

PARADIGM SHIFTS IN SEXUAL AND REPRODUCTIVE HEALTH: UNRAVELING SOCIO-CULTURAL DETERMINANTS IMPACTING MARRIED WOMEN IN INDIA

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ABSTRACT

This comprehensive review paper explores the intricate connections between socio-cultural determinants and the sexual and reproductive health (SRH) of married women in India. Drawing insights from an extensive array of literature, reports, and articles identified through targeted keyword searches in leading databases such as Academia, Jstor, ResearchGate, Google Scholar, Scopus, and PubMed, this paper encapsulates the trajectory of SRH discourse from the years 1985 to 2022. Over the last three decades, particularly post the International Conference on Population and Development (ICPD) in 1994, the narrative on SRH has evolved from a narrow focus on disease to a more extensive paradigm encompassing biomedical and socio-cultural elements. Emphasizing the crucial role of gender equality, socially constructed gender roles, cultural and sub-cultural norms, and the recognition of reproductive health as a fundamental right, the analysis draws from authoritative sources like the World Health Organization (WHO), International Planned Parenthood Federation (IPPF), International Center for Research on Women (ICRW), and National Family Health Survey-4 (NFHS-4) data from 2015-16. The findings underscore the intricate interrelationship between social relations and gender roles, emphasizing their profound impact on women's reproductive health. Advocating for a paradigm shift from a woman-centric approach to a more inclusive gender equality approach, this review paper recommends interdisciplinary policies. These recommendations are aimed at enhancing reproductive health outcomes for women, concurrently elevating the overall quality of life in developing countries, with a particular focus on the context of India.

KEYWORDS: Sexual & Reproductive Health, Married Women, Gender Inequality, Socio-Cultural Factors.

Introduction

The paradigm of Sexual and Reproductive Health (SRH) witnessed a transformative shift following the 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt, and the subsequent Fourth World Conference on Women in Beijing, China in 1995 (UN, 1995a; UN, 1995b). These seminal conferences marked a pivotal departure from a woman-centric approach towards embracing a gender equality perspective, acknowledging the shared responsibility and participation of both men and women in matters of sexual and reproductive health. SRH, an integral facet of human rights, extends beyond physical well-being to encompass the right to healthy relationships and dignified

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health services (NHRC Report, 2018, p. 20). It encompasses biomedical aspects and socio-cultural dimensions, including gender equality, socially constructed gender roles, cultural norms, and the recognition of reproductive health as a fundamental right (Germain and Ordway, 1989).

The evolving discourse on SRH, especially after the ICPD conference in 1994, has emphasized a holistic view that affirms everyone's equal right to reproductive health, irrespective of gender or sexual orientation. This perspective underscores the regulation of fertility, understanding and enjoyment of one's sexuality, access to SRH services and policies, and protection against diseases and health risks associated with SRH (Germain and Ordway, 1989). Research in this domain highlights the influential roles of both biological and socio-cultural factors in shaping community reproductive and sexual health.

Despite these advancements, the decision-making power of women in SRH, particularly in the context of gender relations, remains a gendered discourse. Social and cultural factors significantly impact women's reproductive health rights, often leaving them inadequately addressed (Bruce *et al.*, 1995; Lamas, 1996; Scott, 1996). This study aims to explore women's awareness of their reproductive health rights and understand the extent to which formal education, economic independence, and family background influence decision-making in sexual and reproductive health matters. In the context of Northern India, where patriarchal structures persist, this study recognizes the need to contextualize women's SRH and decision-making within the framework of patriarchy and traditional Indian social systems. (Ortner and Whitehead, 1996; Verma, 1997; Kaur, 2005)

The research delves into critical examination of existing literature on the involvement of men and in-laws in reproductive health programs, particularly in South-Asian regions. This paper consolidates a diverse range of literature, reports, articles, and documentaries to establish links between reproductive health and socio-cultural factors. In contrast to previous studies predominantly focusing on demographical, anthropological, or medical perspectives, this study adopts a holistic sociological approach to expound on Sexual and Reproductive Health Rights (SRHR) and inform future research and public health interventions pertaining to women's sexual health.

