Society and Culture Development in India
Vol. 1, No. 2, 2021, pp. 225-239

ISSN: 2583-0694
URL: www.arfjournals.com

Knowledge and Attitude towards Reproductive Rights among Rural Women in Western Maharashtra

Pratibha B . Desai
Assistant Professor, Department of Sociology, Shivaji University, Kolhapur. Email: pbd_soc@unishivaji.ac.in

Abstract: Health is considered as a fundamental human right. It is a country where 68.80% of the population resides in a rural area and males significantly outnumber females. Health is considered as a fundamental human right. Health of women is not merely a state of physical well being but also an expression of many roles they play as wives, mothers, health care providers in the family and in the changed scenario even as wage earners. the reproductive rights are also ensured by state in India after Cairo Conference. Most women are not aware about their rights including reproductive rights in India and other times their legal rights are not protected. In case of rural women the condition is worst. This present study was carried in Solapur and Kolhapur districts of Western Maharashtra. The study primarily tries to understand the socio-economic background of selected rural women in the studied area and further tries to know the knowledge and attitude towards the reproductive rights among rural women. 200 married women respondents in age group of 18-25 were selected for study. Still fifty percent of rural women are only unaware about the reproductive health and they are not exercising the reproductive rights. Therefore the researcher has tried to highlight the issues of Reproductive Rights of rural women in-terms of participation in decision making process about child bearing and exercising their rights in-case of birth control devices and also demand safe delivery and abortion, demand of safe sex from spouses and HIV. Therefore, gender discrimination should be addressed in the exercise of reproductive rights and it is necessary to create the awareness about reproductive rights of women among males.

Keywords: Health, Reproductive Rights, Knowledge, Attitude and Rural Women.

Received : 25 October 2021
Revised : 12 November 2021
Accepted : 30 November 2021
Published : 30 December 2021

TO CITE THIS ARTICLE:

Desai, P.B. (2021). Knowledge and Attitude towards Reproductive Rights among Rural Women in Western Maharashtra, *Society and Culture Development in India,* 1: 2, pp. 225-239.

"Women's rights are an essential part of the overall human rights agenda, trained on the equal dignity and ability to live in freedom all people should enjoy."

– Ruth Bader Ginsburg

Introduction

It is a country where 68.80% of the population resides in a rural area and males significantly outnumber females, an imbalance that has increased over time. Women constitute half of population. Majority of women from rural areas are working in the unorganised sector and paid less. Health is considered as a fundamental human right. Health of women is not merely a state of physical well being but also an expression of many roles they play as wives, mothers, health care providers in the family and in the changed scenario even as wage earners. They are suffering from many hazardous diseases and their health status is degrading. They are suffering from many health problems and not complaining and coping with silently because of prolonged gender discrimination and domination in rural areas.

Reproductive health is one of major issues today. Cairo conference defined reproductive health as a condition in which the reproductive process is accomplished in a state of complete physical, mental and social well-being. In India state ensures the equal rights to men and women. Even because of gender discrimination the women in India face a lot social inequalities. As other rights are ensured by the state to women and the reproductive rights are also ensured by state in India after Cairo Conference. Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health. Reproductive rights may include some or all of the following: the right to legal or safe abortion; the right to birth control, freedom from coerced sterilization, abortion, and contraception; the right to access good-quality reproductive healthcare; and the right to education and access in order to make free and informed reproductive choices. But most women are not aware about their rights including reproductive rights in India and other times their legal rights are not protected. In case of rural women the condition is worst. Therefore researcher had highlighted the knowledge and attitude towards Reproductive Rights among rural women in-terms of participation in decision making process about child bearing and exercising their rights in-case birth control devices and also demand safe delivery and abortion, demand of safe sex from spouses and HIV.

Concept of Reproductive Rights

Reproductive rights are legal and relating to reproduction and reproductive health. The World Health Organization defines reproductive rights as follows:

> *"Reproductive rights rest on the recognition of the basic right of all couples and individual to deicide freely and responsibly the number, spacing and timing of their children and to have information and means to do so, and the 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".

