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Empowering Bodies, Empowering Lives: Fight For Sexual And Reproductive Health Rights

Dr Shradha[1*], Dr Hariom Sharma[2]

[1*,2]Professor, Sharda School of Humanities & Social Sciences, Sharda University, Greater Noida, UP
*Corresponding Author: Dr Shradha
*Professor, Sharda School of Humanities & Social Sciences, Sharda University, Greater Noida, UP

Abstract

Sexual and Reproductive Health (SRH) of a woman has been an arena which has been largely ignored, belittled and has not found attention till few decades ago. It is only with the feminist movements that these concerns started being voiced up since early 20th century. Women being denied the right to have control over her own body is tantamount to denial of fundamental human rights. Since historical times, it is the male dominant patriarchal society which has been deciding the rules of the game with respect to sexuality and women's reproductive health and women have got used to this socio-cultural framework, hence quietly accepted it as a norm. National and international campaigns demanding women's right to SRH have brought the agenda to the centerstage. The research highlights the issues involved in the fight for SRH, the initiatives taken as well as the limitations and challenges in achieving these rights.

INTRODUCTION

Every human on earth has the right to live a healthy life with dignity and respect. An individual's right to make choices with regard to one's own body and health is a key aspect of human dignity. Infact, it may be considered an integral part of human rights. With increasing democracy across the nations, citizens have been granted the right to food, education and health. Thus, the physical and mental health of citizens have gained attention worldwide. The United Nations Sustainable Development Goals (SDGs) aims to achieve Good Health (SDG III) and Gender Equality (SDG V) by 2030, thus create a healthy and harmonious society (UN, 2025). Still a large number of people across the globe are denied the freedom to exercise the right to Sexual and Reproductive Health (SRH). The reasons may vary from lack of awareness, education, social stigma, inadequate legal support, poverty to cultural norms etc. The issue is not the denial of this right but one's autonomy, right to control over one's own body and lives, right to exercise once own will or choice and in the larger picture it's a matter of equality.

Reproductive right is interlinked to women's health. It encompasses an individual's ability to have a safe and satisfying sexual life, along with the act of procreation and the right to take decisions regarding it. An individual should also have adequate information regarding SRH along with the accessibility to safe, affordable and acceptable methods of fertility control. It also involves accessibility to health infrastructure support during pregnancy and child birth. It enables partners to enjoy a healthy sexual life (Reproductive Health: Concept and Indicators, 1999). These rights, also encompass access to sex education as per age group, and dissemination of knowhow and health support services, to check transmission and prevention of any Sexually Transmitted disease (STI). Equally important is the provision for a secured and violence free environment for women (Status of Human Rights in the context of Sexual Health and Reproductive Health Rights in India, 2018:13). However, there is no uniformity with regard to grant of reproductive rights across the nations but the common factor is that all cultures have attempted to subordinate women through control over their sexuality and reproductive rights.

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HISTORICAL BACKGROUND

Women's right over her body has been an arena of debate and discussions in almost all societies and culture. The body particularly of a female has been an important subject of discussion among some scientific disciplines. Since historical times, woman's body has been an important subject of research within the science stream. Sex and sexual concerns were an arena of psychiatry, which took a binary approach, in terms of normal and 'abnormal sexual behaviour. It was Michael Foucault who came up with a modern interpretation of the development of sexuality in his classic work 'History of Sexuality' (1977-87). He explained the evolution of the notion of sexuality across historic times and cultural settings. Sex was initially defined in terms of its physiological characteristics which differentiated female and male and made them compatible reproductively'. Gender differences emanated from a women's role as procreator and child bearer. Gradually the distinction widened in terms of their recognition as men and women being the 'strong and weak sex' respectively. This further led to the identification of the two sexes with different gender roles, as men were considered stronger, dominating and female considered weak and emotional in many aspects, including sexuality. Thus, the domination of the male or patriarchy got well entrenched in many cultures (Stromquist, 1998:194-195).