Objectives

The overarching objective of this study is to comprehend the dimensions, nature, and determinants of SRH among Indian women. The specific objectives are:

- To perform an exhaustive literature review to evaluate gender perspectives in both national and international studies focused on women's Sexual and Reproductive Health (SRH).
- To explore and analyze the connections between socio-cultural factors and the sexual and reproductive health status of married women in India.
- To investigate accessibility and awareness of sexual and reproductive health services among women in India.
- To propose a comprehensive socio-cultural model intending to promote more effective policy interventions for women's Sexual and Reproductive Health (SRH) and enhance the empowerment of women.

Methodology

This review paper relies on secondary data, examining relevant literature published between 1985 and 2022 to critically analyze the SRH of women and explore the discourse on Sexual and Reproductive Health Rights (SRHR). The review encompasses qualitative and quantitative studies published in peer-reviewed journals from 1985 to 2021, providing insights into the sexual health status and experiences of women, with a particular focus on Indian women.

- **Search Strategy and Study Selection**

For this paper, a comprehensive search strategy was implemented across six electronic databases: Academia, Jstor, Research gate, Google Scholar, Pubmed, and Scopus. Additionally, the reference lists of included papers underwent manual scrutiny to identify relevant articles.

- **Review Process**

The review process involved an initial screening of articles by title, eliminating those deemed irrelevant to the objectives, interest, or context of the research. Titles and abstracts were subsequently screened based on the inclusion criteria. From the electronic database search, an initial set of one hundred articles/papers were identified and retrieved. Following the application of exclusion criteria,

fifteen articles/papers were excluded based on keywords, title, and abstract. Ultimately, sixty-nine pertinent studies were chosen for the review. In the subsequent step, all selected papers were organized both chronologically and thematically to facilitate a comprehensive and coherent review of the literature.

Results and Findings

In alignment with our research objectives, this paper thematically synthesizes previous studies and literature into three key sections, which are as follows:

- The overview of major reproductive health issues faced by married women, especially in India,
- Connection between Socio-Cultural Factors and Women's Sexual & Reproductive Health
- Access, Awareness, and Availability of Sexual and Reproductive Health Services for Women

These three distinct sections, providing a holistic understanding of the challenges, socio-cultural dynamics, and service-related aspects shaping the sexual and reproductive health landscape for married women, particularly in the context of India.

Major Sexual and Reproductive Health Challenges Faced by Married Women

This section sheds light on significant challenges encountered by married women in the realm of sexual and reproductive health. Emphasis is placed on family planning services, safe motherhood encompassing prenatal, safe delivery, and postnatal care, the status of infertility prevention and treatment, abortion, reproductive tract infections (RTIs) and sexually transmitted infections (STIs), as well as harmful social practices related to sexuality and reproduction.

The menstrual cycle holds crucial importance for women's health, influencing physical, mental, reproductive, and sexual aspects. Attitudes toward menstruation significantly impact women's overall well-being, including disease, diet, medication willingness, contraceptive use, and pregnancy planning (Anjum et al., 2010). Asian countries, including India, face a significant burden of reproductive tract infections (RTIs) and sexually transmitted infections (STIs), with millions of reported cases annually. This poses a substantial health challenge, particularly in third-world countries (WHO, 2001; Thakor et al., 2004).

Socio-cultural norms, taboos, and family restrictions hinder access to secure motherhood, contraceptive services, and disease prevention for women in the Indian context, particularly within in-laws' homes. Urban settings, despite formal education and media exposure, still exhibit limited access to reproductive health treatments (Jejeebhoy, 1998; Devi, 2015; Bhattacharya et al., 2000). Unmet need for family planning, unwanted pregnancies, and unsafe abortions are prevalent challenges for young married women. Globally, unsafe abortions account for a substantial number, particularly in developing countries (WHO, 2003). Female sterilization remains the predominant contraceptive method in India, contributing to over a third of modern contraceptive use. Low contraceptive prevalence, especially for men, and declining contraceptive use pose health hazards and side effects (NFHS-4, 2015-16; Hindustan Times, 2017). Work pressures, including high workloads and deadlines, can negatively impact women's physical and psychological health. Insufficient rest intervals and excessive working hours contribute to anxiety and stress, affecting immune response and susceptibility to infection (Wong et al., 2019; Besedovsky et al., 2012).