The basic right of all couples and individuals to;

- Decide freely and responsibly the number, spacing and timing of their children.
- Have the information and means to do so.
- Attain the highest standard of sexual and reproductive health.
- Make disciplines on reproduction free of discrimination, coercion and violence.

Brief History of Reproductive Rights

Sexual and Reproductive Health Rights (SRHR) are a relatively new concept. Reproductive rights were first officially recognizes at the international conference on Population and Development (ICPD) in Cairo in 1994. Agreed by 179 countries, it was the first and most comprehensive international document to embody concepts of reproductive health and rights and sexual health. In October 2007, the target of universal access to reproductive health was eventually included in the Millennium Development Goals, while it had been excluded in 2000. According Guang-Zhen Wang and Vijaya K. Pillai the conceptualisation of the term reproductive right was originally linked to women's struggle for the right to safe and legal abortion in industrialized countries in the 1970s and 1980s.The current definition of reproductive rights was formulated at the 1994 International Conference on Population and Development known as the Cairo Conference.

Reproductive Rights in India

In India State ensures the equal rights to men and women. As other rights are ensured by the state to women the reproductive rights are also ensured by state in India after Cairo Conference.

Review of Literature

Reproductive rights are legal and relating to reproduction and reproductive health. Reproductive Health focus provides a means for addressing health and population issues with an emphasis on needs of women and men. Hence many studies are conducted concern with reproductive health, sexual health and reproductive health rights.

The guide written Diane Roenfeld and revised by Claire Dunning title with 'Women's Rights Guide' (2007) 'mainly focus on the traditional "women's rights" areas, and discuss the variety of opportunities, issue areas, and practice settings to advocate for women's rights.

The unpublished and present paper of Carmel Shalev (1998) titled with 'Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women' (1998) examines the textual framework of women's rights to sexual and reproductive health as expressed in this and other international human rights documents. Rights to reproductive and sexual health include the right to life, liberty and the security of the person; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility.

Kosgi S, Hegde V, N, Rao S, Bhat US, Pai N. ,'Women Reproductive Rights in India: Prospective Future' (2011) highlights that the Reproductive health and right to reproductive health is not only women issue it is a family health and social issue. It also argues that at the same time it becomes the responsibility of the governments to give quality reproductive health care and protect the individual reproductive rights while being sensitive to local and cultural issues. To ensure quality reproductive health services, there is need for active community participation and involvement of men (spouse).

The report by Rachel Rosenbloom in 'Unspoken Rules: Sexual Orientation and Women's Human Rights' (1995) presents stark evidence of the need for a broad sexual rights movement that addresses the human rights of and human rights violations against lesbians and other sexual minorities internationally.

Report by Kati Schinder, 'Anna E Jackson, Charon Asetorger 'Abortion Among Native American Women: Is it an Issue' discuss about the reproductive rights of women in traditional time and same in modern time. This report also deals with role of federal government in America.

P. A. Stephenson and M. G. Wanger in their study titled with 'Reproductive Rights and the Medical Care System: A Plea for Rational Health Policy', (1993) address the importance of health policies in reproductive rights of women.

Berer Marge in her work ,'Safe Sex, Women's Reproductive Rights and the Need for a Feminist Movement in the 21st Century',(2006) addresses many issues related to reproductive health of women in India and to reproductive rights. This study also argues that it necessary to have feminist perspective or Feminist Movement in 21st century to address issues related to women's rights about reproductive health.

Kepkay Joshua's, 'Divisions, Intersections, and Demographics: Women's Human Rights and Reproductive Justice in India' (2012) examines a variety of secondary sources to compare the autonomy of Muslim women with Hindu women across India. Both are found to possess some autonomy in their lives and over their bodies, although areas of independence vary with each culture.

