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GENDER AS A SOCIAL DETERMINANT OF HEALTH: A STUDY OF MENSTRUAL HEALTH, SHARED PARENTHOOD & CONTRACEPTIVE LITERACY

AUTHORED BY - B SRINIDHI & AMRUTHA K

Abstract:

Gender is considered as a significant social determinant of health by the World Health Organization. Gender roles and norms, gender-based discrimination and violence, and structural inequality have a substantial influence on healthcare.¹ Societal expectations surrounding gender dictate a fixed set of rules regarding what can be addressed and what should be silenced. These social norms have always had a persuasive impact on all spheres of life, including essential public services like healthcare. Gender sensitization is the refinement of behavior by raising awareness in terms of gender equality matters. It is associated with altering human behavior and fostering empathy into our views about sex and gender roles.²

Gender is hierarchical and instills a sense of inequality that encroaches upon other economic inequalities.³ Gender discrimination is a product of patriarchy. It creates a system wherein people are expected to perform certain roles and functions that are assigned to them. With respect to healthcare, this affects three important domains which the authors would like to address through this paper: Menstrual Health, Shared Parenthood, and Contraceptive Literacy. These are still viewed as taboos which makes it important to address and create awareness regarding them as they are key facets of the healthcare sphere. Inadequate knowledge about these subjects has adverse effects on the society as a whole and in particular, women as they are the disadvantaged community in most of these cases.

This paper aims to address two questions: (1) to what extent do cultural gender norms in India shape the understanding of adolescents regarding reproductive roles through, parenthood, menstrual taboos, and contraceptive decision making, (2) what role can school-based, peer-led

¹ Joachim Graf & Elisabeth Simoes, The Importance of Gender-Sensitive Health Care in the Context of Pain, Emergency and Vaccination: A Narrative View, Int J Environ Res Public Health 2023 Dec 21;21(1):13, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10815689/>

² United Nations Econ. & Soc. Comm'n for W. Asia, Gender Sensitization, <https://archive.unescwa.org/gender-sensitization>

³ World Health Org., Gender, https://www.who.int/health-topics/gender#tab=tab_1

health education play in fostering equity.

The authors seek to discuss the above mentioned through Questionnaires, Focus Group Discussions (FGDs), and Case Studies. The objective of the paper is to evaluate these three domains and also dissect the transformative potential of including peer-led models of health education. By way of incorporating evidence with the cultural norms that prevail in the society, the study aims to address the broad discourse on gender sensitization and health education.

The authors contend that the bias surrounding gender is a threat to the society as a whole with patriarchal norms effectuating gender inequality and stigma. The three domains of menstrual health, shared parenthood, and contraceptive literacy are fundamental to human beings. Imbalance and bias in such important areas is detrimental not only to individuals but also the development of the entire nation. By examining these critical elements, we can effectively tackle the existing gender norms and taboos.

Keywords: Menstrual Health, Shared Parenthood, Contraceptive Literacy

1. Introduction:

Gender discrimination is deeply rooted in our society. Healthcare, being a basic human necessity makes any form of inequality a serious social concern. Gender norms (man, woman, non-binary or other gender identities), socialization, roles, differentials in power relations and access to and control over resources are all structural and social factors which contribute to health outcomes.⁴

According to Sylvia Walby, patriarchy is "a system of social structures, and practices in which men dominate, oppress and exploit women".⁵ Patriarchy fosters a sense of superiority among men, reinforcing hierarchal power structures within society. Women's needs are not addressed adequately and does not draw the attention it requires. This is in conflict with Article 14 of the Indian Constitution which provides for the right to equality.⁶

⁴ Univ. of Ill. Chi. Sch. of Pub. Health, Section 3.15: Gender as a Determinant of Health – Women's Health, PubH110, <https://pubh110.digital.uic.edu/section-3-15-gender-as-a-determinant-of-health-womens-health/#:~:text=Gender%20norms%20>

⁵ Mayank Gupta, Critical Overview of Patriarchy, Its Inferences With Psychological Development, and Risks for Mental Health, *Cureus* 2023 Jun 10;15(6):e40216, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10332384/>

⁶ India Const. art. 14.

Gender sensitization is a process of building awareness that aids people to recognize and respect gender equality and help them change their behaviour to be inclusive and fair. It acts as a bridge to transform social attitudes and turns topics subjected to stigma like menstrual health, shared parenthood, and contraceptive literacy into essential, shared responsibilities for a healthier society.

Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle.⁷ Despite menstruation being a natural and biological process, it is still viewed as a topic that should be silenced. It is often labelled as being impure and considered as a shameful topic subject to secrecy.

Parenthood is a shared responsibility. But it always comes with a biological tag attached to it. Shared parenthood not only relieves the burden that has been imposed upon women but also provides a safe and nurturing environment for the child.

Contraception is often perceived as a woman's responsibility. It is vital to understand that it is the duty of both the partners to decide and own the outcome with gender sensitivity.

Article 47 of the Constitutions prescribes the duty of the State to raise the level of nutrition and the standard of living and to improve public health.⁸ Thus, there is a pressing need to address these aspects of healthcare in order to ensure proper access to health services.

2. Research Questions:

- 1) To what extent do cultural gender norms in India shape the understanding of adolescents regarding reproductive roles through parenthood, menstrual taboos, and contraceptive decision making?
- 2) What role can school-based, peer-led health education play in fostering equity?

⁷ Julie Hennegan et al., Menstrual Health: A Definition for Policy, Practice, and Research, 29, *Sexual & Reprod. Health Matters* 31 (2021), <https://doi.org/10.1080/26410397.2021.1911618>

⁸ India Const. art. 47.

3. Menstrual Health:

The topic of menstrual health is long considered a taboo subject in India and faces significant social and cultural resistance that hampers the understanding of this subject to this day.⁹ Menstruation, despite being a natural process, the discussion of the same is considered to be disgraceful and against our culture. Most women are restricted in their households while going through their menstrual cycle. Studies reveal that several restrictions are placed upon women which includes avoiding worship and dietary restrictions in both rural and urban areas. However, the restrictive behaviors varied where in rural areas girls were frequently discouraged from physical activities and in urban areas, they were expected to practice domestic isolation by not being a part of social gathering and being confined to their homes.¹⁰

A lot of men lack awareness about what women go through during their menstrual cycle. They are not educated enough regarding this topic and most of them get visibly uncomfortable even at the mentioning of the word. The process of menstruation is surrounded by secrecy in India with sanitary products being wrapped in black covers or newspaper while purchasing them from the stores. Parents in Indian households immediately change the television channel when an advertisement regarding sanitary products pop up.

Women already face many barriers in the society and the taboo surrounding menstruation becomes an additional challenge that they are required to face. Many girls in rural areas are restricted from going to schools after they reach puberty.

The views of teenagers with respect to this topic in urban areas is as follows as per a study conducted by the authors:

Sample size: 56 respondents

1) How comfortable are you talking about menstrual health?

62.5% of the respondents said that they were very comfortable talking about menstrual health while 37.5% said they were somewhat comfortable regarding the same. Off these

⁹ Suneela Garg & Tanu Anand, Menstruation Related Myths in India: Strategies for Combating It, 4 J. Fam. Med. & Primary Care 184 (2015), https://journals.lww.com/jfmpc/fulltext/2015/04020/menstruation_related_myths_in_india__strategies.7.aspx

¹⁰ Anindita et al., Menstrual Hygiene Practices Among Women Aged 15-49 Years Attending Medical College Hospital in Kolkata: A Cross-Sectional Study, 9 J. Fam. Med. & Primary Care 4699 (2020), https://journals.lww.com/jfmpc/fulltext/2020/09090/menstrual_hygiene_practices_among_women_aged_15_49.35.aspx

responses, the female category opted for most comfortable when compared to men. This indicates that even though men in urban areas can be said to have more exposure with respect to these aspects, they are not as comfortable as one might expect. Gender sensitization would thus enhance the understanding of men and would lead to a better environment for women to feel safe and voice out their problems without much hesitation.

- 2) Do you believe that menstruation is a topic that should be discussed in private?

46.4% of people disagree with this statement, 44.6% strongly disagree, 7.1% strongly agree and 1.8% agree. Most women disagree or strongly disagree with this. Thus, it can be inferred that though they feel that this should be discussed more frequently, they are not provided the space and opportunity to do so. Women are denied the platform to express their concerns and therefore, gender sensitization aims to normalize discourses around this subject and create a more inclusive environment.

- 3) Do you think menstruating women should be allowed to enter places of worship?

