

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20221440>

Original Research Article

Reproductive and sexual rights of women: ground reality

Sunayana Singh¹, Mukesh Kumar^{1*}, Subrat Sharma²

¹Department of Zoology, M. S. J. (Government P. G.) College, Bharatpur, Rajasthan, India

²Department of Zoology, Government College, Kota, Rajasthan, India

Received: 29 March 2022

Revised: 05 May 2022

Accepted: 11 May 2022

*Correspondence:

Dr. Mukesh Kumar,

E-mail: prof.mukeshkumar@rediffmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Inequality exists in different societies of the world. Discrimination and exploitation are done based on caste, color, creed, gender, region and religion by mighty people. However, international bodies like United Nations and International Commission of Human Rights are very sensitive about the human rights. Reproductive and sexual rights are also part of human rights. The most sufferers of this discrimination and sexual exploitation are women. Woman suffers in silence because her exploiters are generally close ones. The study was done in rural areas of Bharatpur, Rajasthan, to investigate the awareness status of reproductive and sexual rights of women.

Methods: Questionnaires pertaining to the awareness of contraceptive choice, age of pregnancy, planned/unplanned and delivery place, family size and sexual life was prepared. Woman of 20 to 40 years of age volunteered to participate for this research.

Results: Majority of women were not having the basic knowledge of pregnancy, contraceptive choices. 60% of women got pregnant before reaching to the age of 20 and second pregnancy occurring between 21 to 25 of age. Majority of women had unplanned pregnancy and delivered the baby at home. 2-5 kids were per family of studied group. 65-70% of their husband treated their wives as a sex object and slaves. They tortured their wife during sexual act. These women were not aware of their reproductive and sexual rights

Conclusions: This study shows early marriage, pregnancy. Majority of husband tortured their wives during sex (or forced) sex and treated them sex slaves. Reproductive and sexual rights are distant dream for women in rural areas of India.

Keywords: Reproduction, Sexual rights, Women

INTRODUCTION

Inequalities, disparity, injustice, exploitation exist in every society in name of caste, colour, gender, reason and religion. Generally exploited community is poor, down-trodden and not much educated and excesses are committed by to mightier people of the society.¹

United Nation prepared a Charter which is known as Universal declaration of Human Rights 1948 in order to have just and equal world.² Representative of 48 countries were initial signatories to this Charter on

December 10, 1948. This universal declaration reflects the fundamental belief and commitment for the safeguarding Human Rights by all countries. Later majority of nations established the Human Right Commission's body as a member of UN body.³ These human right bodies are empowering the suppressed classes to some extent. Women constitutes less than 50% population of the world.⁴ The women are the worst sufferers of inequality, injustice, sexual violence, rape and atrocities irrespective of caste, colour, class, region, religion.^{5,6} Generally, sexual violence (in majority of cases) is committed by their close-ones.⁷

Therefore, it becomes very difficult for women to report law-enforcing agencies. There are laws to safeguard the reproductive and sexual rights of women.^{8,9}

In Indian context, its constitution has provision of reproductive and sexual rights which says that women can decide about the number, spacing and limiting of their number of children.^{10,11}

It also ensures the reproductive and sexual security (which makes sexual violence is a criminal act and punishable under Indian penal code) and she has right to live healthy reproductive and sexual life.¹² She owns total control over her body: mentally, emotionally, physically and sexually.

Under constitutional provision, even her husband is not allowed to force him over her without her willingness and consent. Indian laws completely safeguard the reproductive and sexual rights. But having laws are one thing and their execution is another thing. In India getting justice is long drawn process and costly affair too.

Sexual violence is committed by the close ones (either family members or relatives or husband of a woman). In majority of cases, it goes unreported.¹³ If it is not reported, one cannot get justice.

Even sexual crimes are reported and then taking it to the logical end is long-drawn process. Generally; sexual crimes are committed in closed doors.¹³ If victim woman try to raise her voice, her family members do not cooperate or sometimes, they become against her.