This was reflected in their laws and customs, it even meant ownership of women in some societies. Male domination inturn led to issues of women's health and violence against them, which has been a common feature across all cultures and classes. This was visible in battery, rape, sexual abuse, trafficking, infanticide of female etc. All these adversely affected womens' health, both physical and mental. Sexuality and reproduction are interlinked and subconsciously rooted in a woman's mind. The male dominant patriarchal society decides the rules of game and females are subordinated to them. Therefore, women are not free to exercise their choices as an individual or decision taker, including those concerning her sexual life and reproductive health, or regarding abortion, or adoption of a child (Stromquist, 1998:194-195). Thus, the patriarchal ideology controls women's bodies through the institution of family and the community on the one hand and through state policies on the other. States across the globe from time to time have formulated pro-natalist policies in order to regulate its population. In many countries like USSR and Russia it has promoted more births by giving incentives to women and imposing restriction on abortion. In other countries like China, it exercised control over women's bodies through population control policies. Hence, there has been a wide felt realization that women across the world were denied freedom of decision regarding their bodies (Reproductive Health: Concept and Indicators,1999).

CAMPAIGNS/MOVEMENT FOR SRH RIGHTS

The campaigns for SRH emerged out of a persistent effort by women health activists and advocates to change the population control approach of development thinkers and actors of the 1960s and 1970s. Feminists across the globe have been voicing concerns for reproductive rights since early 20th century. In the early 1900s in England, the National Union of Women's Suffrage Societies took up birth control agenda before the government and pressed for both voluntary and public birth control provisions. In 1908, Allexandra Kollontai in her work 'Social Bases of the Woman Question' demanded women's rights to fulfilling work as well as sexual freedom and control over fertility. The agenda of reproductive rights resurfaced with the rise of feminist movement in the West in the 1960s. The term reproductive rights first emerged in the feminist struggles to defend access to safe legal abortion and funding in North America and Europe during the 1970s (Reproductive Health: Concept and Indicators,1999). Their campaigns highlighted the issue of women's reproductive sexuality and demand for securing their rights. There was a significant difference in women's group campaigns in developed and under developed countries. Feminists were demanding better health and living conditions for women, while opposing state anti-natalist measures which targeted women. They demanded more sensitive policies to ensure women's health and respect for their rights. In Asian countries, women's health activism has been largely in response to population control policies of the governments (Gopal, 98-99). The concept of reproductive rights was implicit in the demand for women's health among women's movements. These campaigns yielded results and SRH rights gradually came to be internationally recognized by females as vital for securing their human rights as well as for their progress. Of late, most nations have come to understand the issue and agreed to work for the advancement of these rights at an unprecedent level. The issue of SRH rights took centerstage at the World Conference on Human Rights (Vienna,1993) subsequently at the International Conference for Population and Development (ICPD) at Cairo in September 1994 (Reproductive Health: Concept and Indicators,1999) and later at the Fourth

World Conference on Women (Beijing 1995). They highlighted the problem of denial of SRH rights to women and formulated programmes and directives for the nations to comply for ensuring women's human rights. Government and NGOs worked towards reforming laws and policies so as to implement the mandates of these international conferences. Respective governments were required to assess the situation at national level and formulate legal and policy framework to advance SRH rights (Women of the world: Laws and Policies Affecting Their Reproductive Lives:9). As a result, SRH rights have been enshrined in various international covenants and policy instruments, and directed the States to take measures to fulfill it.

