Q5(e)

What are the Emerging concerns on women's reproductive health ?

UPSC Civil Services Mains 2017 · Sociology GS 2 · 10 marks · Population Dynamics

Population Dynamics: Population size, growth, composition and distribution; Components of population growth: birth, death, migration; Population policy and family planning; Emerging issues: ageing, sex ratios, child and infant mortality, reproductive health.

Core demand of the question

- What are the emerging concerns on women's reproductive health?
- Keep the note to a 10-mark length

Revision summary

Concerns have moved from birth targets to consent, safety, and maternal survival.

Sex selection and son preference make health a gender-caste issue.

Informal work and infection add risks beyond fertility.

Private commodification and public PHC failure split women by class.

TFR decline is not reproductive equality.

Introduction

Women's reproductive health in India is no longer only a story of too many births. Emerging concerns are quality of care, son preference, informal work, HIV and RTIs, and the body's control by family and state. Fertility decline has not equalised health.

Body

From target to body

- Older family-planning targets treated women as numbers. Concerns now include contraceptive safety, sterilisation camps, and informed consent.
- Maternal death, anaemia, and unsafe abortion remain, especially for rural and slum poor.

Emerging clusters

- Sex-selective technology and DEMARU-type low child sex ratios make reproduction a site of missing girls.
- Leela Dube's Seed and Earth still decides whose pregnancy is celebrated.
- Informal and night work, plus delayed marriage in the new middle class, bring new infertility and occupational risks.
- HIV, reproductive tract infections, and poor postnatal care sit outside a 'two-child' slogan.
- Surrogacy and urban private clinics commodify reproduction for some while PHCs fail others.

Sociological core

• Health is stratified by caste, class, and region. A national TFR fall can hide Dalit and Adivasi maternal risk.

Flow diagram

Reproductive health -> Quality consent maternal care

Reproductive health -> Son preference sex selection

Reproductive health -> Informal work infection

Caste class -> Reproductive health

Conclusion

Emerging concerns are consent, missing girls, infection, work, and unequal clinical quality. Reproductive health is a citizenship issue, not only a population project. The woman's body remains a field of family honour and state targets.

Facts & figures

Sterilisation camps

A target-era method whose safety and consent remain live concerns.

DEMARU pattern

Low child sex ratio in Punjab, Haryana and allied states as a reproductive-health and rights crisis.

Seed and Earth

Kinship ideology that values the son's birth and neglects the mother's body.

NFHS-type evidence

Surveys that show anaemia, unmet need, and stratified maternal care.