



## Sexual and Reproductive Health Rights (SRHR)

**For Prelims:** [Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\)](#), [International Covenant on Civil and Political Rights \(ICCPR\)](#), [Beijing Declaration and Platform for Action](#), [National Family Health Survey \(NFHS-5\)](#), [India's National Health Policy 2017](#), [Rashtriya Kishor Swasthya Karyakram](#), [2030 Agenda](#).

**For Mains:** Sexual and Reproductive Health Rights (SRHR): Causes and Consequences of SRHR Violations, Need for SRHR in India, Initiatives are Related to SRHR, Steps that Can be Taken to Ensure SRHR.

### Context

Ensuring Sexual and Reproductive Health Rights (SRHR) is paramount for the overall health, well-being, and socio-economic development of individuals and nations worldwide. Despite international agreements committing governments to invest in SRHR, advancements have been hindered by a deficit in political determination, inadequate funding, persistent [gender discrimination](#), and a reluctance to openly confront issues surrounding sexuality.

### What are Sexual and Reproductive Health Rights?

#### ▪ About:

- SRHR encompasses a spectrum of human rights pertaining to sexuality and reproduction. These rights encompass civil and political freedoms, as well as economic, social, and cultural entitlements, all essential for ensuring that both women and men have equal access to optimal [sexual and reproductive health](#).
  - This **includes the right to make informed decisions about their sexual and reproductive lives**, including family planning, without facing discrimination, coercion (oppression), or violence.
  - According to UN, "**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."
- SRHR **are inherent rights for all individuals**, including children and adolescents, and are integral to achieving [universal health coverage](#), encompassing not only disease prevention but also holistic well-being, spanning physical, mental, emotional, and social dimensions.

#### ▪ Principles of SRHR:

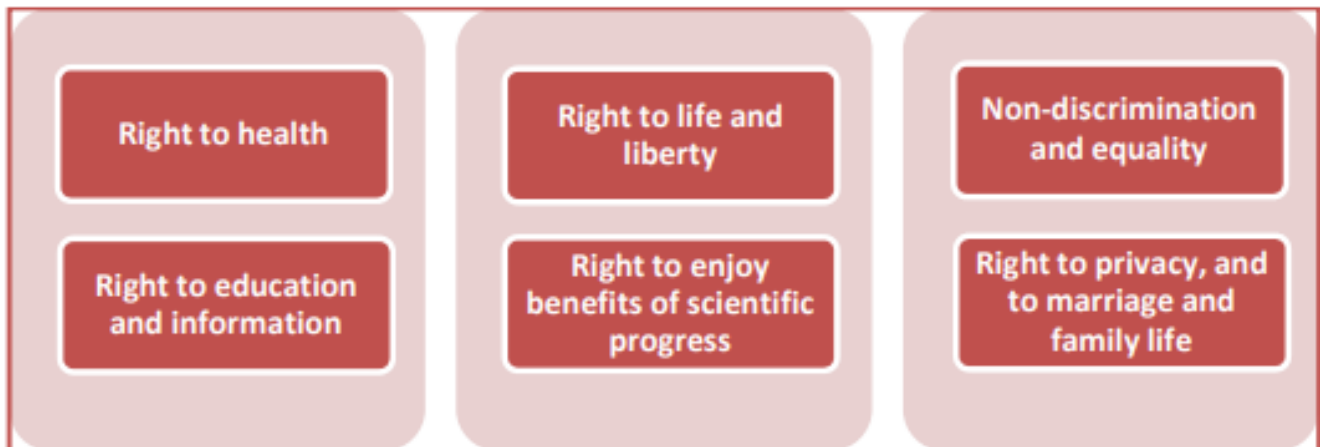
- Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are **based on the human rights of all individuals to**:
  - have their bodily integrity, privacy and personal autonomy respected;
  - freely define their sexuality, including sexual orientation and gender identity and expression;
  - decide whether and when to be sexually active;
  - choose their sexual partners;
  - have safe and pleasurable sexual experiences;

- decide whether, when and who to marry;
- decide whether, when and by what means to have a child or children, and how many children to have;
- have access over their lifetime to the information, resources, services and support necessary to achieve all of the above, free from discrimination, coercion, exploitation and violence.

## Note

- The [Puttaswamy judgment](#) specifically recognised the constitutional right of women to make reproductive choices, as a part of personal liberty **under Article 21 of the Indian Constitution**.