CHALLENGES & LIMITATIONS

Despite the initiatives taken at national and international level, data indicates a lot needs to be done with respect to all SRH indicators such as: maternal mortality, fertility rates, education levels, access to labour market. Certain societal norms and harmful customs such as early marriages, polygamy, social pressure to bear children, preference for sons and unequal care of female vis a vis male with respect to nutrition and healthcare need. Data suggests about one in four girls continue to be married as child. Still various practices with harmful impact on women's health are prevalent in many cultures, the most offensive being female genital mutilation. Fresh estimates suggest an increase of 30 million female genital mutilation cases as compared to eight years ago. All such practices left little room for women to exercise their sexual or reproductive rights (Stromquist, 1998:196). A wide range of issues, from access to contraception, safe childbirth to protection against forced marriage and gender-based violence still remain a deterrent to SRH rights of women. Motherhood is still considered a barrier in career growth for working women. In many countries as well as regions, they continue to be deprived of education, occupational choices career growth and health facilities. Similarly, they have been deprived of their health rights-the right to have safe and fulfilling sexual and reproductive life. Moreover, they have been perceived as persons naturally bound to fulfil their sexual and reproductive duties in the family and society. Unsafe sex has been the second most important cause of disability and death in poor communities of the world. Unmet need for contraception, unintended pregnancies, women's death from complications of pregnancy, childbirth are reported in research by Glasier et al. (2006). There have been hospitals and clinic with experts for physical and mental health services. However, the concept of sexual and reproductive health is still not common, and still perceived women centric.

Another challenge to SRH has been the fact that women for ages have been the victims of the structural violence which has been a deterring factor in their empowerment and has led to denial of education, employment and confined her to the domestic realm. Hence, structured violence is planned in way to keep women dependent on men and obey their decisions. In case of sexual and reproductive life also women are dependent on their counterpart, i.e., men. In most cases, women alone bear the burden of contraception in majority of the cases. Social disadvantage also affects economically disadvantaged women with high morbidity rates, due to poor income, poor living conditions and lack of amenities (Barthelemy, 1997). Inadequate knowledge of SRH and preventative screening are barriers to it. Thus, the demand for reproductive health is part of women's struggle not to be subordinated or controlled as a consequence of their biological role as child bearers. In absence of means to control or regulate their fertility, women's lives are dominated by their role in biological reproduction. They suffer social and economic disadvantages due to their sole responsibility for child care in most cases (Ravindran, 1996:44).

Another serious problem faced by most women across the globe is the lack of adequate laws to support female in areas still following customary and religious laws. In the overall scenario, females still suffer due a number of factors such as gender-based violence, lack of equal access to education, marriage, divorce, property laws, societal norms and above all well entrenched patriarchal mindset. In many countries, law is still not consistent in distinguishing consensual sex from non-consensual sex. Some governments have attempted to redress some of these issues. Still many countries have failed to adequately reform their laws that continue to discriminate against women. The issue of violence against women is inadequately addressed in almost all nations, although legal reforms and policies to address these problems have been undertaken by many nations, the problems still persist. Thus, many problems related to women's reproductive health originate from gender inequities and the limited responsibility men take for the consequences of their sexuality and fertility. Hence, legislative reforms to bring

females at par with men is a basic requirement for improving their health conditions (Women of the World: Laws and Policies affecting their Reproductive Lives:166).

RECOMMENDATIONS & CONCLUSION

The effective implementation of SRH rights of women entails freedom and autonomy for women, the choice to take independent and informed decisions. Therefore, there are two important enabling factors underlying women's reproductive health: power and resources. The access to resources is crucial to enable them to exercise their choice. Individual resources such as education, economic independence, household and common resources such as fulfillment of basic needs and access to basic infrastructure facilities are critical determinants in making informed decisions about one's own health (Ravindran, 1996:44). Feminist organisations across the globe are creating awareness among women about this situation and the number of women demanding their right to decide freely about their bodies is increasing every day.

Women play a vital role in the development of family and a nation. It is the demand of the time that women must be given their due SRH rights inorder to capitalise upon their potential of growth and development. Especially, SRH services are either costly or not available for common women in the society. This gap increases even more for rural women. For developing societies, sex education is still a goal to achieve. The comprehensive sexuality education, information about menstrual health and hygiene, sexually transmitted infections and access to medical services and knowledge without discrimination are still milestones to be achieved. The family and the society need to come forward to overcome the cultural and religious barriers and bridge economic inequality which is posing hindrance to womens' quality of life. Protection from sexual violence and a legal framework to safeguard the womens' rights is highly needed. State, civil society, religious organizations all should step up efforts to enable women to exercise their SRH rights. The origin of human being is not possible without women hence the rights of women is the most valuable and need to be preserved at all costs.

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