Therefore, it's very serious issues that despite having laws women suffer most. Various international research studies and reports reveal that crime against women are not going down and major reason is that un-reporting of cases and sexual crimes are committed by close ones.^{13,14}

In view of above cited background, this research study was planned and done in rural areas of Bharatpur district of Rajasthan, India, to investigate knowledge of birth control methods, pregnancy, family size, reproductive and sexual status with special emphasis on women's say in these matters.

METHODS

Study type

Descriptive design was used in this study.

Research study was prepared in a following manner:

Study place

Rural areas (villages Panchayat) of Bharatpur district Rajasthan, India was selected for this research investigation.

Study period

The study period was from October 2018 to September 2019.

Selection criteria

As we wanted to investigate the ground realities of reproductive and sexual rights in rural areas.

Therefore, semiliterate or illiterate women were included in this research study with their consent.

Statistical analysis

Statistical analysis was done using standard error and standard deviation formulae of obtained data-

Standard error

$$SE = \frac{\sigma}{\sqrt{n}}$$

Where SE= standard error of the sample; σ = sample standard deviation; n= number of samples.

Standard deviation

$$\sigma = \sqrt{\frac{\sum(x_i - \mu)^2}{N}}$$

Where σ = population standard deviation; N= size of the population; x_i = each value from the population; μ = the population mean.

Data being presented in tabulation and pie diagram form.

Volunteering women

40 woman of 20 to 40 years of age were included in this study. Aims and objectives were clearly explained to them and their consent was taken and their name kept secret.

Parameters of study

Well defined questionnaire was prepared on reproductive and sexual matters of women.

Detailed personal interview was taken when the questionnaire and questionnaire got okayed by them.

RESULTS

40 women volunteered to participate in our study and they got any scientific platform to discuss their plight and condition for the first time in their life.

Age of volunteering women

Age of women ranged 20 to 40 years.

Social, education and economical background of women volunteers

All women were from rural areas of Bharatpur district of Rajasthan India. These women were from poor background. Majority of them were illiterate or semi-literate.

Marriage age

Marriage age of these women ranged 10 to 25 years. Very early marriage was recorded at the age of 10. General marriage stated between 15 to 19 year.

Age of first pregnancy

Age of first pregnancy of these women occurred before attaining the age of 20 in almost all ladies and second pregnancy was developed between the age of 20 to 25 (Table 1).

Planning of pregnancy and delivery

68% of women of this study had unplanned pregnancy and were having no idea of unsafe period of menstrual cycle and 50%, women delivered the baby at home without any medically qualified supervision (Figure 1).

Knowledge of birth control methods

80% women had no idea of birth control methods and 85% of their husbands were ignorant of the contraceptives methods available (Figure 2 and 3).

Family size

20% women had two kids, 35% had three children and 43% had more than three in their family.

Sexual life

65% women of this study told that their husbands just fulfil their sexual desire or need and they just treat like as sex object or slaves, 30% of women told that their husbands or partner involve them actively in sexual act (Figure 4). Almost 70% husband of studied group of women did not understand the need of their wives (Figure 5). 40% women revealed that their husband tortured them before or during sex. Nature of brutal torture was abusing, beating, twisting arms, pulling hair, forcing for sex, burning breast and outer privates parts with cigarette and bidis, biting chest and breast, thighs, sprinkling chilli powder over vagina, excessive demand of sex and sex during menses and doing sex immediately after delivery of baby. 40% husbands behave like this off and on (Figure 6). Despite high

percentage of women undergone sexual, physical, mental assault and torture apprised us that they are satisfied with sexual life and this was very strange and 25% women were not satisfied sexually (Figure 7). 87% women wanted to stay in marriage despite all these problem, while 10% ladies set that they have no option but to stay in the marriage (Figure 8). All women wanted caring and understanding husband (Figure 9).

Table 1: Age of pregnancy (in years).