Sossou, Marie-Antoinette's study on 'Gender Inequality and Lack of Sexual and Reproductive Rights of Women in Ghana': Implications for Social Work Education' reports on a qualitative study, which documents the sexual and reproductive experiences concerns of Ghanaian women by focusing decision making about child bearing and exercising their rights as women in to use birth control devices and also to demand safe and protected sex from their spouses or other sexual partners.

IRISH newspaper (2013), by Samayak Sibasish title 'The issue of Reproductive Rights in India: How is it different from other societies examines the position and awareness of the issue of abortion laws in India.

Guang-zhen Wang and Vijayan K. Pillai's study titled with 'Women's Reproductive Health: 'A Gender- Sensitive Human Rights Approach' (2001) argues for a gender-sensitive human rights approach toward women's reproductive health.

Guang-zhen Wang and Vijayan K. Pillai, 'Measurement of Women's Reproductive Health and Reproductive Rights: An Analysis of Developing Countries' (2001) by attempts to develop measurement scales for women's reproductive health and reproductive rights by using data from 125 developing countries.

Asha Moodley 'Defining Reproductive Rights' (1995) says the struggle for reproductive rights is a political one which requires strategies for dealing with obstacles and for creating conditions conducive to women's self-determination.

Ravindra Sundari, (1995) titled within 'Women's Health Policies' (2005) deals with history of organising for women's health policies and its role in its protection of reproductive rights of women.

The study conducted by Sushanta K. Banerjee Kathryan L, etc. (2015) on topic 'To assess the information and knowledge concern sexual and reproductive health (SRH) among young rural women.' Young, rural Indian women lack sexual and reproductive health (SRH) information and agency and are at risk of negative sexual and reproductive health outcomes. The objectives of this study were to assess young women's sexual and reproductive health knowledge; describe their health-seeking behaviors; describe young women's experiences with sexual and reproductive health issues, including unwanted pregnancy and abortion; and identify sources of information, including media sources. The study shows women achieved low composite scores on knowledge around sex and pregnancy, contraception, and abortion knowledge.

Guang-Zhen Wang and Vijayan K. Pillai (2001) study on "Measurement of Women's Reproductive Health and Reproductive Rights: An Analysis of Developing Countries": attempts to develop measurement scales for women's reproductive health and reproductive rights by using data from 125 developing countries. Data were obtained from various sources, such as the United Nations and the World Bank. Existing studies on women's reproductive rights suggest a two-factor model. Women's reproductive health is viewed as being uni-dimensional. These proposed attributes are evaluated using confirmatory factor analysis. The result shows that presence of two sub-dimensions related to women's reproductive rights. A one-dimension model of women's reproductive health is empirically supported. Validity and reliability of the scales are assessed. The limitations of study are measurements scale is not adequate.

Shukla Archana & Srivastava Ashutosh's study on "Reproductive and Sexual Health: Problems, Provisions and Possibilities" state that the paper presents a conceptual clarification of various reproductive and sexual health (RSH) domains and issues. It has shown a difference in family planning and reproductive and sexual health problems. This study has concluded that male participation in reproductive and sexual health is essential to meet this goal.

Prasad Helan Jasmine, Abraham Sulochana, Kurz Kathleen M., George Valentina, Lalitha M. K., Joha Renu, Jayapual M. N. R, Shetty Nandini and Abraham Joseph author in "Reproductive Tract Infections Among Married Young Women in Rural Tamil Nadu" in paper states that the study in 1996-1997 was conducted in Kaniyabadi Block area of Tamil Nadu Vellore district. In this study, the author has used survey techniques to collect information. In this, the author has concluded that a 16 to 23 year-old married women has a high degree of rationality in the development of munching. Which includes infection in RTI, mood. Infant and miscarriages and primary vandalism of married couples. In this the author has also concluded that it is necessary to educate the women about gynaecologist and reproductive capacity.