62.5% of the responders said that women should be allowed to enter place of worship and 8.9% stated that the same should be allowed with restrictions. 25% indicated that they were not sure about this and 3.6% said that women must never be allowed. The landmark case of *Indian Young Lawyers Association v. State of Kerala*¹¹ is relevant with respect to this. The Hon'ble Supreme Court ruled that the ban on women of menstruating age from entering the Sabarimala temple was unconstitutional and thereby upholding gender equality. This reemphasizes that menstruation should not be viewed as an impure concept and women must not be restricted from entering sacred spaces.

- 4) Do you think schools play an adequate role in providing knowledge about menstrual health?

42.9% feel that schools are not adequately playing their role in providing menstrual health. 10.7% believe that schools are not doing anything at all with respect to this. 17.9% said that to some extent the schools are playing an adequate role while 38.6% indicated that they are playing a good role in educating students about menstrual health. Worldwide, only 2 out of 5 schools (or 39 per cent) provide menstrual health education. Less than 1 in 3 schools (or 31 per cent) globally have bins for menstrual waste in girls' toilets. This increases in secondary schools. 84 per cent of secondary schools in Central and Southern Asia, for example, provide menstrual education, compared to just 34 per

¹¹ Indian Young Lawyers Ass'n v. State of Kerala, 2018 INSC 908 (India)

cent in primary schools.¹²

5) Do you think menstruating women should get leave?

16.1% of the responders said that menstruating women should get leave always while 78.8% believe that there must be leave only in severe cases. 5.4% indicated that they were not sure about this. Menstrual leave is a controversial and highly debated topic in India. A few states in India. The Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill, 2022 provides for paid leave for women and transwomen during the period of menstruation. The proposed bill highlights that 4 out of 10 students skip school during their menstrual cycle. Nearly two-thirds of girls find their routine school performance and engagement hampered by period-related challenges. A few states including Bihar, Kerala, & Karnataka have recognized menstrual leave.¹³ Gender sensitization gives a perspective to view the issues faced by women and helps empathize with their concerns.

6) Do you think menstrual products should be free?

39.3% of the respondents believe that it should be free for everyone while 26.8% said that it should be free only in severe cases. 26.8% said they were unsure about this and 7.1% indicated that they should not be free. These opinions are mixed and thus a proper framework is required to address the same.

As studies suggest, schools are not sensitizing with regard to this topic and fail to raise awareness that is necessary. Even in the rare cases where schools do educate the students regarding the same, they address girls and boys separately which increases curiosity and they might develop many questions that are often left unanswered. In order to promote gender sensitization, there is a need to create a comfortable environment for young boys to raise questions without hesitation and make sure that the same is being answered by supportive elders. The authors believe that it is important to foster awareness starting from schools which is a place where children learn and develop. After graduation they would enter into a new world of opportunities and exposure where it becomes crucial for them to conduct themselves properly and be sensible individuals.

Many girls do not have proper access to sanitary products which can cause vital health problems. By providing them in schools, we can eliminate any form of discomfort to

¹² UNICEF, 10 Fast Facts on Menstrual Health in Schools (press release), <https://www.unicef.org/press-releases/10-fast-facts-menstrual-health-schools>

¹³ Drishti IAS, Menstrual Leaves, <https://www.drishtiiias.com/daily-updates/daily-news-analysis/menstrual-leaves>

the students and make the whole process a lot easier, especially for girls who are economically challenged.

WHO's statement on menstrual health and rights says the following:¹⁴

1. Menstruation should be recognized and framed as a health issue and not a hygiene issue.
2. Menstrual health includes proper access to education about it, menstrual products, sanitation and empathic care.
3. Facilitate the inclusion of these activities across relevant sectors by incorporating them into appropriate plans and budgetary framework and to ensure their performance is regularly assessed.
4. With regard to the above, it is essential for schools to not neglect menstruating students and to not dismiss it as “not being a big deal” but to empathize with them and acknowledge their difficulties and provide appropriate support for them.

4. Shared Parenthood:

Shared parenthood challenges the traditional and patriarchal gender roles. It has gone beyond the idea that nurturing and caring for children is primarily a mother's duty and the responsibility of the father is to just provide for his family. Fathers should start playing an equal and important role with respect to raising children so as to ensure the child's welfare.

Whenever a child goes array, the mother is mostly blamed for the same for not being a good parent and providing for the child's needs. A mother is expected to be emotionally responsible on behalf of the father as well. This significantly increases the burden of women, especially of those who also work.