Age of pregnancy	*Scores (mean±SD)
1 st pregnancy	19.475±3.4042771
2 nd pregnancy	21.461538±2.741937
3 rd pregnancy	23±2.7792333

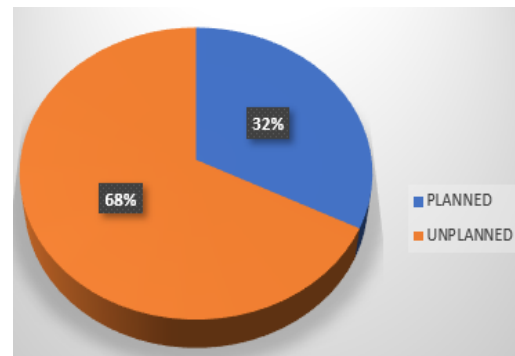


Figure 1: Percentage of planned and unplanned pregnancy.

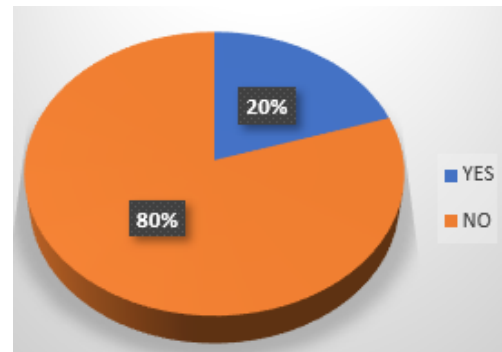


Figure 2: Knowledge of women about contraception.

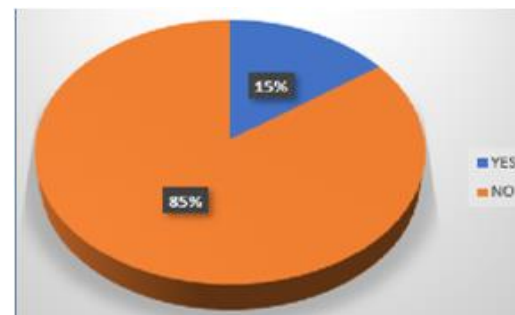


Figure 3: Knowledge of husbands about birth control method.

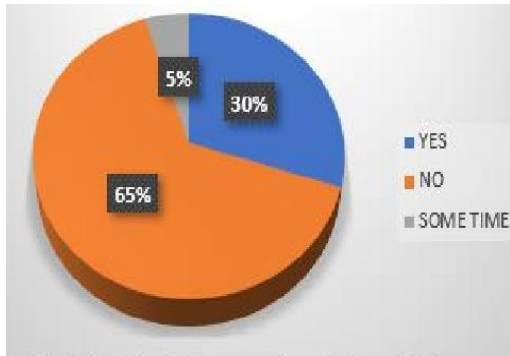


Figure 4: Husband's behaviour involving wife in sexual activities equality.

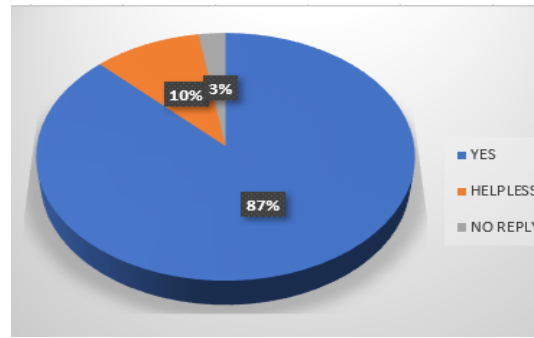


Figure 8: Percentage of mental state of women to stay in marriage.

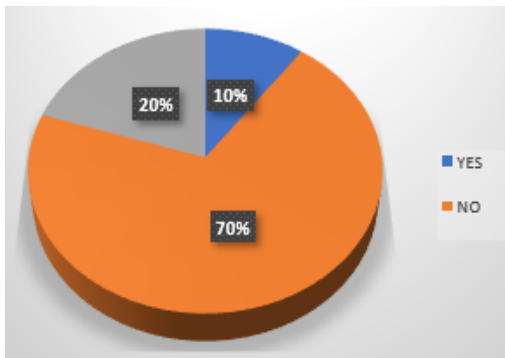


Figure 5: Understanding of husband about sexual need of wife.

