



A GENDERED BODY: A SOCIALLY CONTESTED DOMAIN OF POWER AND INEQUALITY

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ABSTRACT

Women are considered the weaker section of society. They are denied basic rights, opportunities and have a low bargaining power in the society. Her body has been used as domain of negotiation and power without her consent through various ways. Especially her reproductive decisions are shattered and she is not the owner of her own body. High level of maternal mortality is the result of this discrimination. Social structure and norms provides a guideline for any married women regarding her fertility practices. She has to follow them and her family members are the guardian to ensure that it is being followed. Defining pregnancy as a women's issue has made men very irresponsible in this regard and women are the both risk taker and service provider to the family and the society in matters of giving birth to a son and a medium to control population growth. This article deliberates on the issue of reproductive right of a woman as part of human right and the social negligence towards it.

KEYWORDS: gendered body, reproductive health, MTP Act.

Introduction

"TODAYS GIRL IS TOMORROW'S MOTHER," a caption among others decorated in a public park to enlightened young minds to be a better citizen of the country surely can be passed as a normal statement, of course what is new in it. Nevertheless, is it the only role a girl is capable of? No doubt, it is the one of the most respectable and beautiful role, a woman is capable of, as her body has the reproductive capacity of bringing a new life in the world. However, is it a positive asset for her? Is she respected for it or rather more frequently, her body has proved to be a curse. She is raped, assaulted, molested and has died many deaths because of her body. Other than being a centre of male gaze, it is a plaything, an object and also a platform of uncontested power of men over it.

Many so called socially created differences between men and women have resulted in gender inequality in the society. There is difference of value given to the division of labor existing between them. The socially projected difference does not provide a reason for the undervaluation of woman and her abilities. Subordination starting at home itself makes the little girl into a subordinate women in future who is not aware of her rights, her body, her future and her life is not her own. She is not the maker of her destiny rather a clay molded according to the fancy of the men.

Women's body has always been the subject of struggle, power and negotiations. The biology of body has turned into a gendered body of various cultural, social and political array of power and gender injustice. The sociological analysis of human body has many dimensions and has started with post structuralism and feminism. Turner has very appropriately given the term "government of the body" where the society is the custodian of the process of restraint, regulation, representation and reproduction. By controlling these processes, society is the master of the individual bodies and population and the society adopt various mechanisms to ensure its goals. (1)

Women's reproductive ability and her sexuality has been the domain of interplay and tug of war of religious ideologies, power contest of state and family and in the context of self-rights. Public and private has been discussed repeatedly and family comes under the personal, which has to be protected from state interference. Though power is present and operates in both the dimensions, yet power within family structures are deliberately unnoticed. This imbalance of power within the family structure is a reflection of status of women in the wider society. The patriarchal structure from time to time has made women's body and her reproductive ability a platform to carry out experiments such in case of population control or dictating the type of clothes women should use to cover her body so as control social crimes such as rape and molestation. For example Delhi, the capital of India has witnessed as many as 2,095 cases of rape till December 15 2015, compared to 2,085 cases during the same period in 2014. (2)

Reproductive right of women

Like any other decision one makes of his or her life, reproductive decision of a woman should be her own fundamental right and she should have the power both legally and psychologically to defend and stand for her right. Her reproductive decisions should be "free" rather than compelled or influenced by circumstance or by any kind of her disability. Women are passive acceptor of the gender inequality i.e societal construction of a belief that the women body is shameful, too personal thing, which should not be disclosed or discussed. To overcome this socially created gender biased scenario it requires the presence of certain

enabling conditions that makes her capable of making her decision without fear, guilt or any inhibition. Power and resource are the two important aspects that are associated with any human right of an individual. In every society inequality exist across gender, class, ethnicity, religion, age and nationality and because of the existing social inequality the resources and the range of option available to women vary greatly thus greatly affecting their ability to exercise their rights and perform according to their potential. Not all women are in the same position; some women are in a position with adequate power and resources to be not under any societal constraint but in an open consultation with their significant others.

The infamous programme of compulsory sterilization for men in the mid 70's was condemned. No doubt it is a personal matter but the very fact that it was men who were suppose to undergo sterilization process which is against the culture of the society made it to the headlines. The woman, the weaker sex whose duty is to serve the family and to bear children should be the one if at all any temporary or permanent solution is sought in this matter. Moreover, interestingly the various family planning measures are implemented with a view of controlling population but very rarely with an intention of protecting women's health or women empowerment.

