

THE ROLE OF NGOs IN REALIZING AND PROMOTING REPRODUCTIVE RIGHTS IN INDIA

Nishu Dhingra¹, Yogesh C. Rotliwala²

Assistant Prof., Chemical Engineering Dept., SNPIT & RC, Bardoli, Surat, Gujarat, India ¹

Head, Chemical Engineering Dept., SNPIT & RC, Bardoli, Surat, Gujarat, India²

Abstract: Women also known as female humans have an equal right to the enjoyment better health. It includes their rights to make decisions pertaining to reproduction free of prejudices, compulsions and violence. Questions concerning reproduction rights are vigorously defended, regardless of socio-economic and cultural aspects of the population. A series of treaties on human right have been counterfeited at international conference agreements more than several decades back by government. Increasing influence by mounting movements at global level for women's right have provided a legal foundation for concluding gender based rights violation. Indian NGOs are working for the improvement of the social as well as economic situation of the women and communities as it seeks to build a group of young women who are proficient enough and can oppose violence.

Keywords: Reproductive Rights, NGO, Women

I. INTRODUCTION

Men and women geographically, share the same space but they live in different worlds. Over the years women face barriers and challenges to find an equal place in the existing male dominating society. Extensive inequalities continue, while accessing education, health care, physical and financial resources and opportunities in the political, economic, social and cultural spheres (Sayeda and Kosgi et al).

Women are different from men because they have the ability to give birth yet they are not given right over their own bodies. She can be forced to marry early or abort a female foetus or killed or even raped. The decisions related to her life and body are often taken by men and assumed that she will happily follow them (Sayeda). Many of them become victim of mortality death because of lack of facilities, unhealthy conditions, nutrition or sexually transmitted and reproductive tract infections.

India, as a participant of the International Conference on Population and Development, 1994, has devoted itself to ethical and professional standards in family planning services, including the right to personal reproductive self-sufficiency and collective gender equality (ICPD, 94).

Indian policies and laws so far seem to reproduce this understanding, at least on the paper. The National Population Policy in 2000 has affirmed the right to free and learned choice in matters related to the contraception. (National Population Policy, 2000) The question of the right to reproductive health particularly abortion, takes on

special impact with respect to Indian perspective as various national and international stakeholders seek to harmonize the implication of the fundamental concepts of women empowerment, rights and choices as expressed in the Cairo Agenda at the 1994 International Conference on Population and Development (ICPD). (Reproductive Rights and Choice, 2001)

Indian NGOs play an important role in rural and urban areas. NGOs see their role as promoting certain values, and advancing what they consider as broader community interests as charity organizations, rather than as mutual benefit organizations. NGOs working for the improvement of the social and economic status of the women and communities since it aims to "build a cadre of young women who are quite competent, efficient and feminist in perspective and who can oppose violence and corruption with visions of an alternative" (NGOs, 2005).

The authors through this paper have tried to shadow the role of NGO's in examining how these NGO's are spreading awareness on reproductive rights of female in Indian society by citing examples of three NGOs viz. CHETNA, SNEHA and TARSHI, working primarily for female and their reproductive rights.

II. REPRODUCTIVE RIGHTS

The reproductive rights were established as a subset of the human rights at the United Nations in 1968 at the international conference on human rights (Freedman, Lynn, Isaacs). Parents have the basic human right to decide freely and responsibly the number and the spacing of their children (Freedman, Lynn, Isaacs and Final Act of Int. Conf on Human Rights, 1968). WHO defines reproductive rights as follows:

"Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have information to do so and right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence." (Gender & Reproductive Rights, 2009)

Issues concerning the reproductive rights are strongly contested, regardless of the social and economic status, religion or culture of the population (Knudsen)

Reproductive rights include some or all of the following rights (Knudsen, Cook, Zavales, Gender & Reproductive Rights, 2009 and SVAM: Reproductive Rights)

1. Right to safe and legal abortion.
2. Right to control ones reproductive functions.
3. Right to access in order to make reproductive choices free of coercion, discrimination and violence.
4. Right to access education about contraception and sexually transmitted diseases and freedom from coerced sterilization and contraception.
5. Right to protect from gender based practices such as female genital cutting and male genital mutilation.

III. GOVERNMENT POLICIES

India has always been struggling with its population concerns and hence its programs and policies have also reflected this. With a large and diverse population spread across

villages with low incomes and expanding urban skylines, awareness on health issues for a large majority of people has been a major challenge. Women's health has been a neglected issue and reproductive rights were unheard of till off late. This is despite India being a signatory to various UN conventions and the Cairo program. Post independence various policies and programs have been formulated, but issues like high maternal mortality, malnutrition, female foeticide, contraception issues, and unavailability of health care for all were some of the major concerns for policy makers. The country has travelled from a clinical approach in the 50s to the *Reproductive and Child Health* (RCH) approach in the 90s. Some of the policies and programs that pertain to women's health are: *The Family Welfare Program, The National Population Policy, The National Health Policy, The National Rural Health Mission* (NRHM), *Janani Suraksha Yojana, Reproductive and Child Health Program RCH (I & II)*. Despite so many policies and plans there has not been much change in the status of women. (Nayreen, Gaur and Garg, Ramesh et al and Sayeda)

IV. ROLE OF NGOs IN REINFORCING THE REPRODUCTIVE RIGHTS

Three NGOs have been studied in depth, broadly on goals, working mechanism, area of working and impact.