Limited awareness, accessibility, and decision-making power regarding family planning products and services among women in India highlight the need for focused policy attention (Green, 2018; Randhawa, 2016). A significant proportion of ever-married women in India experience physical, sexual, or emotional spousal violence. Alarmingly, only a small fraction seeks help to halt the violence, emphasizing the prevalence and underreporting of gender-based violence (NFHS-4, 2015-16). Through these research studies, it is evident that various health hazards are associated with lifestyle, awareness, information accessibility, and timely interventions. Addressing the diverse reproductive health needs of women, particularly married women, is crucial for improving overall health outcomes.

Connection between Socio-Cultural Factors and Women's Sexual & Reproductive Health

This section delves into the intricate web of socio-cultural factors shaping the sexual and reproductive health of women. Specifically, it examines the influence of patriarchal systems, husband's attitudes and behaviors, women's education and economic status, as well as the broader socio-economic and cultural context on women's decision-making power regarding their sexual and reproductive health. In the Indian context, women's health is significantly molded by the socio-economic backdrop and cultural norms. The prevalence of the patriarchal system reinforces women's limited autonomy over their sexual

matters, perpetuating social norms that mandate submissiveness, less sexual autonomy, and male control over women's choices in the sexual sphere (Santhya and Jejeebhoy, 2005). This normative context particularly disadvantages young women, restricting their ability to negotiate protective measures for reproductive and sexual matters within marriage, leading to increased risks, such as forced sex (McDougall et al., 2011; Jejeebhoy and Bott, 2005). Economic factors, including the standard of living, play a crucial role in women's health, affecting their access to resources, education, balanced diet, reproductive health services, and health-seeking behavior (Nanda, 2000; Adamson et al., 2003). Religion and ethnicity also significantly impact women's health through belief systems and customs, contributing to reproductive morbidity and associated risks (Chapple, 1998; Zurayk et al., 1993; WHO, 1990).

Women's decision-making power holds a pivotal role in the use of family planning methods. Research, particularly in developing Asian countries, indicates that women's fundamental rights, especially in terms of contraceptive decisions, are often denied. A study by the International Center for Research on Women (ICRW) highlights that men's controlling behavior and gender inequitable attitudes strongly influence family planning decisions in India (Nanda et al., 2014). Additionally, negative perceptions regarding contraception, particularly condoms, further complicate the landscape, with a substantial proportion of men associating condom use with reduced sexual pleasure (IPPF, 2013).

Family dynamics, influenced by socio-cultural factors such as living conditions, job opportunities, and educational status, also shape the decision-making process in women's reproductive lives (Anastasia, 1998). In the Indian context, family planning decisions extend beyond the couple, involving extended kinship relationships and lineage structures, which play a socially determining role (Barnett and Stein, 1998; Kadir, 2003). Power dynamics in Indian society, influenced by age, gender, and resource ownership, favor men in the patriarchal system. Sexual and reproductive health, including family planning, is intricately linked to social and gender norms. The International Conference on Population and Development (ICPD) emphasizes the pivotal role of men in promoting gender equality, asserting that encouraging men to take responsibility for sexual and reproductive health is essential for achieving broader social and family goals (ICPD, 1994).

Access, Awareness, and Availability of Sexual and Reproductive Health Services for Women

Several research studies and governmental policies underscore the critical importance of women's access, awareness, and knowledge concerning a comprehensive spectrum of sexual and reproductive health services. These services encompass safe motherhood, institutional delivery, maternity care, contraceptives, safe pregnancy, care and treatment, counseling, safe abortion services, and awareness of modern birth control and family planning methods (Jejeebhoy et al., 2020; National Health Policy, 2017; Stillman et al., 2014).

