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# Cultural Challenges To Access Reproductive Health - A Gender Analysis Among Youth

Suba. S<sup>a</sup>

<sup>a</sup>Assistant Professor, Department of Women's Studies, Bharathidasan University, Tiruchirappalli- 620 024.  
Email id: [drsubabdu@gmail.com](mailto:drsubabdu@gmail.com)

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### Abstract

Reproductive health is an important component of general health it is a prerequisite for social, economic and human development and also a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier reproductive life events. Men too have reproductive health concerns and needs though their general health is affected by reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters. Reproductive rights comprise certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These 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 the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. Reproductive health issues are directly connected with gender.

**Keywords:** Women Health, Reproductive Health, Beijing Platform, Human Rights

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## 1. Introduction

The gendered socialization, social and cultural norms and conditions are disempowered youth in reproductive health such as lack of power, lack of access to information, lack of decision making and choices, limited mobility, safe sex education, and gender-based violence. This denial of reproductive rights is making serious consequences in the life of individuals as well as society. In this context this paper tries to assess perspective of the youths' both male and female knowledge and attitude about reproductive health issues at micro level conducted in Srirangam in Tiruchirappalli of Tamil Nadu To understand the cultural barriers which are restricted youth to access the information on reproductive health matters ten FGDs were conducted among the 50 youth both comprising of both men and women in the age group of 21-35 years and collected data have been analyzed qualitatively.

Email id: [drsubabdu@gmail.com](mailto:drsubabdu@gmail.com)

## **2. Access to Information on Reproductive Health**

While conducted the FGD among married youth issues pertained to reproductive health matters were discussed to assess to what extent they have informed knowledge about that. Majority of the youths were expressed that before marriage they did not know anything about the family formation, sexual intercourse, consumption, antenatal and post-natal care, pregnancy outcomes, termination of pregnancy, contraceptive methods, sexually transmitted diseases, and child care etc., Besides that they said that from the childhood onwards they were prevented to know about their anatomy and physiological function.

In Indian society, irrespective of caste, class, gender women's sexuality is predominated by patriarchal culture throughout their life and also sees child bearing as the prime task of sexuality, and motherhood is a prime role to women. With this socio-cultural understanding women's sexuality and reproductive health are controlled by patriarchy very strongly. Moreover, patriarchal control over of women's body extended to prevent the reproductive rights of women such as right choose the partner, family formation, access to knowledge and information, informed choices of contraceptive technologies, fertility preference, right to abortion, free from sexual violence and sexually transmitted diseases etc. Women's access to reproductive health services and care is associated with their gender power relation and social status. This nexus includes lack of access to knowledge and information in reproductive health like antenatal, natal and postnatal care, immunization, contraceptives, prevention of HIV/AIDS and Management of RTI/STI. It was found that, when compared to the male female were faced many restrictions to getting basic scientific knowledge about their body and its functioning particularly the matters related to reproductive health. They stated, in their adolescence period they did not know anything about changes happened within themselves in that particular age both bodily and mentally. This kind of unlearned situation made them as insecure and inferior about their body. Moreover, they added, unawareness on reproductive health especially at the time of menarche they had under panic due to sudden change happened and also no one in their family was not taught on the process of menstruation, how to handle and how the menstrual hygiene. Majority of the respondents expressed they were felt very sad when menarche occurred to them just because of failure to inform improper scientific knowledge in the appropriate age in the name of culture and related social taboos they had underwent various reproductive tract infections like white discharge, irregular periods in their teen age and also some of them were continued with such things after getting marriage. Moreover, they stated that ignorance on knowledge in menstruation was made the very critical situations to adolescent girls to increasing the chances to exploit and misuse their body sexually by strangers and even by boyfriends. For example, one of the respondents explored that; her daughter she was at IX<sup>th</sup> standard misused by her neighbor boy, then she got pregnant but she didn't know anything about her pregnancy till 6months due to her innocence. Later as mother she suspected her daughter's behavior and Physic changes then brought her into doctor. The doctor was conformed the girl's pregnancy and strictly denied to abortion when she requested repeatedly. Finally, the girl delivered a baby in the unknown place to hide the incident from the society and relatives due to socio-cultural pressure associated with pre-marital pregnancy and in future it may be affects her marital life. Finally, the respondent said that gendered socialization, cultural taboo as well as the myth associated with women's body and cultural pressure to deny the sex education in early adolescence is the prime cause for this kind sexual vulnerability of women and girl children. Also, she felt guilty she had failed to educated her daughter since she is illiterate in knowledge on such issues

