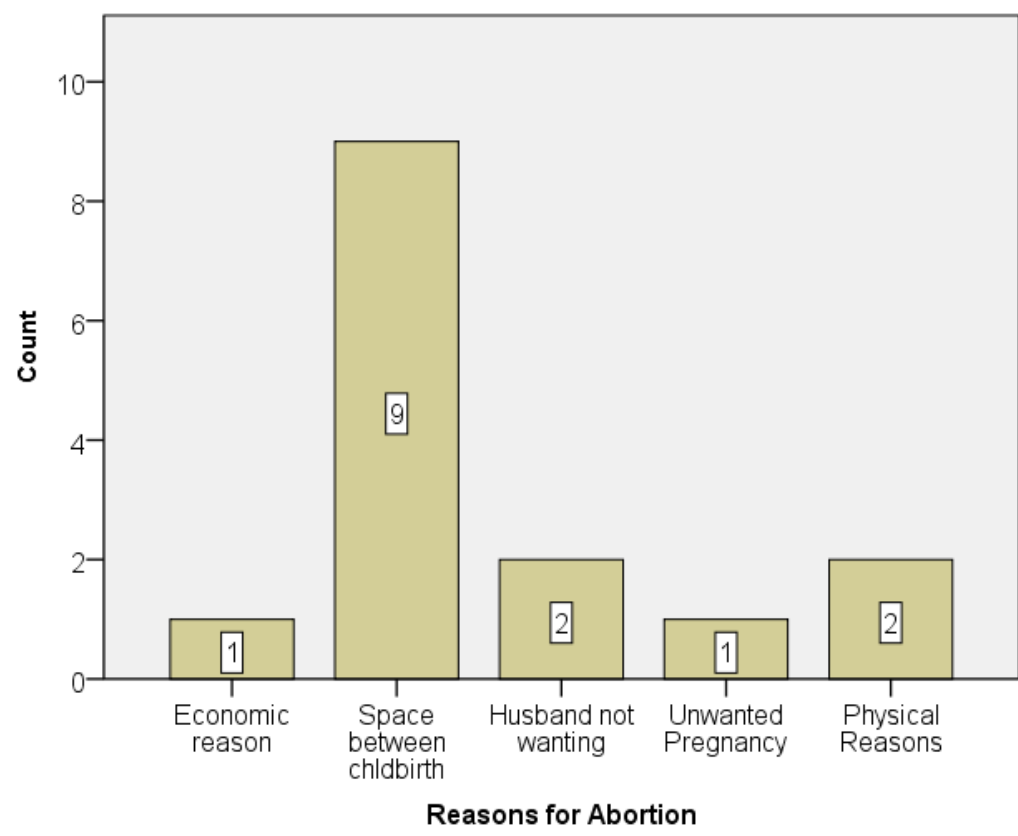
- All of the participants were practicing Hindus.
- All the women were home makers except one.
- Majority of the women's spouses were farmers.
- Out of 30 women 29 of the women were living in their own houses. One of the women was living with her parents as she was thrown out of her matrimonial house since her husband's death.