Most women are expected to leave their jobs when they get married and especially when they have children so as to provide for their needs and encouraged to be a stay-at-home mother. Women give up their careers in order to provide for their families often at their expense. According to a poll of 1,000 women in Delhi, a staggering 66% to 82% of married women stop

¹⁴ World Health Org., WHO Statement on Menstrual Health and Right (June 22, 2022), <https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>

working once they have children.¹⁵ Another study indicates that 73% of women in India leave their jobs after giving birth; 50% leave their jobs to take care of their children; and 43% drop out within four months of rejoining the workforce. Also, a survey revealed that 30% of women experience wage cuts after their maternity breaks.¹⁶

Women in workplaces often face a motherhood penalty where they are seen as unfit for leadership roles and are considered less competent. They also tend to receive lower salaries and stripped off of their promotional opportunities.¹⁷

Thus, it is important to sensitize the society that the father also plays a vital role in the upbringing of the child.

The following is a study conducted by the authors with respect to this:

1. Taking care of children and managing the home should be the primary responsibility of the mother.

71.4% of the respondents strongly disagree with this statement and 23.3% disagree with this. 5.4% of them said that they agree with this statement.

2. Do you agree that a successful man is one who provides financially, while a successful woman is one who manages the home?

73.2% strongly disagree with this and 23.2% disagree with this statement. 1.8% of the respondents agreed and 1.8% strongly agreed with respect to the same.

3. Would a man be viewed as less masculine if he chose to be a stay-at-home parent?

57.1% of the respondents said strongly disagreed with this and 32.1% disagreed with the statement. 8.9% of them agreed with this and 1.8% strongly agreed with the same.

4. Would you support a government policy that mandates equal "Paternity Leave" alongside Maternity Leave?

Off all the respondents, 57.1% said they would support this while 37.5% said they would strongly support this. 3.6% oppose this statement and 1.8% of them strongly oppose this.

¹⁵ Divya Arya, Why Motherhood Makes Indian Women Quit Their Jobs, BBC News (Apr. 23, 2015), <https://www.bbc.com/news/world-asia-india-32377275>

¹⁶ The Better India, Chennai's Sankari Sudhar: Job Portal for New Mothers & Women with Career Breaks, <https://thebetterindia.com/349558/chennai-sankari-sudhar-job-portal-for-new-mothers-women-with-career-break-overqualified-housewives/>

¹⁷ Ana Júlia Calegari Torres et al., The Impact of Motherhood on Women's Career Progression: A Scoping Review of Evidence-Based Interventions, 14 Behav. Sci. 275 (2024), <https://doi.org/10.3390/bs14040275>

It can be inferred from all these that there is a shift towards egalitarian principles. But even the presence of a small proportion who continue to agree indicate that traditional stereotypes are not completely eradicated. Thus, there is a continued need for gender sensitization to promote inclusive attitudes.

5. Should schools educate children on the idea that parenthood is not restricted only to the mother?

89.3% of the respondents strongly agree and 8.9% of them agree to this statement. 1.8% strongly disagreed agreed this. An overwhelming majority indicates that there is a pressing need for schools to educate children on the idea that parenthood is not restricted only to the mother and aim towards gender sensitization goals.

It is important to educate students, especially boys that parenthood is not restricted only to the mother but also the father who must play an equal role for the welfare of the child. Also, it must be taught that domestic work which is done by the mother is also as important as the job that the father holds.

Domestic and care work done by the mother often goes unnoticed. One partner becomes overburdened while the other remains unaware of the full extent of what is required to run a household. This imbalance harms women and also weakens the family unit as a whole.

Most Indian television advertisements show household care and responsibility to be the primary work of the mother and the father in most cases is not involved at all. This can have a huge impact on the minds of the kids that watch these advertisements. They might internalize the idea that the mother must stay at home and care for the child and the father goes to work and provides for the family. Therefore, in order for children to not grow up with these ideas, proper gender sensitization is required. In the recent days, there have been many movies and also television advertisements that break this notion and promote gender inclusive thought. It is also essential for schools to impart knowledge with respect to this to ensure that children do not grow up with this flawed idea that parenting the child is the sole responsibility of the mother.

