

**WEEKLY FOCUS**

**#96**



# **SEXUAL AND REPRODUCTIVE HEALTH : REALITY FOR ALL**



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## Introduction

**Sexual and reproductive health (SRH) is a lifetime concern for all genders, from infancy to old age.** Evidence shows that reproductive health in any of these life stages has a profound effect on one's health later in life. However, the **lack of autonomy to make decisions about one's own reproductive health care**, limited control over financial resources, access to SRH services etc. are some of the **factors impeding exercise of SRH rights**.

In this context, let us first understand what is sexual and reproductive health? Why does it matter to us? How Sexual and Reproductive Health as Human Rights has evolved under International Law? What are challenges faced by people in Sexual and Reproductive Health? What measures have been taken to improve Sexual and Reproductive Health? What can be done to improve Sexual and Reproductive Health?

## What is Sexual and Reproductive Health and why does it matter?

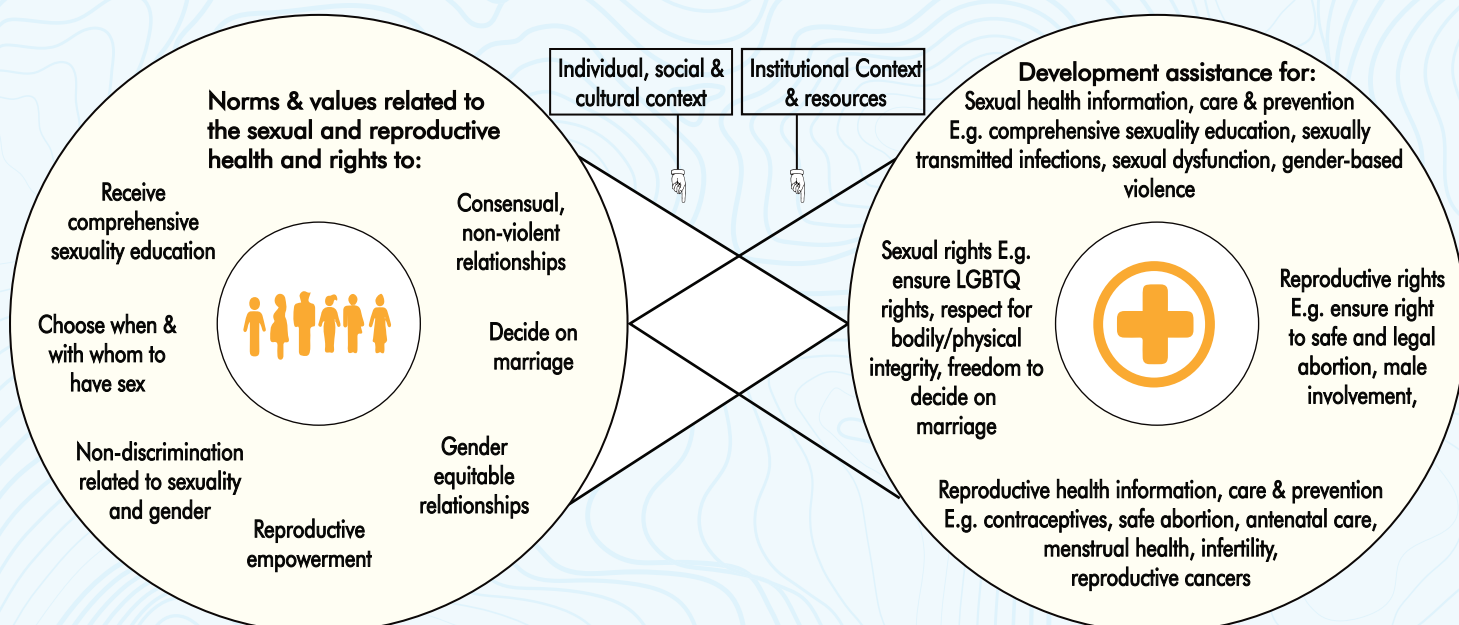
SRH can be defined as a **person's right to a healthy body, autonomy, education and healthcare to freely decide** who to have sex with and how to avoid sexually transmitted infections (STIs) or unintended pregnancy including the spacing and timing of children. These are human rights - universal, indivisible, and undeniable.