"Reproductive Health Seeking by Married Adolescent Girls in Maharashtra" paper by Barua Alka and Kurz Kathleen states about 40% of these teenage girls are married 18 years ago, 18 years is legal age for marriage. However, it is not known how married pregnant and teenage girls meet the needs of thirteen breeding and health needs. But do not know how a married teenage girl gets thirteen fertility and health related needs. In the study of the 1995 – 1997 edition of western research paper, 15 to 19 years old girls from rural areas of Western Maharashtra were encouraged to deal with normal and female diseases, necessary health conditions. This study was done in the Parner Block of Ahmednagar district to Maharashtra. An aggravated

survey of 302 married girls in 15-19 years of age has been done. The main focus of study is to establish of women to limit the general illness and family size.

Women's Reproductive Right is western phenomena and Reproductive self-determination is not yet a reality for many Indian women. Low levels of access to contraception and lack of control over reproductive choices and health decision-making often mean that Indian women give birth too early in life and too frequently.

Methodology

Descriptive research design was used for the present study and carried in Solapur and Kolhapur districts of Western Maharashtra. The universe consists of all districts and all villages of all districts of Western regions of Maharashtra. These are Kolhapur, Pune, Sangali, Satara and Solapur. On the basis socio-economic and geographical characteristics two districts were selected randomly. Out of selected each district four villages were selected randomly on the basis socio-economic and geographical characteristics. Two Kolhapur and Solapur were the two districts were selected for present study.

List of households of each village was made available from Gram Panchayat. From each village 25 households ware selected and from each household, 25 married women in the age group of 15-45 were selected present study by using convenient sampling. Because list of women are not available. It was decided to conduct informal interviews with husbands, of women, medical officers, ANM and Anganwadi workers to collect their views regarding with reproductive health rights of rural women. The present study was based on the primary as well as secondary data. The primary data was obtained with the help of structured interview schedule, informal interviews with key informants and personal observation from concerned villages. The secondary data was collected from the offices, Gram Panchayats, Taluka Panchayats, and Zilla Parishad, and relevant reference materials was collected from various Govt. Circulars, Reports, Books, Journals, Magazines, Newspapers and Websites. The quantifiable data was coded and codebook was prepared. The coded data was entered into the computer and was processed with the help of SPSS software.

This study also argues that it necessary to have feminist perspective or Feminist Movement in 21st century to address issues related to women's rights.

Objectives of the Study

The present study basically tries:

1. To understand the socio-economic background of selected rural women.
2. To know knowledge and attitude about reproductive rights among rural women.

Significance of Study

The study enriches our understanding with regard to ground level realities relating to existing gender discrimination in the exercise of reproductive rights. This study also enriches understanding with regard role of government in the implementation reproductive health programmes and awareness level and knowledge and towards reproductive rights among rural women.

Major Findings

The findings of the study are divided into two sections. The first section deals with socio-economic characteristics of respondents and the second section deals with knowledge and attitude about reproductive rights among rural women.

Socio-economic Characteristics of Respondents

Table 1: Distribution Respondents by Age, Weight and Religion

Age groups	*Fre-quency*	*Percent*	*Weight groups*	*Fre-quency*	*Percent*	*Religion*	*Fre-quency*	*Percent*
18 to 25 years	53	26.5	35 to 40 kg	48	24.0	Hindu	190	95.0
26 to 30 years	68	34.0	41 to 50 kg	73	36.5	Muslim	6	3.0
31 to 40 years	64	32.0	51 to 55 kg	26	13.0			
41 to 45 years	13	6.5	56 to 60 kg	19	9.5	Bouddha	4	2.0
above 45 years	2	1.0	above 60 kg	34	17.0	Total	200	100.0
Total	200	100.0	Total	200	100.0			

Table 1 represents age, weight group, and religion of respondents. Majority of the respondents belongs to age group of 26 to 30 years. Majority of the respondents belongs to weight group of 41 to 50 kg. This is because of majority women doing physical work. Out of total respondents 190(95.0%) belongs to Hindu religion.