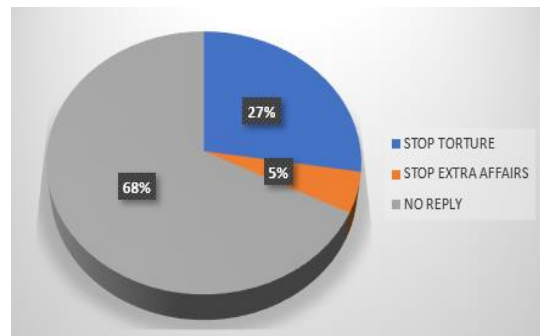


Figure 9: Thinking of women for healthier married life.

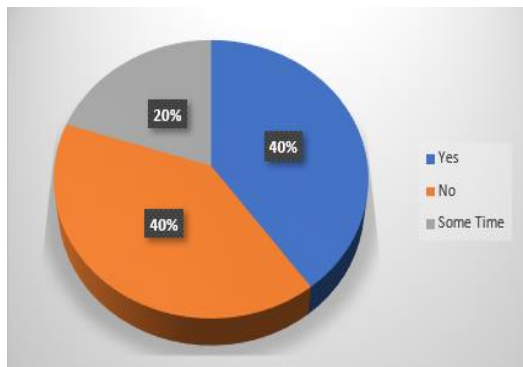


Figure 6: Women being tortured by their husband during sexual activities.

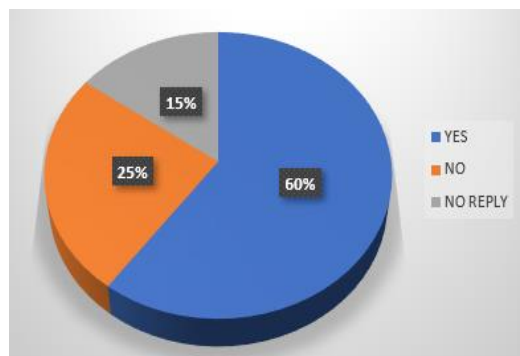


Figure 7: Satisfaction of women in married life.

DISCUSSION

Current study shows that majority of girl got married during their teenage and without their consent, their parents arranged the marriage. Child marriage is not allowed under Indian constitution which is violation of child marriage act.^{15,16} These women and their husband were not having the basic knowledge of birth control methods which results in early pregnancy, (majority of ladies got pregnant before attaining the age 20 or during their teenage). Occurrence of pregnancy in teenage girl is really very risky and harmful for reproductive health.¹⁷⁻¹⁹ Various studies have shown that teenage pregnancy may result in death of mother and improper development of baby as the body of female is not ready or mature enough for pregnancy.²⁰⁻²⁴

This study also revealed that majority of pregnancies were unplanned because both husband and wife were not educated and got married in a very early age and very dangerous part of the disclosure by these women that they delivered the baby at home without any medical supervision or assistance which further aggravates the danger to the mother and baby. It has been established that child deliveries at home without any medically qualified staff or with untrained person can be real threat to the life of mother and baby by various research studies.^{25,26} Here this pregnancy complications may become manifold to teenage pregnancy and subsequent pregnancies without any

major gaps.²⁷ This study shows that average kids number was 2-5 per family. Despite having constitutional provision for safeguarding the human and reproductive rights of women ground realities show that women's life plight is unchanged.

Our research findings also show that women are treated as sex slaves by their husband (however our sample size is only 40 and more such studies are needed to be carried out in this regard) which indicates the psycho-sexual behaviour of their husband. Such kind of behaviour of male partners have been seen and reported by various researchers irrespective of caste, colour, class, education and status.^{28,29} Current study shows the horrible sexual tortures behaviour like: beating, biting the private sexual parts of their wives by their husband, sprinkling chili powder are the cruel acts of males.

This reflects that women are most unsafe in their marriages and these cruel and horrible acts are committed by close-ones under closed door setting and so called legal protection called marriage. This goes unreported. Husband is major threat to her life and dignity.