Despite the recognized importance of these services, challenges persist, particularly in the availability and accessibility of safe abortion services, leading to a proliferation of informal abortion service providers and unsafe abortions, particularly in rural areas of Rajasthan (Iyengar et al., 2009). Research by Stillman et al. (2014) and Jejeebhoy et al. (2020) emphasizes the limited availability and accessibility of safe and legal abortion services in rural Indian districts. The challenge is further emphasized by Bhasin et al. (2020), who stress the need to address barriers to care-seeking, improve accessibility, enhance knowledge, and better measure gynecological assistance in national health surveys and policies.

India's National Health Policy (2017) takes a significant step by asserting that healthcare should be provided free of cost and with dignity in both public and private sectors for survivors/victims, necessitating the strengthening of women's access to healthcare. The policy advocates for creating more women-friendly public hospitals and ensuring staff orientation to gender-sensitive issues. Globally, the emphasis on achieving universal access to reproductive health services is acknowledged, as highlighted in the International Conference on Population and Development (ICPD) in 2014 (Sippel). The World Health Organization's (WHO) 2004 announcement of a global reproductive health (RH) strategy further underscores the importance of monitoring RH services at the national level (Sepúlveda & Murray, 2014).

Recognizing sexual and reproductive rights in India is imperative, encompassing efforts to reduce maternal mortality, ensure access to maternal care, provide safe abortions, facilitate access to contraceptives, acknowledge adolescent sexuality, eliminate stigma and discrimination based on gender and sexuality, and ensure access to treatment and counseling (Kothari J. et al., *The Hindu*, 2019, April 23). Upholding these rights is fundamental to the well-being of all individuals, reinforcing the notion that sexual and reproductive health services are not just essential but constitute a fundamental right for all.

Discussion: Empowering Women through a Socio-Cultural Approach to SRH

Enriching women's sexual and reproductive health studies involves deepening the discourse within social science disciplines by engaging with socio-cultural issues like patriarchy and gender. This approach not only enhances sensitivity, content, and debates but also fosters a more cohesive understanding. The vulnerability of women's sexual health is deeply rooted in socio-cultural contexts, emphasizing the need for empowering women in various domains of sexual and reproductive health (SRH), including couple communication, decision-making, family planning, and addressing coercion and violence in sexual relations, as well as societal and gender norms.

Medical sociologists distinguish between disease and illness, where the latter includes the patient's subjective experience influenced by socio-cultural factors (Wainwright, 2008). The Thadou tribal community's cultural practices in Manipur, as studied by Chanu and Arun Kumar (2015), illustrate how traditional knowledge regarding reproductive health care is deeply ingrained but faces threats from industrialization, urbanization, external cultural influences, and the widespread availability of Western medicine services. Improving the educational and economic status of women emerges as a crucial factor in enhancing their sexual and reproductive health. Socio-economic factors significantly impact women's health, affecting nutritional well-being and the presence of reproductive health problems. Higher educational status correlates with increased knowledge of contraceptives and birth control, contributing to better reproductive health outcomes (Jejeebhoy, 1995; Bloom et al., 2001; Jeffery and Basu, 1996; Ganguli, 1998). WHO recognizes gender, income, education, employment, and ethnicity as social determinants of health inequity, contributing to health inequalities (Omeje et al., 2011). Low education, poor socio-economic conditions, and gender inequalities hinder women's ability to promote sexual and reproductive health (Sharifi et al., 2018). Thus, the shift from a woman-only approach to a gender equality approach is encouraged in this review study.

Conclusion

Society, family, and culture exert significant influence on women's sexual and reproductive health outcomes. This review identifies determinants affecting the prevalence of reproductive health problems, offering valuable insights for social scientists, policymakers, and health professionals. An interdisciplinary and inclusive approach is recommended to formulate socio-culturally informed health policies, aiming to improve women's reproductive health outcomes in developing countries like India.

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