A. CHETNA (Centre for Health Education, Training and Nutrition Awareness)

CHETNA, is a non-government support organization based in Ahmedabad, Gujarat. It was established in 1984, CHETNA concentrates on issues of women's health and development in different stages of their lives from a "Rights" perspective. (CHETNA, report 2013-2014)

CHETNA also does advocacy, development and dissemination of materials. CHETNA works mainly in Gujarat and Rajasthan States. CHETNA has been advocating for ensuring effectual measures for deliverance of entitlements to the rights holders and communicating with the communities so that they realize their power. It has taken following initiatives in reinforcing reproductive rights.

1. Saving Mother's Lives in Rajasthan: Birth-Preparedness and Complication Readiness (BPCR) promotes active preparation and decision-making for birth, including pregnancy/postpartum care by pregnant women and their families. Towards this goal, 'SUMA' (Surakshit Matrutva) *Rajasthan White Ribbon Alliance* for Safe Motherhood in the company and support from the *White Ribbon Alliance India* and *The John D and Catherine T and MacArthur Foundation*, has implemented an Operational Research in 10 villages of Osian block of Jodhpur district in the State of Rajasthan during July 2010-August 2011. *Gramin Vikas Vigyan Samiti* (GRAVIS), Jodhpur was the implementing partner.

2. Women's Health & Rights Advocacy Partnership for South Asia- WHRAP-SA is a partnership of eight years among five national partner NGOs – Beyond Beijing Committee (Nepal), CHETNA (India), Naripokkho (Bangladesh), SAHAYOG (India), Shirkat Gah (Pakistan) and their allied community based organizations; ARROW (Asia Pacific Resource and Research Centre for Women) as a regional and the DFPA (the Danish Family Planning Association) as an international co-worker. The programme receives financial support from Danish International Development Agency (DANIDA.)

CHETNA, as a WHRAP partner implements interventions in Gujarat and Rajasthan States and across the nation. The strategy is to enlighten women from the marginalized community on the maternal health rights and activate them to demand quality health services

from the public health system; build competence and guide the *Village Health and Sanitation* committees to supervise and advocate for the escalation of health services at the local level, facilitate exchange of ideas amid the women/communities and the duty bearer to demand for the quality maternal health services at the district, state or at the national levels and advocate with key stakeholders of health department, women and child department, elected representatives of the state assembly /parliament and print media at the district, state and national levels. (Baseline Study Report, Gujarat State, 2011 and Ramesh, Sunil and Somen, 2007)

B. SNEHA (Society for Nutrition, Education & Health Action)

A secular and non-profit, Mumbai based organization; SNEHA believes that empowering women's health is essential in housing sustainable urban communities. SNEHA targets four key public health areas - *Maternal and Newborn Health, Child Health and Nutrition, Sexual and Reproductive Health and Prevention of Violence against Women and Children.*

Its approach is to improve urban health standards and at the community level to empower women and slum communities.

1. Maternal & Newborn Health- Their model aims is intended to impact maternal and newborn health in the urban areas, and adopts a strategy at the system and community level to improve the quality of care and to bring about changes in behavior of pregnant women with the use of targeted communication and engagement strategies. They work with the Municipal Corporation of Mumbai.

This reference system, sneaks into the Municipal Corporation of Greater Mumbai public health system has become increasingly well adopted system by the doctors of partnership facilities, with the fully documented referral cases increased by 23 percentage points over the previous year (2011 : 34%, 2012 : 57%) contributing to better management of high risk cases.

2. Sexual & Reproductive Health comprises of *Adolescent Health and Empowerment and Family Planning.*

The objective is to empower young girls and boys (11-24 years) with the knowledge and ability to make well-versed choices about their health and well being. Their main focus is mainly on increasing health awareness and positive health performances through peer group learning sessions, educating life skills and community association; this enables economic empowerment through vocational training. While in family planning move, their principal intention is on increasing the contraceptive prevalence rate for modern methods of family planning and reduce the unmet need for family planning by enabling the women to make well-versed choices about the spacing and limiting their families.

C. TARSHI

TARSHI (Talking About Reproductive and Sexual Health Issues) a registered NGO based in New Delhi, India was founded in 1996 and registered under the Societies Registration Act in 1997. TARSHI works towards expanding sexual and reproductive choices in people's lives to enable them to enjoy lives of dignity, freedom from fear, infection and reproductive and sexual health problems.

TARSHI carries out trainings, workshops and consultancies to make aspects of counseling skills, gender and sexuality issues more accessible to people, develops publications, engages in public education, runs an infoline giving topical and logical

information on sexual and reproductive health related issues, and support for advocacy programs related initiatives and activities.

They run an infoline (IVRS) which provides information (free of cost) in Hindi and English on a range of topics related to sexual and reproductive health. They also conduct tailor made trainings on request for schools (teachers and management), colleges and other non-governmental organizations on counseling skills, gender, sexuality, sexual and reproductive health and rights related issues.