Table 2: Distribution by Caste-category, Marital Status, Education and Number of Children

Caste category	*Frequency*	*Percent*	*Marital status*	*Frequency*	*Percent*
Open	80	40.0	Married	195	97.5
SC	48	24.0	Widow	4	2.0
OBC	37	18.5	Divorced	1	.5
SBC	2	1.0	Total	200	100.0
NT-B	16	8.0	**No. of children**	**Frequency**	**Percent**
NT-C	16	8.0	1	38	19.0
NT-D	1	.5	2	98	49.0
Total	200	100.0	3	32	16.0
Education	**Frequency**	**Percent**	4	13	6.5
Primary	47	23.5	above 4	2	1.0
Secondary	77	38.5	No children	13	6.5
Higher secondary	38	19.0	Pregnant expecting first child	4	2.0
Graduation	11	5.5	Total	200	100.0
Post graduation	3	1.5			
Illiterate	19	9.5			

Table 2 shows caste category, education level and marital status, out of total respondents 80(40.0%) belongs to open category. Out of total respondents 195(97.5%) married, 4(2.0%) respondents are widow, 1(.5%) are divorced. Majority of the respondents have two children which is norm of family planning programme of India. Majority of respondents are educated upto secondary level education.

Table 3 shows the distribution of respondents by family type, type of house and source of income of the respondents. Out of total respondents 100(50.0%) have joint families and 96(48.0%) have nuclear family. Out of total respondents 89(44.5%) have RCC houses. Out of total respondents 58(29.0%) respondents have their income from their labour.

Table 3: Distribution of Respondents by type of Family and main source of family income

Type of family	*Frequency*	*Percent*	*Type of House*	*Frequency*	*Percent*	*Main source of family income*	*Frequency*	*Percent*
Joint family	100	50.0	Kaccha/hut	13	6.5	Landless labour	58	29.0
Nuclear family	96	48.0	Mud house	74	37.0	Small business	33	16.5
NR	4	2.0	RCC house	89	44.5	Government service	20	10.0
Total	200	100.0	Other	21	10.5	Private service	16	8.0
			NR	3	1.5	Own agriculture	43	21.5
			Total	200	100.0	Other	30	15.0
						Total	200	100.0

Table 4: Permission for going to Hospital

Response	*Frequency*	*Percent*
Yes	100	50.0
No	95	47.5
NR	5	2.5
Total	200	100

Table 4 represents the answers given by respondents concern with permission for hospitals. These answers show the dependency level of respondents. Out of total respondents 100(50.0%) reported that for going hospital, permission is required from husband or other family members, 95(47.5%) reported that they are free to go hospital and they don't want permission from husband or other family members and remaining respondents did not given information.

Table 5: Regular checkups during pregnancy and reasons for not going to regular checkups

Regular checkup during pregnancy	*Frequency*	*Percent*	*Reasons*	*Frequency*	*Percent*
Yes	173	86.5	Family Problems	6	3.0
No	13	6.5	Don't know about various tests	3	1.5
NR	14	7.0	Lack of health facilities	4	2.0
Total	200	100.0	NA	173	86.5
			NR	14	7.0
			Total	200	100.0

Table 5 represents the distribution of regular check up during pregnancy by the respondents and reasons not for regular check-up. Out of total respondents 173(86.5%) reported that they done regular checkup during pregnancy, 13(6.5%) respondents reported that they not done regular checkup during pregnancy and remaining respondents did not given information. Majority respondents did not done regular check-ups during pregnancy because of family problems .Family problems means financial problems basic reason for not doing regular check-ups during pregnancy.

Table 6: Distribution of Respondents and Accompanying Person to hospital and discussion about health problems with family members

Accompanying Person	*Frequency*	*Percent*	*Family members and discussion of health problems*	*Frequency*	*Percent*
Husband	137	68.5	Husband	165	82.5
Mother-in-law	27	13.5	Mother-in-law	8	4.0
Sister-in-law	3	1.5	Parents	9	4.5
Parents	11	5.5	Children	1	.5
No body	1	.5	Friend	2	1.0
NR	21	10.5	NR	15	7.5
Total	200	100.0	Total	200	100.0

Table 6 represents the distribution of respondents by accompanying persons and discussion with family members about health problems. Majority of respondents are reporting that husbands are accompanying with them to the hospitals and majority of respondents discuss their health problems with their husbands.