Generally it is said and seen that woman is sexually, psychologically attacked by out-siders and various studies have shown this phenomenon also.³⁰ This is study shows that woman is tortured sexually and assaulted by her life partner.

Despite this horrible ordeal almost on daily night in closed door, she generally doesn't reveals or reports to anybody (as she fears that it may stake her marriage), therefore crime within the marriage never comes to light in majority of women's cases.³¹ Surprising results of this study show that the majority of women want to stay in their marriage despite their plight. The reason is very simple that they have come to the conclusion that their (women) life could be much more miserable, if they walk out of their marriage.³²

Now question arises that what could be done in such a horrible state? The laws related to the prohibition of child marriage should be enforced in a letter and spirit, this will prevent the teenage pregnancy and delivery which may lessen the danger to the life of a girl. Registration of every marriage should be mandatory. Pre-marriage counselling of the couple regarding responsibilities sexual rights, matters and behaviour should be in place by the qualified and caring counsellors.

Limitations

Aims and objectives of this study were very sensitive and personal pertaining to the reproductive and sexual matters. Women need trust and confidence to discuss these personal issues. Women should be included from all strata of the society (especially from different educational and financial status). There should be greater number of the

volunteers then only we can drive precise conclusion. Data being presented in this study for the period of the one year. We are in process of collecting and overcoming above mentioned limitations.

CONCLUSION

In conclusion this study (though sample size is 40) shows that teenage marriage is still a common practice in rural areas, women and their husbands are not having knowledge of pregnancy, birth control methods. Majority of delivery of babies happen at home. Sexual violence or torture inflicted by husbands are very common and it goes on unreported. Reproductive and sexual rights at ground level is still distant dream for women.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Bala R, Gill A. Present status of downtrodden in India. *Scholarly Res J Interdis Studies.* 2019;6(51).
2. Kamruzzaman M, Kanto DS. The Evaluation of Human Rights: An Overview in Historical Perspective. *American Journal of Service Science and Management.* 2016;3(2):5-12.
3. Hoffman M. *International Human Rights American Society of International Law,* 2013. Available at: https://www.asil.org/sites/default/files/ERG_HUMR_TS. Accessed on 20 March 2022.
4. UN. *Gender ratio in the World, 2021.* Available at: <https://statisticstimes.com/demographics>. Accessed on 20 March 2022.
5. Kurzman C, Dong W, Gorman B, Hwang K, Ryberg R, Zaidi B. Women's Assessments of Gender Equality. *Socius.* 2019;5:1-13.
6. Hazel KL, Kleyman KS. Gender and sex inequalities: Implications and resistance. *J Prev Interv Community.* 2020;48(4):281-92.
7. Dartnall E, Jewkes R. Sexual violence against women: the scope of the problem. *Best Pract Res Clin Obstet Gynaecol.* 2013;27(1):3-13.
8. WHO. *Sexual health, human rights and the law,* 2015. Available at: https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_. Accessed on 20 March 2022.
9. Narasimhan M, Loutfy M, Khosla R, Bras M. Sexual and reproductive health and human rights of women living with HIV. *J Int AIDS Soc.* 2015;18(6):20834.
10. Kosgi S, Hegde V, Rao S, Bhat US, Nagesh B. Women reproductive rights in India: prospective future. *Online J Health Allied Sci.* 2011;10(1):1-5.
11. Ram F, Singh A, Ram U. Human rights approach to maternal & child health: has India fared well? *Indian J Med Res.* 2013;137(4):721-7.