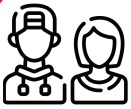
**Sexual rights** may include the **right to sexual education, freedom from sexual violence and coercion or the right to decide** whether or not to have children.



**Reproductive rights**, on the other hand, can include access to contraception, access to menstrual and sanitary products, **access to safe and legal abortions** and ensuring safe pregnancies and childbirth.



## Importance of Sexual and Reproductive Health



### Young People

SRH education **gives them vital information** about their sexualities, sensuality and gender identities and expression.



### Attaining SDGs

SRHR and SDG aims to **attain gender equality, women wellbeing, improve maternal health and address child morbidity and mortality** etc.



### Health

Having access to SRHR can decrease child marriage, **decrease teenage pregnancies and prevent transmission of sexually transmitted infections** like HIV, AIDS etc.



### Women Empowerment

- SRHR **create awareness among society w.r.t. women roles in family planning** thus stabilizes population.
- It provides **increase contraceptive choices, leading to fewer unsafe abortions, reduce pregnancy-related deaths, increasing newborn survival rate, and improve women health.**



### Ensuring rights

Right to **make autonomous decisions about their own body and reproductive functions** is at the core of her basic rights to equality, privacy, and bodily integrity.



### Universal Health Coverage

SRH is critical to health and wellbeing across the life course.

## How Sexual and Reproductive Health as Human Rights has evolved under International Law?

At the international level, **right to SRH is implicitly recognised in provisions relating to right to health.** For instance, Article 25 of Universal Declaration of 1948 guarantees **right to adequate standard of living including health.** Despite this provision, the right to SRH was not formally recognised as a discrete right.



1954

Initially, concerns with sexual health were intimately linked to the goals of population control, following first Population Conference (1954) in Rome, and second at Belgrade, 1965.

1968

First attempt to give recognition to SRH as human rights during first International Human Rights Conference in Tehran, 1968.

1974

At first United Nations (UN) Conference on Population and Development in Bucharest, 1974, international community affirmed that couples and individuals have right to have control over decisions relating to their reproductive lives.

1984

At International Conference on Population 1984 in Bucharest, it was agreed that government should make universally available family planning services.

1994

At UN International Conference on Population and Development (ICPD) in Cairo, 1994, international community formally affirmed reproductive health as a recognised human right for all.

2004

WHO's global reproductive health strategy endorsed by World Health Assembly.

2019

ICPR+25 conference in Nairobi to brought together multiple stakeholders for SRH.

## Sexual and Reproductive Health and Rights (SRHR) and Universal Health Coverage (UHC) Targets in Sustainable Development Goals (SDGs)

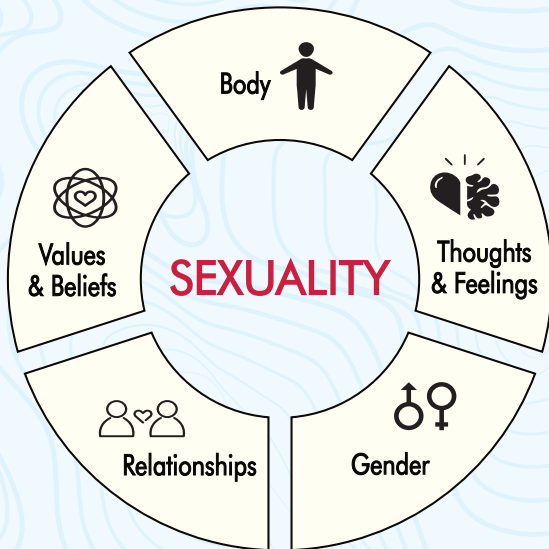
- ★ For SRHR, the SDGs include several relevant goals and targets such as those related to health, education and gender equality.
- ★ Unlike Millennium Development Goals (MDGs), SDGs explicitly recognize SRH as being essential to health, development and women's empowerment.
  - Of the 17 SDGs, targets from SDG 3 (Good health and wellbeing for all at all ages), SDG 4 (Quality education for all) and SDG 5 (Gender equality and empower all women and girls) are specific to increase access to SRHR.