Research conducted in Vadodara schools indicated that a specialized health education program on gender equality substantially boosted adolescent knowledge. The study proved that targeted interventions are highly effective at fostering gender sensitivity. It concluded by saying that

formally embedding gender equality into school curricula is recommended to instill respectful attitudes and mitigate bias early at life.¹⁸

Thus, it is important for schools and peer-led groups to play an important role in cultivating this idea of shared parenthood. When both parents actively participate in caregiving, children grow up in an environment of fairness and cooperation. They learn that care is not a gendered duty. A father's involvement challenges the existing stereotypes, and creates a safer place for the child to grow up.

5. Contraceptive Health:

Unexpected pregnancies, Sexually Transmitted Diseases (STDs), and the rise in the population are major concerns that is faced in the modern age. Thus, it becomes vital to educate people on contraceptive health so as to mitigate such issues.

The burden of the use of contraception largely falls upon women. This burden creates a physical and psychological pressure on women. Also, the use of contraceptives by women is often seen as a social stigma where the character of the woman is questioned if they opt for usage of contraceptives. It is often said that womanhood is complete only when they have children. Thus, contraceptives are often discouraged in a marriage.

The following is a study conducted to analyze the views of teenagers on contraceptive health:

1. Are you aware of the contraceptives available in the market?
32.1% of the respondents said that highly aware of the contraceptives available of the contraceptives and 51.8% of them aware of the same. 12.5% were unaware of them and 3.6% were highly unaware. Gender sensitization can be helpful to improve contraceptive knowledge which must be framed as a shared responsibility to reduce the burden of women where they carry the sole physical and emotional weight of family planning. Awareness alone cannot overcome the social power imbalances. It can prevent women from compromising their careers.
2. Contraception is primarily a woman's concern because she is the one who becomes pregnant.

¹⁸ S. Karthika, A Study to Assess the Effectiveness of a Gender Equality Health Education Program on the Knowledge of Adolescents Studying in Selected Schools at Vadodara, Gujarat, India (preprint), ResearchSquare (Nov. 25, 2025), <https://doi.org/10.21203/rs.3.rs-7777918/v1>

50% of the respondents said they strongly disagree with this statement. 21.4% of them said that they disagree with this. 21.4% agree with this statement while 7.1% strongly agree with that contraception is primarily a woman's concern because she is the one who becomes pregnant. This reveals a persistent biological essentialism that unfairly confines women to the role of being the solely responsible person for family planning. There must be a clear distinction between pregnancy and the responsibility and contraception must thus be framed as a shared responsibility rather than a female-only duty. Peer-led health education is effective here as it challenges the stigma of masculinity associated with male contraceptive use. Schools can also introduce gender neutral health modules where it is important to educate that though only one body carries the child; both bodies are responsible for its prevention.

3. Are you comfortable talking about contraceptive health?

50% of the respondents strongly agree being comfortable talking about contraceptive health and 42.9% agree to being comfortable. 7.1% said that they are not comfortable talking about the same. By normalizing these conversations, the schools can help address the patriarchal silence that often leaves women to navigate reproductive choices in isolation. Gender sensitization helps address the social taboo surrounding this topic. It can foster a culture a mutual accountability.

As per the National Family Health Survey, nearly 75.4% of married men in India do not use any method of contraception. Up to 73.3% of men do not use contraception during intercourse with their wives, and with respect to their live-in-partners/girlfriends, 69.4% do not use contraceptive methods. Methods of sex education must be taught at schools to young boys and there must also be targeted mass media campaigns featuring celebrities and public figures.¹⁹

There is an imbalanced burden of contraception on women, and to tackle this social stigma surrounding its use, gender sensitisation must be incorporated at every social level. At the primary level, schools must play an important role in educating that there is an equal responsibility for both men and women in reproductive health. Schools and colleges must raise awareness about the various contraceptives available in the market and the side effects of these contraceptives. This education must challenge the idea that contraception is a woman's duty and instead promote mutual decision-making within relationships and marriage.

¹⁹ Scroll.in, In India, the Burden of Contraception Still Falls on Women, <https://scroll.in/article/974230/in-india-the-burden-of-contraception-still-falls-on-women>

About 35% of women who have used birth control have experienced at least one injury or side effect. Roughly 23% of women who have used birth control have had their lives “greatly” or “severely” impacted by side effects and injuries. Of women who have switched birth control methods, 48% did so due to side effects, far outpacing all other reasons for changing. Only 33% of women who have used birth control have never switched methods.²⁰

In India, there has been a decline in the use of condoms over the past eight years, to 52% in 2016, and the rate of vasectomies has fallen by 73%. This shows that men are reluctant to use birth control methods, as per the Health Management Information System data. In contrast to this, the use of emergency contraceptive pills among women increased during the same period by over 100% [19].

