

## **Reproductive Rights in Contraceptive Practices**

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In India, women are a neglected lot, from times immemorial. In marriage women's sexual rights are at the mercy of their husbands. In fact in many instances, they are not accepted in their husband's families until they give birth to male children. They have no autonomy over their own bodies. Women are portrayed as sex symbols in the media. Abandoned wives and ill-informed and poor rural girls are lured into prostitution, where they are exposed to various infections because their clients refuse to use condoms. They get infected and spread infection to other clients who in turn infect their unsuspecting wives. This not a sob story. It is a fact of life. These poor and illiterate women do not ever realise if they have any reproductive rights at all.

### **Reproductive rights include the right to:-**

- a) An enjoyable and fulfilling sexual relationship without fear of infection and disease. To achieve this sex education of adolescents and youth is essential.
- b) A choice as to have or not to have children.
- c) A caring family planning service backed by a safe and empathetic abortion service that treats women with dignity and respect, and ensures privacy. Family planning services must mean planning a family. If a woman is infertile or has repeated abortion or still-births, she must be treated. If she does not want children she must have easy access to a family planning service which gives her an option of methods to suit various ages and circumstances in her reproductive life.

Over the last two decades there has been an impressive rise in the use of contraceptives in India. As per recent studies up to 37 per cent of total currently married women in the reproductive age group of 15-49 and their husbands were using a method of contraception (Population Research Bureau, 1996). According to the Population Action International, Washington D.C., the modern family planning devices practiced in India during early 1997 was pills (18.2%), IUD (13.3%), condom (13%), male sterilization (19.6%) and female sterilisation (15.9%). Still the figures are lower than desired and that affects the reproductive health of the nation drastically.

Among all the factors that influence reproductive health, fertility regulation is undoubtedly the most important one as it has a bearing on, among others, the prevention of unwanted pregnancy and its consequences, the prevention of STDs and infertility, sexuality, infant survival and well-being and safe motherhood. In India 50 per cent of all pregnancies are unplanned and a quarter certainly unwanted.

### **The Impact of Unplanned Pregnancies**

Unwanted pregnancy is a major public health problem with potentially serious consequences for the health of the women. Not only is it a denial of a women's fundamental right to control her fertility; but it also exposes her to the hazards of pregnancy and childbirth, or possibly an abortion done under unsafe conditions. Many unwanted pregnancies result in abortions. The number of Medical Termination of Pregnancies (MTP), from a mere 25 reported in the year 1972-73, has gone up to 632,529 in 1991-92. But these figures are grossly underreported as it is estimated that in India, every year approximately an additional 5-6 million abortions are conducted by private practitioners (Khan, et al, 1994). Majority of these cases are done in rural areas having inadequate facilities and in unhygienic and unscientific way.

In a developing country like India one in 50 women dies from complications of pregnancy and childbirth, compared to only one in 2700 in developed countries. Also, when a mother dies, the chances of the death of her children under five years of age increase by 50 per cent.

Birth spacing is equally important for the mother and as well as her child. In India the traditional practice of prolonged breast-feeding, which helps to achieve longer birth intervals, is gradually eroding. However, contraceptive use is rising and it helps maintain adequate birth intervals. But where the use of modern contraceptives is not rising as fast as the decline in breastfeeding, many women and their children are being exposed to unavoidable health risks, which can even lead to death. For example, it is known that children, up to five years of age are at a higher risk of mortality if they are born within 24 months of the preceding birth as compared to those born after an interval longer than 24 months. The use of contraceptives to delay the first birth is also important as early marriages are still common in our country. Motherhood at a very young age entails adverse consequences for the health of the mother and her child. This practice needs to be discouraged. Thus, there are two major challenges for policymakers and scientists with regard to evolving policies and programmes for delaying births.

1. The maintenance of the practice of prolonged breast-feeding but at the same time promoting the timely introduction and use of appropriate contraceptives to achieve adequate birth intervals.
2. The development of suitable and more acceptable methods of birth spacing for lactating women. In case of vaginal methods like barrier methods (condoms, diaphragm and cervical caps) and spermicide, no improvement has been made unlike pills and IUDs. Hence, their effectiveness and acceptability remain low. In the coming years improving vaginal methods will be a major challenge. Another major challenge in male contraception is the issue of acceptability. In India almost negligible use of vasectomy (which is much simpler than tubectomy) and low use of condoms point to the difficulties that lie ahead in popularising male contraception. Another formidable challenge in this direction would be to develop vaccines for men for fertility regulation.

### **Social Perspectives In Contraceptive Use**

It is really strange as to why eligible women in the reproductive age groups, who say they do not want more children, do not practice contraception - the phenomena better known as 'unmet needs'. In India about one in five married women who would like to use family planning methods does use it. This varies from 10 per cent in Andhra Pradesh to 30 per cent in Uttar Pradesh (NFHS, 1992-93). It is known that in India the majority of the married women have the knowledge of contraceptives, but there are certain factors that appear to influence contraceptive use in most societies. Therefore, it is difficult and unwise to make generalisation. An important challenge is to discover quickly which factors are more important than others in different societies and to translate this understanding into effective policies and action.

### **Sexual Behaviour and STDs**

Sexual behaviour has a bearing on the risk of unwanted pregnancy and of contracting Sexually Transmitted Diseases (STDs) particularly gonorrhoea, syphilis, chancroid and AIDS. It poses an invisible threat to our country, looking at its alarming growth. According to WHO estimates of South East-Asia, India figures second, next only to Thailand, in the number of HIV/AIDS infected persons. A nation-wide survey conducted during 1992-93, by the International Institute for Population Sciences, Mumbai with information on AIDS from 13 states of India, suggested that one in every sixth women had never heard of AIDS and there are many misconceptions about its transmission and prevention. According to national surveillance data, the major concentration of HIV infection is in the states of Maharashtra, Tamil Nadu, Manipur and Karnataka. With the

risk of these diseases and unwanted pregnancies in India. especially among adolescents, the study of sexual behaviour in our country is becoming essential and urgent. A major problem is that sexuality is often associated with strict social, moral, and religious beliefs and this makes any study on the subject difficult. But such knowledge is essential not only for developing sound advice for people but also in deciding which types of contraceptive will most suit people's needs. Further, it is necessary to identify and dismantle the lingering misconceptions about contraception which is a deterrent to its acceptability. We believe that a concerted effort on the, part of the government to initiate a mass campaign with participation from the family planning programme will definitely be the right step towards. success in this direction.