NFHS-4 report 2015 revealed male sterilization surgery (vasectomy) is very negligible. (3). Whereas the sterilizing a man or vasectomy is a much simpler procedure and reversible but yet men hesitate to opt for this process because of unreasonable fear of losing virility. Most of the women are forced by their husbands to undergo sterilization to avail government incentives and benefits. (4)

Family is the reflection of the wider society

Reproducing capacity of women has been a space for negotiation between the society and the family in particularly and the similarity is that both are patriarchal in nature. The woman is a mute scapegoat in the whole process. In Indian context after marriage, a woman and her body becomes a part of a larger social relation. Her husband, the society has a major role to play in regulating and controlling her child bearing ability. Tan, maan dhaan i.e. body, mind and wealth is supposed to be surrendered after marriage for a better happy and peaceful married life. Marital Rape is not considered as a crime in India. Forced sexual intercourse by a husband on his wife if her age is more than 15 years is not considered a crime in India. It means that, forced sexual intercourse by her husband is a legal right of a husband. Marital Rape is violation of Right given by Article 21 to Women i.e. Right to dignity and by denying the law to register case under marital rape as it does not exist is the violation of Article 14 that speaks about Equality for all before Law.

2005-2006 National Family Health Survey, reported that 10% women of 124,385 women of 29 Indian states, had revealed that their husbands had physically forced them to have sex. Another study conducted by the International Centre for Women (ICRW) and United Nations Population Fund's (UNPFA) across seven states in India revealed that One-third of the men interviewed admitted to having forced a sexual act on their wives. (5)

Similarly the Medical Termination of Pregnancy (MTP) Act 1971, provided conditions for women to undergo abortion safely. But the condition laid down is not adequate, for example abortion can take place till twelve week of pregnancy if there is any complication detected and it can be extended till twenty week but after the recommendation of two gynecologist only. The problem is that if the

abnormalities in the fetus is detected at the later stage of pregnancy, the MPT ACT does not give the permission to abort. So having no other alternative left, one has to opt for illegal abortion. According to a 2008 WHO report, about "two thirds of all abortions" that take place in the country are outside authorized health facilities. (6) Similarly abortion is allowed also for married women who have to prove that their pregnancy is the result of contraceptive failure. This shows the biasness and a casual attitude towards reproductive health of women.

A religious perspective

Religion is deeply embedded in the mindset of every individual. Men and women both consciously and unconsciously try to balance the ideologies of their respective religion in their every day behavior, action and in their attitude. Religion also influences the societal beliefs and attitude that regulate and control reproductive behavior, fertility and family planning. In this way it also puts its some of its followers in a disadvantage situation. Women are the worst suffers in this aspect. Preference for a male offspring, against permanent sterilization method and so on makes her undergo the process of motherhood without any proper planning or protection. Even modern medical technology that are meant for the welfare of women such as amniocentesis and ultrasound scanning are used for sex determination and illegally aborting the female child.

Maternal mortality: a number that speaks a lot

A woman body has been considered a breeding ground for male offspring and unless and until a male child is born she is forced to mother that many times. Similarly in poor families large family with a number of children means a many number of hands for a family income (labour force). She has no control over her own body. Her sexuality is a matter of domination and discussion among male. Further in Indian society where women have no education, training or status bearing sons, childbearing may remain the most best and accepted option.

The UN Population Fund (UNFPA), World Health Organization, UN Children's Fund and World Bank released a shocking report in 2010 that revealed that every 2 minutes a woman dies of pregnancy related complication like severe bleeding after childbirth, infection, and high blood pressure during pregnancy and unsafe abortion.

The basic services are provided no doubt through programs such as Janani Suraksha Yojana and other programmes but the major defect is absence of capacity to handle emergencies that pregnant women during the childbirth. There is lack of blood bank, diagnostic facilities in remote villages, which can cause a lot of problems.

Suggestion

For reproductive decisions to be actually free rather than compelled by circumstance, desperation, or helplessness of the prevailing situation, requires the presence of some enabling conditions. These conditions constitute the foundation of reproductive and sexual rights or women empowerment in general. They include material and infrastructural factors such as reliable transportation, childcare, financial subsidies as well as comprehensive health care services that are accessible, humane and a well-staffed medical facility. Social policies should be such that they help and assist women to be the master of their own body. This effective participation is sure to guard against abuses on woman body. Reproductive health and women empowerment goals should take a central place instead of demographic targets with economic achievement.