Campaigns should involve men and address the importance of male contraception methods. An increase in male participation will help to break the stigma and the burden surrounding the idea that fertility is solely a woman's concern.

Medical practitioners play a huge role in addressing the stigma by offering proper contraceptive advice for women seeking medical advice. Medical professionals should be trained to offer proper advice and counselling, and respect the woman's choice and confidentiality.

The State can invest in research that helps in monitoring the policies that respond to women's needs, and the state must also aim to lower the prices of contraceptives. The state must aim to create a safe environment that is responsive to women's needs.

On the other hand, women are often shamed for using contraception as well, which questions a woman's purity and character. It is important to view contraception as a responsible decision rather than questioning a woman's integrity. Gender sensitisation shall help in changing the idea that prefixes the notion that motherhood is the primary duty of a woman. Women are also judged for using contraception within marriage and are termed "selfish" for making that choice. This creates emotional stress and guilt for women.

²⁰ Drugwatch, Birth Control Injury Survey, <https://www.drugwatch.com/birth-control-injury-survey/>

6. Conclusion:

Gender discrimination against women is widely prevalent and is a significant barrier to economic progress. Addressing this inequality is not only a matter of social justice but is also essential for the overall development of the nation. Thus, gender sensitization which is the process of refining behaviour and fostering empathy regarding gender roles is required at every level of society.

According to this study, there has indeed been a shift toward egalitarian values among teenagers. However, in order to create social uniformity, the authors believe four key institutions must play a transformative role:

Educational Institutions: Schools serve as the primary environment where children learn and develop. Schools can thus conduct friendly seminars and open discussions that address menstrual health and reproductive roles. Including gender equality principles in the curriculum is also highly important to instil proper attitudes early in the life of students. Topics that are often considered as taboos must be normalized through class discussions. Promoting open dialogue between male and female peers with regard to health literacy can help challenging the existing stereotypes. Appointing counsellors whom the students can access at the time of any grievance can help develop confidence to discuss these topics without any hesitation.

NGOs (Non-Governmental Organizations) & Peer-Led Groups: NGOs are vital for addressing issues at the grassroots level and more specifically in rural areas where girls are often restricted from school after reaching puberty. By conducting camps and rallies, they can educate students develop a proper understanding of sexual and menstrual health. Targeting rural areas and helping communities to understand the importance of sexual health and dismantle restrictive cultural norms. They play a significant role in creating a safe, unbiased, and inclusive environment for men and women. Peer-led groups are also highly effective as they challenge the existing social norms and also foster equity. These groups can create a comfortable environment for young people to raise questions with respect to these topics without hesitation, ensuring they receive supportive and accurate answers.

Media: Media plays a massive role in shaping narratives and influencing how subjects are perceived. They can break traditional roles and stereotypes through positive representation. Media shapes the opinion of the public and thus helps the State understand where the public stands, which aids in the formulation of responsive policies. It is up to the society to use media

for a good cause to affirm inclusive thoughts and shared responsibility.

State: The State holds a crucial institutional tool in the form of policy formulation, which can be effectively leveraged to bring about meaningful and inclusive social change. Targeted welfare schemes and appropriate budget allocation help in addressing the issue. They can develop health infrastructure, which will help improve reproductive, maternal and menstrual health in both urban and rural areas. The state must aim to impart knowledge regarding these aspects. The state should not just stop with formulation. It is very essential to monitor and hold people accountable in case of misconduct or any breach in exercising duty to effectively attain gender sensitisation. They have to undertake continuous research and keep their database updated because societal needs are dynamic and keep changing.

Gender sensitization serves as an essential bridge to transform existing social attitudes and to normalize topics that are currently subject to stigma. The efforts of the aforesaid institutions can effectively break down the patriarchal norms that pose a threat to national development. Addressing these 3 critical domains – menstrual health, shared parenthood, and contraceptive literacy is not merely a healthcare necessity but an important step to uphold constitutional rights and creating an environment where both men and women share accountability for a healthier future.

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