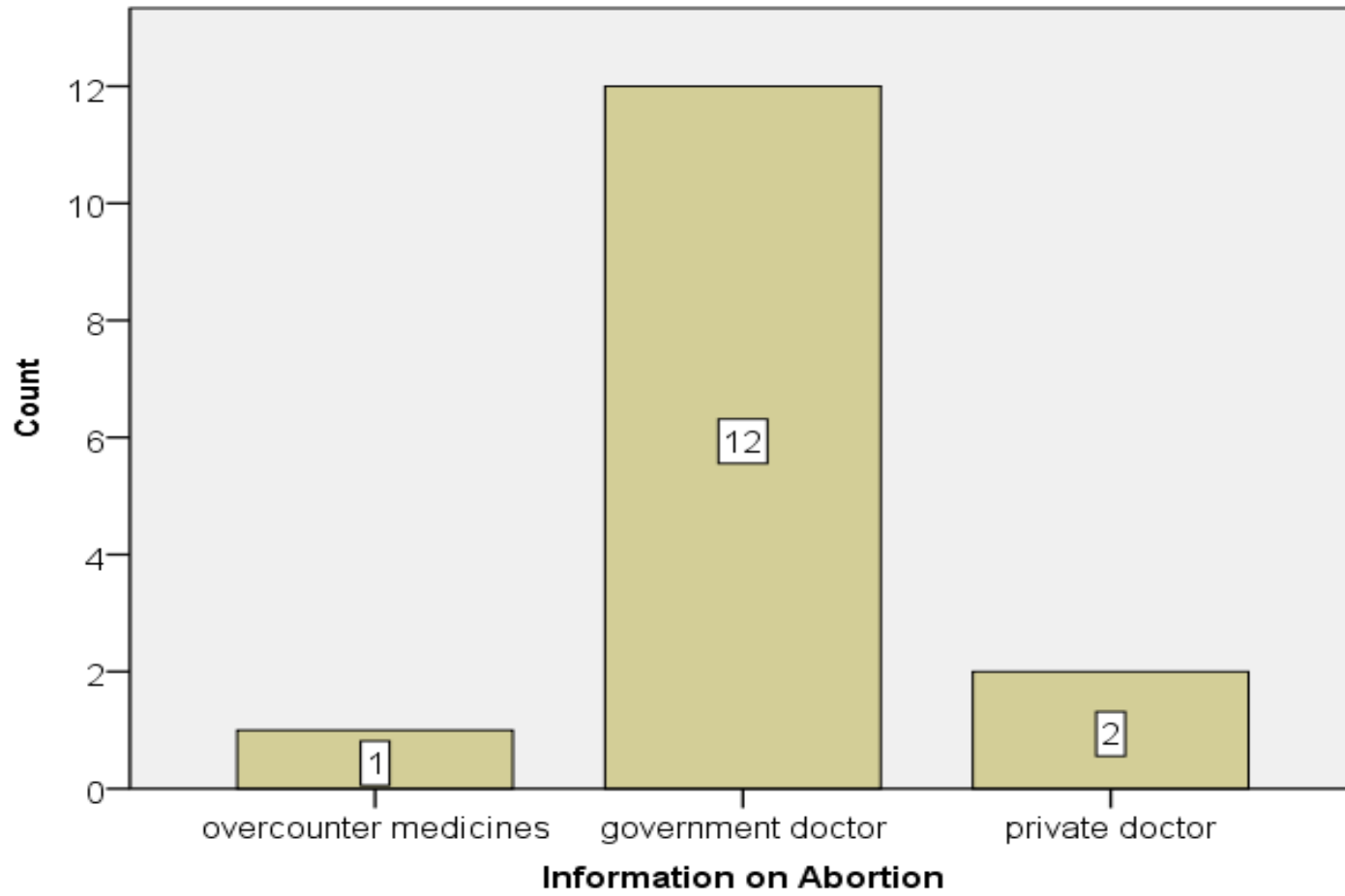
<b>Level of Education</b>	<b>No. of women</b>
Illiterate	1
Primary	2
Secondary	14
HSC	10
Graduate	2
Post Graduate	1
<b>Total no. of women</b>	<b>30</b>

# Reproductive health needs:

- All the women interviewed shared that none of their husbands were using any contraceptives. To avoid unwanted pregnancy the women said that they were using withdrawal method and safe period of their monthly cycle.

- Out of 30 participants 15 of them have opted for abortions.





- All the women interviewed said that they have heard of all the contraceptives available.
- However, they are not aware of the advantages and disadvantages of the contraceptives available as no one has ever gave them any information on that matter.
- Out of 30 women 20 of them said that they have used contraceptive pills to avoid pregnancy, however stopped using it as they felt giddy and sick.

# Conclusion:

- The reproductive health rights of the women are human rights which safeguards the overall well-being of the women.
- As a profession when social work embraces human rights and social justice therefor, it automatically embraces reproductive health rights of the women.



- There is an urgent need on the part of the profession to take up the issue of reproductive health rights based activities at the grass root level (Early Intervention-Micro level) as well as at the advocacy level (Meso level).
- Likewise the reproductive health rights of the women too needs urgent attention as a country where we are still not being able to address the issue of Maternal Mortality Ratio and Infant Mortality Rate which is very high and the state of Assam is topping the list.

- The grass root based organizations need to create awareness among the population on their reproductive health rights and at the advocacy level one needs to pressurize government not to target only the women for reproductive health care.
- The involvement of men in attainment of reproductive health right is a must.

**Thank you!**