Some possible ways to empower women in reproductive health are

- Women Self Help Groups can be provided with contraceptive pills and female condoms. SHGs can be attached with medical practitioners or ASHA who would provide them with information about temporary and permanent method of family planning. ASHA can be provided with supplies of contraceptive pills and female condoms which can be priced at a very minimum rate and can be very easily accessible to women.
- It can be made compulsory to have a female sales woman in every medicine shop so that women feel free to ask for various alternatives.
- Even following the lines of Mahila police station there can be medical shops with complete set of female attendants who would provide information about all type of female health problems.
- Accessibility is the major problem which make the women depend on men in matter relating to their reproductive rights and in which the patriarchal structure can easily get a full opportunity to show its dominance and control. Thus easy access to such health care facility is another option.
- Single girl child facilities should be spread more in rural areas as many people are not aware of this provision of the government.
- Doctors' role is very important. She or he should provide the right information to the women and support her in her decision regarding number of children, space between children, choice of contraceptive; it should be the complete decision of the woman.
- A greater variety in the reproductive choices for both men and women should

be made popular and easily available. Risks and benefits of contraceptive methods should be equally shared by both men and women. This means there should a population policy that emphasis on encouraging male responsibility for fertility control and effective male contraceptives.

- More research is needed in women controlled methods that protect against pregnancy and other sexually transmitted diseases.
- The gender inequality existing in the society along with social, economic and political disadvantage for a women influence a lot in matter of reproductive choices of a woman. Care must be taken that the actions of the state, do not overshadow the reproductive autonomy of a women.

Conclusion

The need of the hour is to move ahead in our development planning and policies but by giving chance and opportunity to a new degree of involvement of women in all matters. In this whole process a new gender-neutral framework will emerge that respect women as an individual capable of reproducing. Empowering women is the solution no doubt but increasing the choices for women is equally important.

Ability of the community should be enhanced to identify any such socioeconomic and cultural reasons behind the poor utilization of maternal health care services and be against any such biased social situation. Efforts should be made to overcome the traditional beliefs, practices related to pregnancy. For this political will of the government, and the strong commitment of doctors and social workers towards women empowerment is very important. It is looking at all round development from a different perspective and a greater emphasis on women and health welfare.

REFERENCES:

1. The body, culture, and society: an introduction / philip hancock... [et al.] <https://www.mheducation.co.uk/openup/chapters/0335204139.pdf>
2. 2015: Average of 6 rapes, 15 molestations each day <http://indianexpress.com/article/cities/delhi/2015-average-of-6-rapes-15-molestations-each-day/>
3. Female sterilization is the first choice for family planning in India. <http://indiatoday.intoday.in/story/female-first-is-indias-choice-for-sterilisation/1/577671.html>
4. Pandey Geeta Why do Indian women go to sterilization camps? <http://www.bbc.com/news/world-asia-india-29999883>
5. India marital rape victims' lonely battle for justice. May 2015 <http://www.bbc.com/news/world-asia-india-32810834>
6. The right to safe abortions. http://www.thehindu.com/opinion/editorial/the-right-to-safe-abortion/article5214799.ece?utm_source=InternalRef&utm_medium=relatedNews&utm_campaign=RelatedNews
7. Brown Lisa McLennan, (2005), "Feminist theory and the erosion of women's reproductive rights: The implication of fetal personhood laws and in vitro fertilization", Journal of Gender, Social Policy and the law. vol. 13:1.
8. Correa Sonia and Rosalind Petchesky, (1994) "Reproductive and sexual rights: A feminist perspective" in Sen, C et al. Population policies reconsidered "Cambridge: Harvard university press.
9. <http://www.censusindia.gov.in>
10. Ram Faujdar, Usha Ram and Abhisek Singh, (2006) "Maternal Mortality: Is the Indian Programme prepared to meet the challenges"? Health and Development. January-June 2006. Vol 2. No. 1&2.
11. Sahu Biswamitra, (2010) "Religion, minority status and reproductive behavior among Muslims and Hindus in India and Bangladesh." Rozen Publishers, Amsterdam
12. Satz Debra (2004) "Feminist perspectives on reproduction and the family". <http://plato.stanford.edu/entries/feminist-family/>