# What are challenges faced by people in Sexual and Reproductive Health?

Women and girls are at particular risk when a region or country's social, health and other support systems collapse. This exposes them to sexual violence, unwanted pregnancy, unsafe abortion, and maternal illness and death. SRH services in humanitarian settings continue to lag far behind due to multiple challenges as discussed below.

- ★ **Health concerns:** Cultural norms and **ideological opposition to family planning and abortion**, among other matters, often impede access to SRH services.
  - As per **United Nations Population Fund (UNFPA)**'s State of World Population Report 2022, **one in seven unintended pregnancies** in the world take place in India.
  - As per **National Family Health Survey (NFHS-5)**, 2019-21 data indicated that 7.9 percent of women in rural India between the age group of 15-19 years were mothers/pregnant at the time of survey.
  - **Adolescents face a higher risk of complications** and death as a result of pregnancy than older women. For example, in Latin America, risk of maternal death is four times higher in adolescents under 16 years old than women in their twenties.
- ★ **Financial shortfalls:** It leads to **chronic underfunding of reproductive health care**, in particular in areas like safe abortion and family planning.
  - **National Family Health Survey (NFHS)-5** indicated that 18 percent in the 15-19 age group had unmet need for family contraception.
- ★ **Political Will:** The fundamental problem with SRH is a **lack of concerted political will**. For the first time, in 2006, government set up **Adolescent Reproductive and Sexual Health (ARSH) Clinics**.
  - However, as per population council 2014 report, ARSH clinics have multiple issues ranging from registration, staff behavior and privacy concerns.
- ★ **Access to SRH services:** Weak overall health systems, which have the tendency to deprioritize reproductive health, are easily overwhelmed by a crisis and unable to recover quickly.
  - Poor health systems for sexual health, family planning, and maternal health, and an overall deficiency of youth-friendly services leads to high rate of MMR.
- ★ **Lack of sex education:** Absence of a comfortable environment at home or school limits the **access to knowledge of safe sexual and reproductive practices**.
  - Ineffective sex education provided to youngsters due to **social constraints and orthodox mentality**.
- ★ Also, adolescents are exposed to sex, sexuality etc. by their peers, unqualified medical practitioners and teachers due to social constraints and orthodox mentality.
- ★ **Child marriage:** The legal age for marriage in India is 18 years for girls while it is 21 years for boys. Estimates suggest that each year, **at least 1.5 million girls under 18 get married in India, which makes it home to the largest number of child brides in the world** - accounting for a third of the global total.
  - Poor socio-economic condition is one of the primary reasons for child marriage. Due to this, women face the risk of experiencing unsafe practices combined with physical, emotional and sexual violence.
- ★ **Gender-based violence (GBV):** It is a highly prevalent problem of public health and it has a debilitating impact on SRH outcomes.
  - An estimated 32–38% of women aged 15–49 years in Sub-Saharan Africa (SSA) experience IPV (intimate partner violence).

## SEXUALITY WHEEL



## Constitutional provisions related to Sexual and Reproductive Rights

India was among the first countries in the world to **develop legal and policy frameworks guaranteeing access to abortion and contraception**. However, women and girls continue to experience significant barriers like poor quality of health services and lack of decision-making authority. In India, reproductive rights of individuals and couples can be located in a constellation of laws and policies relating to health, employment, education, provision of food and nutrition, and protection from gender-based violence. Certain SRH rights enshrined in the Indian Constitution includes

### Article 14

Ensures equality before the law or the equal protection of the laws. It means **women are equal before law and all law equally available for their protection** without discrimination.

### Article 15

**Prohibition of discrimination** on grounds of religion, race, caste, sex or place of birth against any citizen.

### Article 15(3)

**Nothing shall prevent the state government from making any special provision for women and children.**

### Article 21

**No person shall be deprived of his life or personal liberty except** according to procedure established by law.

### Article 38

**State promotes the welfare of people and secure social order** in which justice, social, economic and political and state shall strive to minimize the inequalities.