Table 7: Distribution of Respondents by place of delivery and reasons behind delivery in home

Place of delivery	*Frequency*	*Percent*	*Reason*	*Frequency*	*Percent*
At home	16	8.0	Lack of Transportation	6	3.0
At govt. hospital	118	59.0	Lack of health care facilities	3	1.5
At private hospital	49	24.5	Permission denied by the family members	1	.5
NR	17	8.5	First time pregnant	1	.5
Total	200	100.0	NA	166	83.0
			NR	23	11.5
			Total	200	100.0

Table 7 represents the distribution of place of delivery of the respondents. Majority respondents told that place of delivery is government hospitals. They are PHCs, sub-centres, districts hospitals etc. Rural women are more utilizing Government hospitals. So to strengthen these facilities are needed. Home deliveries took place because of transportation facilities.

Table 8: Distribution of Respondents by Sex determination/ Garbhaling tapasani

Sex Determination	*Frequency*	*Percent*
Yes	3	1.5
No	174	87.0
NR	23	11.5
Total	200	100.0

Table 8 represents the distribution of sex determination by the respondent during pregnancy. Majority of have not done sex determination at pregnancy.

Table 9: Distribution of Expenditure on Health Care

Expenditure on health	*Frequency*	*Percent*
Yes	156	78.0
No	7	3.5
NR	26	13.0
No income	11	5.5
Total	200	100.0

Table 9 represents the distribution of opinion about expenditure of own income of the respondents towards health. Majority of the respondents 156(78.0%) reported that they are free to expend their money for their own health care.

Table 10: Opinions of Respondents and their desire for Sterilization

Desire to operation	*Frequency*	*Percent*	*Desire of family members*	*Frequency*	*Percent*
After 1 children	5	2.5	After 1 child	4	2.0
After 2 children	61	30.5	After 2 children	56	28.0
After 3 children	14	7.0	After 3 children	15	7.5
After above 3 children	4	2.0	After above 3 children	5	2.5
Already operation done	103	51.5	Already operation done	104	52.0
NR	12	6.0	NR	16	8.0
Still not decided	1	0.5	Total	200	100.0
Total	200				

Table 10 represents the distribution of desire of the respondents about how many children's they want? Out of total respondents 103(51.5%) reported that have already done operation and women want to have two children but their family wants more than two children.

Table 11: Knowledge about sexual transmitted diseases

Knowledge	*Frequency*	*Percent*	*Kind information*	*Frequency*	*Percent*
Yes	56	28.0	HIV	42	21.0
No	130	65.0	HIV and infection	5	2.5
NR	14	7.0	Infection	1	.5
Total	200	100.0	NA	101	50.5
			NR	51	25.5
			Total	200	100.0

Table 11 represents the distribution of knowledge of the respondent about sexual transmitted diseases. Out of total respondents 130(65.0%) reported that do not have any kind of information about sexual transmitted diseases, 56(28.0%) respondents reported that they have information about sexual transmitted diseases and remaining respondents did not given information and those who have the information about the disease is HIV only.

To assess knowledge and attitude of respondents about reproductive rights opinions of the key informants are the doctors, ANMs, ASHAs workers and Anganwadi workers are taken for present study.

Table 12: Opinions of Key Informants

Getting knowledge about safe sex by women	*Frequency*	*Percent*
Yes	14	60.9
No	8	34.8
NR	1	4.3
Total	23	100.0
Knowledge about contraception by women	*Frequency*	*Percent*
Yes	19	82.6
No	3	13.0
NR	1	4.3
Total	23	100.0

Opinions about Awareness about contraception among villagers	*Frequency*	*Percent*
Yes	18	78.3
No	4	17.4
NR	1	4.3
Total	23	100.0

Table 12 represents the distribution of opinions of the respondents towards awareness of inquiry and knowledge among about the safe sex., contraception. Majority of women have the knowledge about safe sex and contraception.