12. SAMA Resource Group for Women and Health. Status of human rights in the context of Sexual health and reproductive health rights in India, 2018. Available at: https://apps.who.int/iris/bitstream/handle/10665/175556/9789241564984_. Accessed on 20 March 2022.
13. Mouradian V. Abuse in Intimate Relationships: Defining the Multiple Dimensions and Terms, 2000. Available at: <https://mainwebv.musc.edu/vawprevention/research/defining.shtml>. Accessed on 20 March 2022.
14. Sharma K. Why isn't marital rape a criminal offence in India?, 2017. <https://timesofindia.indiatimes.com/lifestyle/relationships/love-sex/why-isnt>. Accessed on 20 March 2022.
15. Bhatt A, Sen A, Pradhan U. Child Marriage & the Law in India, Human Rights Law Network, 2005. Available at: https://2019.hrln.org/reporting_publications/childmarriages-and-the-law. Accessed on 20 March 2022.
16. The law commission of India. Report no. 205, Proposal to amend the prohibition of child marriage act, 2006 and other allied laws, 2008. Available at: <https://lawcommissionofindia.nic.in/reports/report20>. Accessed on 20 March 2022.
17. Firdaus MA, Mishra A. Teenage pregnancy: some associated risk factors- a review. *Int J Current Adv Res.* 2020;9(8):22906-13.
18. Shirin F, Khanam Z, Ara S, Panna MB. Adolescent Pregnancy: Risk Factors, Outcome and Prevention, Chattagram Maa-O-Shishu. *Hospital Med College J.* 2016;15(1):53.
19. Tull K. Consequences for adolescents when they become pregnant, and become mothers, K4D, Knowledge, evidence and learning for development, 2020. Available at: <https://resourcecentre.savethechildren.net/node/18385/s>. Accessed on 20 March 2022.
20. Nove A, Matthews Z, Neal S, Camacho AV. Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. *Lancet Glob Health.* 2014;2(3):155-64.
21. Neal S, Channon AA, Chintsanya J. The impact of young maternal age at birth on neonatal mortality: Evidence from 45 low and middle income countries. *PLoS One.* 2018;13(5):e0195731.
22. UNICEF. Child marriage, adolescent pregnancy and school dropout in South Asia, 2019. Available at: https://www.unicef.org/rosa/media/3096/file/UNICEF_ROSA_Child_marriage_adolescent_pregnancy. Accessed on 20 March 2022.
23. Neal S, Channon AA, Chintsanya J. The impact of young maternal age at birth on neonatal mortality: Evidence from 45 low and middle income countries. *PLoS One.* 2018;13(5):e0195731.
24. Franjić S. Adolescent pregnancy is a serious social problem. *J Gynecolog Res Obstetr.* 2018;2581-8.
25. Nakel M, Gattani P, Goel A. Study of Risk Factors Associated With Home Deliveries: A Cross Sectional Study in Rural Areas of Marathwada. *National J Res Community Med.* 2014;3(3):238-44.
26. Redondo MDS, Cernada M, Boix H, Fernández MGE, Pacheco NG, Martín A, et al. Couce, Home births: A growing phenomenon with potential risks. *Anales de Pediatría.* 2020;93(4):266.
27. Chung HW, Kim EM, Lee JE. Comprehensive understanding of risk and protective factors related to adolescent pregnancy in low- and middle-income countries: A systematic review. *J Adolesc.* 2018;69:180-8.
28. Kim HK, Laurent HK, Capaldi DM, Feingold A. Men's Aggression Toward Women: A 10-Year Panel Study. *J Marriage Fam.* 2008;70(5):1169-87.
29. Felser Z. Domestic Violence and Abuse in Intimate Relationship from Public Health Perspective. *Health Psychol Res.* 2014;2(3):1821.
30. Kalra G, Bhugra D. Sexual violence against women: Understanding cross-cultural intersections. *Indian J Psychiatry.* 2013;55(3):244-9.
31. Sharma I, Pandit B, Pathak A, Sharma R. Hinduism, marriage and mental illness. *Indian J Psychiatry.* 2013;55(2):S243-9.
32. Choudhary A. Marital Rape: A Crime Undefined, 2015. Available at: <https://www.lawctopus.com/academike>. Accessed on 20 March 2022.

Cite this article as: Singh S, Kumar M, Sharma S. Reproductive and sexual rights of women: ground reality. *Int J Reprod Contracept Obstet Gynecol* 2022;11:1685-90.