### Article 42

State shall make **provisions for securing just and humane conditions for work and for maternity relief.**

### Article 45

State shall endeavour to **provide early childhood care and education for all children until they complete the age of six years.**

### Article 51A (e)

Promotion of harmony and it's the duty of every citizen of India to **renounce practices derogatory to the dignity of women.**

**India is also a signatory to numerous international conventions, which recognize reproduction rights, such as the**

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);

International Covenant on Civil and Political Rights (ICCPR);

International Covenant on Economic, Social and Cultural Rights (ICESCR); and

Convention on the Rights of the Child (CRC).

## In Conversation: Transgender Sexual and Reproductive Health

**Vini:** Hey Vinay! Do you know that transgenders also face numerous challenges in accessing Sexual And Reproductive Health (SRH) care services?

**Vinay:** Yes Vini. Transgender people face multiple obstacles to accessing quality health care, including outright discrimination and refusal to treat transgender patients, as well as a lack of relevant clinical and cultural competence among providers.

**Vini:** The intimate nature of SRH care—such as screening and treatment for sexually transmitted infections and breast, cervical, and prostate cancers, as well as contraception provision—makes these concerns especially acute.

**Vinay:** You're right Vini. Many health providers assume that transgender patients do not need services such as pelvic exams or contraception, or that treating transgender patients is too complex for their practice.



**Vini:** Vinay, these dynamics contribute to significant disparities in SRH for transgender people.

**Vinay:** Yes Vini. There's urgent need to improve their SRH services.

**Vini:** Right Vinay. But what can be done to improve their SRH services?

**Vinay:** Health providers should adopt a formal policy of nondiscrimination and respect for each patient's gender identity and develop a clinic guide for transgender-inclusive services.

**Vini:** And clinics should train their health providers and staff on transgender-appropriate care, nondiscrimination, and inclusivity.

**Vinay:** Also, there is need to eliminate public policies that require sterilizing procedures for trans people.

**Vini:** That's great Vinay. Thanks for enlightening me.

## What measures have been taken to improve Sexual and Reproductive Health?

There have been several policies, laws, and programs in the area of SRH that have been introduced over the course of time. Government of India has undertaken several initiatives to improve maternal health, accessibility and availability of contraceptive services and remains committed to the SRHR agenda within UHC and SDG framework.

★ **Medical Termination of Pregnancy (MTP) Amendment Act, 2021:** It amends the 1971 MTP law which regulates the condition under which medical termination of pregnancy is to be pursued.

- The amendment **increases the limit for termination of pregnancy up to 24 weeks against previous upper limit of 20 weeks.**
- The Amendment specifies the **experience and training requirements of Registered Medical Practitioner (RMP) to conduct termination of pregnancy upto 9 weeks, 12 weeks, 12-20 weeks etc.**

★ **Surrogacy (Regulation) Act, 2021 and Rules 2022:** Rules are issued by Ministry of Health and Family Welfare (MoHFW) under Surrogacy (Regulation) Act, 2021. The act seeks to prohibit commercial surrogacy, which includes trading human embryos and gametes and buying and selling of services of a surrogate by a monetary reward except for insurance. **Some key rules include**

- **Number of attempts** of any surrogacy procedure on surrogate mother **shall not be more than three times.**
- A **surrogate mother may be allowed for abortion during the process of surrogacy** in accordance with the Medical Termination of Pregnancy Act, 1971.