### Different Human Rights obligations linked to Reproductive Rights



## What are the Causes and Consequences of Sexual and Reproductive Health Rights (SRHR) Violations?

Causes	Consequences
<p><b>Violations of Women's SRHRs</b></p>	<ul style="list-style-type: none"> <li>▪ Restrictions on access to essential reproductive healthcare services, including contraception, prenatal care, and safe abortion, contribute to increased rates of unintended pregnancies and unsafe abortions, thereby elevating maternal mortality and morbidity.</li> <li>▪ Additionally, <b>societal norms limiting women's autonomy over their bodies</b> perpetuate gender-based violence, creating an environment of fear and insecurity impacting physical and psychological well-being.</li> </ul>
<p><b>Patriarchal Beliefs and Societal Values</b></p>	<ul style="list-style-type: none"> <li>▪ Patriarchal systems and traditional societal values perpetuate gender inequality by reinforcing stereotypes and norms that <b>prioritise men's roles and contributions over women's</b>. <ul style="list-style-type: none"> <li>◦ This devaluation extends beyond reproduction, limiting women's access to education, employment opportunities, and decision-making processes, and subjecting them to social stigma, discrimination, and marginalisation.</li> </ul> </li> </ul>

<p><b>Early Marriage and Pregnancy</b></p>	<ul style="list-style-type: none"> <li>▪ Cultural practices such as <b>early marriage deprive girls of autonomy and education</b>, leading to early and repeated pregnancies. <ul style="list-style-type: none"> <li>◦ Adolescent pregnancies increase the risk of maternal complications and perpetuate cycles of poverty and dependence as young mothers often face barriers to education and employment, further <b>exacerbating health and socio-economic disparities</b>.</li> </ul> </li> </ul>
<p><b>Maternal Mortality and Morbidity</b></p>	<ul style="list-style-type: none"> <li>▪ Limited access to safe abortion services and skilled maternal healthcare providers results in high rates of maternal mortality and morbidity. <ul style="list-style-type: none"> <li>◦ This <b>lack of access exacerbates existing challenges, contributing to maternal deaths</b>, complications, and long-term health implications for women and their families, particularly in marginalized communities with limited healthcare resources.</li> </ul> </li> </ul>

## What is the Need for Sexual and Reproductive Health Rights (SRHR) in India?

- **Challenges to Women's Autonomy and Reproductive Health:** Many women continue to lack physical autonomy. According to the most recent [National Family Health Survey \(NFHS-5\)](#), just 10% of women in India are independently able to make decisions about their own health, and **11% of women believe that marital violence is acceptable** if a woman declines to engage in sexual relations with her husband. Nearly half of all pregnancies in India are unplanned, as they are globally.
- **High Prevalence of Unsafe Abortions:** Approximately 78% of the 15 million abortions in India occur outside of medical facilities, indicating a significant lack of access to safe abortion services.
- **Limited Access to Contraception:** Over 30 million married women in India's reproductive years are unable to access contraception, highlighting the barriers to family planning services.
- **Adolescent Reproductive Health Challenges:** In India, 2 million adolescent women lack access to modern contraception, and a significant percentage of adolescents who give birth do not attend the recommended minimum of four antenatal care appointments.
- **Government's Focus on Population Control:** The government's historical approach to reproductive rights has prioritised population control measures over individual autonomy and access to comprehensive sexual and reproductive health services, leading to a lack of focus on initiatives such as universal access to abortion and contraception.
- **Marginalisation of Gender-based Violence:** Gender-based violence is often marginalised within India's public health system, primarily addressed as a law-and-order issue rather than a health concern, despite its significant impact on individuals' well-being.
- **Maternal Mortality Due to Unsafe Abortion:** According to the [United Nations Population Fund \(UNFPA\)](#)'s State of the World Population Report 2022, unsafe abortions are the **third leading cause of maternal mortality in India**, and close to 8 women die from causes related to unsafe abortions each day. Between 2007-2011, **67% of abortions in India were classified as unsafe**.

## What are the Initiatives Related to Sexual and Reproductive Health Rights (SRHR)?

### ▪ Global Initiatives:

- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW):** It is an international legal instrument that requires countries to eliminate discrimination against women and girls in all areas and promotes women's and girls' equal rights.
  - **CEDAW** is often **described as the international bill of rights for women** and is one of the key international agreements that guides the work of UN Women in achieving gender equality and empowering all women and girls.
- **The [International Covenant on Civil and Political Rights \(ICCPR\)](#):** It aims to ensure the protection of civil and political rights including:
  - Freedom from discrimination, Right to equality between men and women, Right to life, Freedom from torture, Freedom from slavery, Right to liberty and security of person, Right to be treated with humanity in detention, Freedom of movement, Freedom of non-citizens from arbitrary expulsion, Right to fair trial, Right to recognition before the law, Right to privacy Freedom of religion and belief, Freedom of expression, Right of peaceful assembly, Freedom of association, Right to marry and found a family, Right of children to birth registration and a nationality, Right to participate in public affairs, Right to equality before the law and Minority rights.
- **Beijing Declaration and Platform for Action:** The **[Beijing Declaration and Platform for Action](#)** is a visionary agenda for the empowerment of women. It is also one of the reference frameworks to analyse the situation of women around the world and to assess the efforts of States in support of women's empowerment.