They run an online eLearning course which is a virtual platform that takes a contemporary approach to sexuality related capacity building. The modules of the course take the participants from the fundamentals of gender and sexuality to more complex and challenging issues. They also participate in various public awareness and education initiatives through their online presence (Facebook, Twitter and eMagazine: In Plainspeak)

V. CONCLUSIONS

Today women play a multiple roles, work and earn like men, support their parents and partner but still have to demand/beg for her basic rights. On one side we worship Goddesses and on the other side we even don't bother to maintain the dignity of a woman. The women are kept on equal platform with men but are treated differently. When the basic rights are curtailed and tailored then how we can think of giving reproductive rights in this biased, male dominating society. Reproductive rights, a subset of human rights are meant to protect, promote and empower women. The policy maker of our country should keep in mind that these laws and services should be accountable and in consonance of the poor and marginalized. They should be affordable and non-discriminatory so that women can live freely and safely.

REFERENCES

- [01] Asmita: A Resource Centre for Women, NGO: 2005.
- [02] Baseline Summary Report, Gujarat State, April-June 2011
- [03] Cook, RJ, Mahmoud FF. Advancing reproductive rights beyond Cairo and Beijing. *International family planning Perspectives*. September 1996;22(3):115121.
- [04] Freedman, Lynn P, Isaacs SL. Human rights and reproductive choice. *Studies in family planning*, Jan-Feb 1993; 24(1):18-30.
- [05] Gender and Reproductive rights home page. Available at: <http://who.int/reproductive-health/gender/index.html>.
- [06] Keshav Gaur and Sarthak Garg, Reproduction Rights of Women: Ethical or Viable Role of Surrogate Mother, The National Seminar On "Gender Issues In India: Sensitization, Reflection And Solutions
- [07] Knudsen L. Reproductive rights in global context. Vanderbilt University Press.pp.1.ISBN0826515282. Cook, RJ, Mahmoud FF. Advancing reproductive rights beyond Cairo and Beijing. *International family plannin Perspectives*. September 1996; 22(3):115121.
- [08] Looking Ahead, 2013-2014, Activity Report CHETNA
- [09] National Commission on Population, Government of India: National Population Policy, 2000. Available at <http://mohfw.nic.in/natpp.pdf>.

- [10] Nayreen Daruwalla, Shruti Chakravarty, Sangeeta Chatterji, Neena Shah More, Glyn Alcock, Sarah Hawkes, and David Osrin. Violence Against Women With Disability in Mumbai, India: A Qualitative Study, SAGE Open, July-September 2013(1-9).
- [11] Proclamation of Teheran, Final Act of the International Conference on Human Rights, Teheran, 22 April to 13 May 1968, U.N. Doc. A/CONF. 32/41 at 3(1968). Human Rights Library. University of Minnesota. Available at <http://www1.umn.edu/humanrts/instreet/12ptichr.html>.
- [12] Ramesh Bhat, Sunil Maheshwari, Somen Saha, Contracting-out of Reproductive and Child Health (RCH) Services through Mother NGO Scheme in India: Experiences and Implications, W.P. No.2007-01-05
- [13] Reproductive Rights and choice: The Role of Abortion in India. Published by International center for research on women (ICRW), Information Bulletin, pages 1-4, November 2001.
- [14] Sayeda U. Reproductive Rights of Women: Issues & Concerns, Women's Link, October-December-2012 (18) 4.
- [15] Stop violence Against Women: Reproductive Rights; SVAM Amnesty international USA (2007). Available at <http://www.amnestyusa.org>
- [16] United Nations International Conference on Population and Development (ICPD), 5-13 September 1994 Cairo, Egypt. Available at <http://www.iisd.ca/cairo.html>.
- [17] Zavales A. Genital Mutilation & the United Nations: Male and Female Circumcision, Human Rights & The Restoration of Spiritual Integrity & Freedom. Presented at the Fourth International Symposium on Sexual Mutilations, University of Lausanne, Lausanne, Switzerland, August 9-11, 1996. Available at <http://www.nocirc.org/symposia/fourth/Zavales4.html>.
- [18] <http://chetnaindia.org/>
- [19] <http://chetnaindia.org/about-us-2/about-chetna/>
- [20] <http://chetnaindia.org/projects/maternal-health/saving-mothers-lives-in-rajasthan/>
- [21] <http://chetnaindia.org/projects/maternal-health/womens-health-rights-advocacy-partnership-for-south-asia/>
- [22] <http://www.snehamumbai.org>
- [23] <http://www.snehamumbai.org/about-us/sneha-mumbai-ngo-approach-to-publichealth.aspx>
- [24] <http://www.snehamumbai.org/our-work/ngo-maternal-and-neonatal-health.aspx>
- [25] <http://www.snehamumbai.org/our-work/ngo-sexual-and-reproductive-health.aspx>
- [26] <http://www.tarshi.net>
- [27] <http://www.tarshi.net/index.asp?pid=6>
- [28] <http://www.tarshi.net/index.asp?pid=53>