## REASONS FOR ABORTION

Last child too young

9.7

Complications in pregnancy

9.1

Health issues

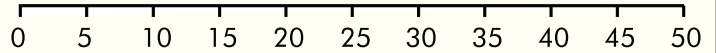
11.3

Contraceptive failure

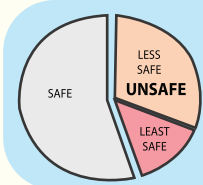
3.6

Unplanned pregnancy

47.6



## 73 MILLION ABORTIONS TAKE PLACE EACH YEAR WORLDWIDE



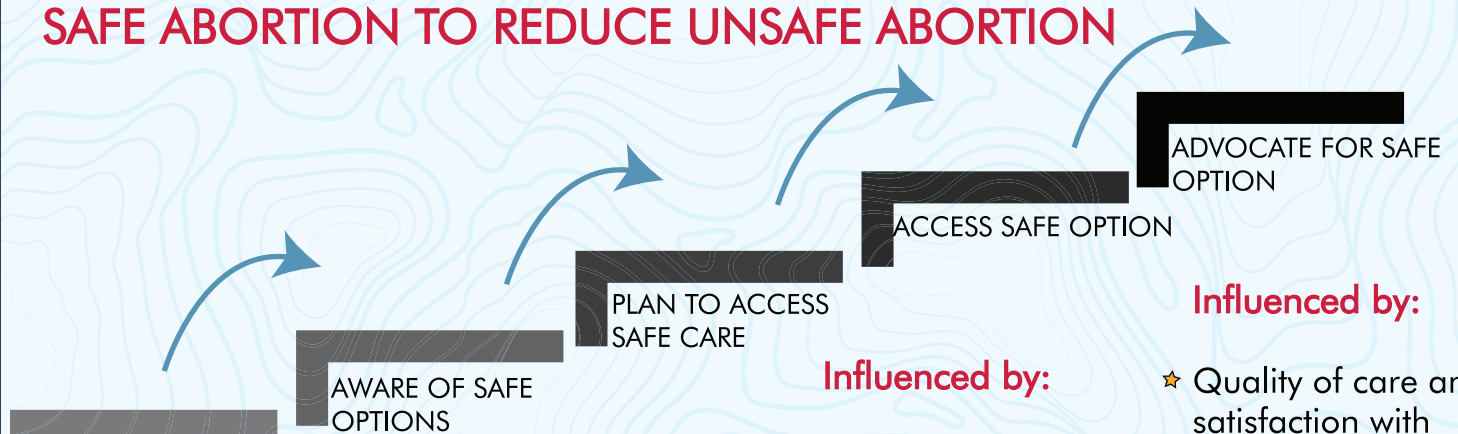
> Nearly 1 out of 2 abortions are unsafe

> 1 out of 3 unsafe abortions occur in the worst conditions (untrained persons using dangerous methods)

**MOST UNSAFE ABORTIONS OCCUR IN THE DEVELOPING WORLD**



## CHANGING BEHAVIOURS. BUILDING AWARENESS AROUND SAFE ABORTION TO REDUCE UNSAFE ABORTION



### Influenced by:

- ★ Legal restrictions or lack of awareness of legal status
- ★ Family and peer knowledge of safe abortion options
- ★ Community stigma

### Influenced by:

- ★ Understanding of what 'safe' means
- ★ Perceived cost and discretion of safe vs. unsafe
- ★ Partner and friend support, stigma
- ★ Legal status
- ★ Safe options nearby

### Influenced by:

- ★ Fear of being discovered
- ★ Access to funds
- ★ Family and peer support and prior experiences
- ★ Partner dynamics
- ★ Availability of professional advice and nearby care
- ★ Willingness of providers to refer

### Influenced by:

- ★ Quality of care and satisfaction with service
- ★ Perceived need among peers and community
- ★ Family, spousal, peer support
- ★ Community attitudes towards abortion
- ★ Self-efficacy to give advice to others



★ **Indian Penal Code (IPC), 1860:** Section 312 of IPC criminalises voluntarily causing miscarriage even when miscarriage is with pregnant woman's consent, except when miscarriage is caused to save woman's life.

★ **National Health Policy (NHP), 2017:** India's NHP prioritizes assuring availability of free, comprehensive primary health care services, for all aspects of reproductive, maternal, child and adolescent health through optimum use of existing resources.

- It affirms commitment to pre-emptive care (aimed at pre-empting occurrence of diseases) to achieve optimum levels of child and adolescent health.

- Targets to achieve by 2025 under NHP, 2017 includes Total Fertility Rate (TFR) of 2.1, Antenatal care coverage to be sustained above 90% of pregnant women, meet need of family planning above 90% at national and sub national level etc.