### ▪ National Initiatives:

- **Expansion & Strengthening of the Contraceptive Method:** India's commitment towards the **[Family Planning 2030 partnership](#)** includes expanding its contraceptive basket. The inclusion of new contraceptive options advances women's rights and autonomy, leading to a spike in modern contraceptive prevalence.
  - Access to timely, quality and affordable family planning services is **crucial because unspaced pregnancies may have a detrimental influence on the newborn's health** as well as major effects on maternal mortality, morbidity, and healthcare expenditure.
- **[India's National Health Policy 2017](#):** It prioritises assuring the availability of free, comprehensive primary health care services, for all aspects of reproductive, maternal, child and adolescent health through optimum use of existing resources.
  - In addition, the Government of India has also introduced **[midwifery services](#)** across the country to expand the provider base for reproductive health services.
- **Launch of the [Rashtriya Kishor Swasthya Karyakram \(National Adolescent Health Programme\)](#):** This initiative, started in 2014, focuses on promoting healthy development during adolescence, addressing the specific sexual and reproductive health needs of young people.
- **Addressing Gaps in Adolescent Sexual and Reproductive Health Services:** Despite progress, significant challenges persist, including limited access to accurate information and comprehensive abortion care. Efforts are needed to overcome barriers such as provider bias and insufficient information.
- **India's Commitment to SRHR in SDGs:** The integration of SRHR into the **[Sustainable Development Goals \(SDGs\)](#)** and its recognition in international policy frameworks imposes a duty on nations to uphold these rights and mandates the acknowledgment of sexual and reproductive health as fundamental human rights.
  - As a signatory to the **[2030 Agenda for Sustainable Development](#)** and home to a significant portion of the global population, India is **compelled to ensure the implementation of policies and legislation** that safeguard sexual and reproductive health rights.
  - Both SDG 3 on health and **[SDG 5](#)** on gender equality and women's and girls' empowerment **include targets relating to sexual and reproductive health and reproductive rights.**

## Note

The Indian government's health, population and development programmes have shown steady progress over the years. **Life expectancy at birth has significantly increased** in India over the years.

- Compared to the 1990s, **Indians are currently living a decade longer**. In terms of maternal health, India has made impressive strides. The current rate of **maternal mortality is 97** (per 100,000 live births), down from 254 in 2004.
- Another triumph of these programmes is gender empowerment. Since the beginning of 2000, **India has cut the number of child marriages by half**.
  - Teen pregnancies, too, have **decreased significantly**. Access to vital services, including health, education, and nutrition, has also improved.

## What Steps can be Taken to Ensure Sexual and Reproductive Health Rights (SRHR)?

- **Comprehensive Sexuality Education (CSE):** Implementing age-appropriate, culturally sensitive, and evidence-based sexuality education programs in schools and communities can provide individuals with accurate information about sexual health, relationships, contraception, and consent.
  - **Augmented Reality (AR) and Virtual Reality (VR)** technologies can create immersive and interactive learning experiences for **menstrual health education**.
- **Access to Contraception and Family Planning Services:** Ensuring affordable and accessible contraception and family planning services allows individuals to make informed choices about their reproductive health and prevent unintended pregnancies.
- **Safe and Legal Abortion Services:** Ensuring access to safe and legal abortion services can protect individuals' reproductive rights and prevent unsafe abortion practices that endanger health and lives.
- **Health Workforce Capacity:** It's essential to enhance the capacity and skills of healthcare providers to deliver timely, high-quality, and respectful sexual and reproductive healthcare.
- **Intersectoral Collaboration:** Strengthening sexual and reproductive health services requires collaboration across various sectors, including health, education, and transportation, to ensure accessibility and support throughout the life cycle.
- **Need for Targeted Investment:** As per recommendations by Guttmacher-Lancet Commission, for India, targeted investment in adolescent sexual and reproductive health is critical for reducing unwanted pregnancies, unsafe abortions, unplanned deliveries, and maternal mortality, as well as safeguarding young people's bodily autonomy and well-being.
- **Community-based Peer Education Programs:** Engaging local communities through innovative peer education programs can help break the silence and stigma surrounding menstruation. These programs can train and empower women and girls to become menstrual hygiene ambassadors.

## Conclusion

The journey towards ensuring Sexual and Reproductive Health Rights (SRHR) in India is ongoing, marked by progress yet underscored by persistent challenges. As we navigate the complexities of gender equality, healthcare access, and societal norms, it's imperative to remain steadfast in our commitment to promoting autonomy, dignity, and well-being for all. By embracing inclusivity, education, and collaborative efforts, we pave the way for a future where every individual can exercise their rights and flourish within a supportive and equitable society.

## UPSC Civil Services Examination Previous Year Question (PYQ)

### Prelims

Q. 'Beijing Declaration and Platform for Action', often seen in the news, is (2015)

**(a)** a strategy to tackle the regional terrorism, an outcome of a meeting of the Shanghai Cooperation Organization

**(b)** a plan of action for sustainable economic growth in the Asia-Pacific Region, an outcome of the deliberations of the Asia-Pacific Economic Forum

**(c)** an agenda for women's empowerment, an outcome of a World Conference convened by the United Nations

**(d)** a strategy to combat wildlife trafficking, a declaration of the East Asia Summit

**Ans: (c)**

### **Mains**

**Q.** What are the continued challenges for Women in India against time and space? **(2019)**

**Q.** In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care. Discuss. **(2020)**

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