## **3. Contraceptive Methods and HIV/AIDS**

Regarding the safe sex and contraceptive methods almost all the respondents both male females were not aware contraceptive methods and its side effects before marriage even after marriage also. Predominantly they were just heard about the only condom and permanent sterilization not beyond those other temporary methods to prevent pregnancy. In the case of female, they were not aware about female condom and also all were revealed that they simply heard about the contraceptives through peers, televisions very rarely from books and many of them were familiar with condom through the HIV/AIDS advertisements but they didn't know how to use and its function in their body. They expressed even

after the marriage they had faced lot of struggles to speak about such things and where to get the information to clarify their doubts because no one ready to explain without any hesitation. They added this situation either lack of knowledge or hesitate to speak about contraceptives pressured the youth to know these matters an unscientific manner which results to contract sexually transmitted diseases and feminization of HIV/AIDS.

As far as fertility is concerned, they stated that women are voiceless and do not have any say over to decide number of children, spacing, place of delivery, well-being during pregnancy, pregnancy outcome, birth control measures and infertility. Moreover, all such matters are either decided by their male partners or family elders. The problem of childlessness or infertility is mainly considered as women's problem. Due to gender power relations women are put under the pressure unable to express and explore real conditions of childlessness and also facing struggle to bring the men to undergo clinical fertility check-ups. However, the this problem of both sexes women only facing psycho-social problems related to infertility for ex. considering inauspicious, exclusion to participate social and family function etc.,.

#### **4. Gender Issues in Access to Knowledge**

It was observed that generally irrespective of their sex and socio-economic background majority of the respondents were unaware about the knowledge on reproductive health particularly from the initial level i.e, access to knowledge and information one of the fundamental reproductive rights. They said that the deep rooted gendered patriarchal culture directly and indirectly influenced their access to knowledge, attitude and practice on reproductive health. However, the gendered socialization, cultural and norms and practices of all the social institutions i.e., religion, caste, class, family, state and media are played vital role to control the access to knowledge about reproductive health matters they said. While comparatively speaking female are more backward and vulnerable to accesses the knowledge and rights. Male have space to learn little space about the above-mentioned information since they have more freedom to mobile, express, build relationship with outside world, access to ICTs ect., but women were totally denied to share such information before to marriage because of the social-cultural unwritten rules and norms through stressing that "women speaking and sharing about their sexuality and body matters are shame".

#### **5. Conclusion**

To strengthening this cultural norms and conditions, even the school curriculum has the basic information in science subject unfortunately the teachers have been quit this portion while teaching lessons as they feel shame as well, they believe that it is unnecessarily created problem between the sexes in educational institutions. State also not proactive in to implement the sex education at school levels in the name of culture and religious sentiments. In the family also no elder including parents ready speak reproductive health matters to their children. These conditions were leading them to confuse them to where to learn? How to learn? and who will guide? Finally, the misconceived and misguided by various sources. This existing gendered patriarchal culture in society leads to misconception and poor understanding among youth who are the next generation builders regarding reproductive health matters. It results, serious physical, psychological and sexual harmful health implications like premarital and adolescent pregnancy, abortion, foeticide, maternal mortality, STDs & HIV/AIDS, sexual assaults and gender-based violence. Also, such acts create conflict and disharmony among individuals, families and society just because of restricted knowledge on reproductive health due to cultural pressure to provide scientific sex education. To remove this gender embedded ideals in reproductive health of women; the Gender analysis is needed in review existing population policies and programs in way and promotes male participation and their involvement in reproductive health matters in on other way to support well-being of women.

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