Table 13: Opinion about key informants

Opinion about Key informants	*Frequency*	*Percent*
Yes	20	87.0
No	3	13.0
Total	23	100.0
Frequency of interference	**Frequency**	**Percent**
Often	8	34.8
Sometime	13	56.5
NR	2	8.7
Total	23	100.0

Table13 represents the distribution of opinions of the respondents towards freedom to women's to taking decisions about maternity health. Majority of key informants told that husband/family members are interfering in decision of reproductive health and rights.

Conclusion

Gender discrimination should be addressed in the exercise of reproductive rights and it is necessary to create the awareness about reproductive rights of women among males.

Acknowledgement

This research paper is based on Research Project sanctioned by MAHARASHTRA STATE COMISSION FOR WOMEN. I am very much thankful to MAHARASHTRA STATE COMISSION FOR WOMEN for sanctioning this Research Project.

References

Carmel Shalev's unpublished and presented paper,''Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of discrimination Against Women' at the International Conference on Reproductive Health, Mumbai (India), 15-19 March 1998, jointly organised by the Indian Society for the Study of Reproduction and Fertility and the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

Deb Sibnath, (2009), edited "Reproductive Health Management" Akansha Publishing House, New Delhi.

District Census. 2011. Census2011.co.in. 2011.

Guang-Zhen Wang and Vijayan K. Pillai ,'*Measurement of Women's Reproductive Health and Reproductive Rights: An Analysis of Developing Countries* Social Indicators Research, Vol. 54, No. 1 (Apr., 2001), pp. 17-35Published by: Springer.

Guang-zhen Wang and Vijayan K. Pillai Guang-zhen Wang and Vijayan K. Pillai ,'*Women's Reproductive Health: A Gender-Sensitive Human Rights Approach*' Acta Sociologica, Vol. 44, No. 3 (2001), pp. 231-242Published by: Sage Publications, Ltd.

Kepkay Joshua's 'Divisions, Intersections, and Demographics: Women's Human Rights and Reproductive Justice in India', The Journal of Gender Technology and Development, 2012.

Kosgi S, Hegde VN, Rao S, Bhat US, Pai N. Women Reproductive Rights in India: Prospective Future. Online J Health Allied Scs. 2011;10 (1):9

M.Thamilarasan,(2017),"Medical Sociology", Rawat Publications, Jaipur, ISBN 978-81-316-0755-8.

Marge Bere, 'Safe Sex, Women's Reproductive Rights and the Need for a Feminist Movement in the 21stCentury, Reproductive Health Matters, Vol. 8, No. 15, Reproductive Rights, Human Rights and Ethics (May, 2000), pp. 7-11

Moodley ASHA(1995), "Defining Reproductive Rights" in the journal of Agenda, No. 27, pp. 8-14Published by: Agenda Feminist Media.

Mulay and Gibson 'Marketing of Assisted Human Reproduction and the Indian State' in the journal of Development (2006) 49, 84–93.

P. A. Stephenson and M. G. Wagner 'Reproductive Rights and the Medical Care System: A Plea for Rational Health Policy,' Journal of Public Health Policy, Vol. 14, No. 2 (Summer, 1993), pp. 174-182).

P. A. Stephenson and M. G. Wagner, "Reproductive Rights and the Medical Care System: A Plea for Rational Health Policy, Journal of Public Health Policy, Vol. 14, No. 2 (Summer, 1993), pp. 174-182, Palgrave Macmillan. Journals http://www.jstor.org/stable/3342963. Accessed: 19/02/2018 08:23

T. K. Sundari Ravindran, 'Introduction: Women's Health Policies: Organising for Change' Reproductive Health Matters, Vol. 3, No. 6, (Nov., 1995), pp. 7-11)