★ **Pradhan Mantri Jan Arogya Yojana (PMJAY):** Popularly known as Ayushman Bharat, it was launched as a step towards UHC. It provides cashless and paperless access to services for the beneficiary at the point of service.

- It provides a cover of up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization.

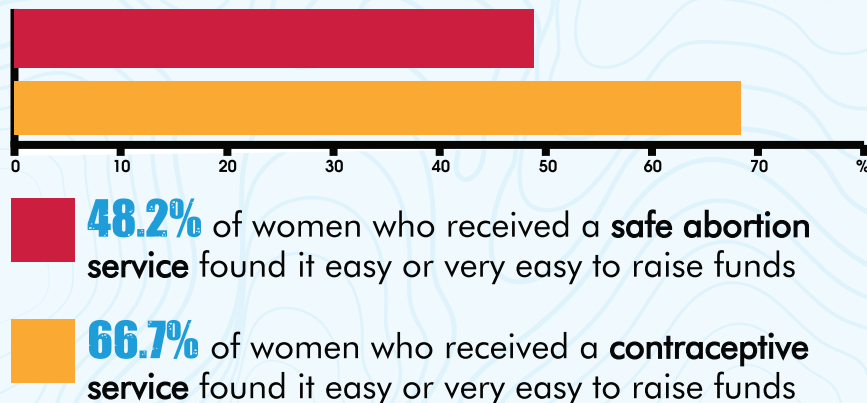
### ★ Teenage Health

- Rashtriya Kishor Swasthya Karykram 2014:** Launched by MoHFW to improve knowledge, attitudes and behaviour, in relation to SRH; reduce teenage pregnancies, improve birth preparedness and a safe transition into pregnancy and parenthood etc.

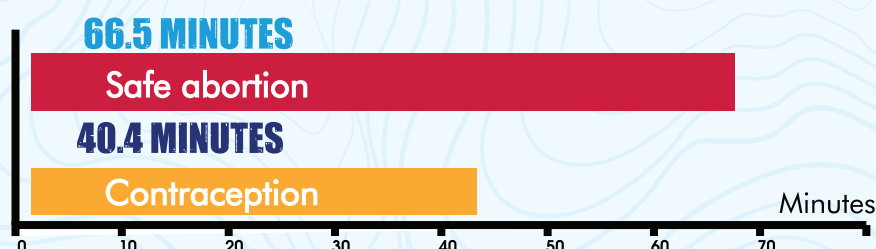
### ★ Maternal Health initiatives

- Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A):** Launched by MoHFW in 2013 to address the major causes of mortality among women and children as well as the delays in accessing and utilising health care and services.
- RMNCH+A is aligned with **Global Strategy for Women's, Children's and Adolescents' Health** and its key programming tenets articulating well-defined targets to end preventable deaths, ensure health and well-being.
- This is popularly known as the **Survive, Thrive and Transform** approach.
- Janani Suraksha Yojana (JSY):** It is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented to reduce maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.
- Janani Shishu Suraksha Karyakram (JSSK):** It provides completely free and cashless services to pregnant women including normal deliveries and caesarean operations and

## AFFORDABILITY OF SAFE ABORTION AND CONTRACEPTIVE SERVICES



## TRAVEL TIMES FOR SAFE ABORTION AND CONTRACEPTIVE CARE



sick new born (up to 30 days after birth) in Government health institutions in **both rural & urban areas.**

- **LaQshya (Labour room Quality Improvement Initiative):** It aims at improving quality of care in labour room and maternity Operation Theatre (OT).

**Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** Launched by MoHFW, it provides fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women (in 2<sup>nd</sup> and 3<sup>rd</sup> trimester) on the 9<sup>th</sup> of every month.

- **Pradhan Mantri Matritva Vandana Yojana (PMMVY):** Centrally sponsored scheme launched by the **Ministry of Women and Child Development** for **all eligible Pregnant Women and Lactating Mothers who have their pregnancy on or after 1st January 2017** for the first child in the family.

#### ★ **Population Control initiatives**

- **Mission Parivar Vikas:** Launched by **Ministry of Health and Family Welfare (MoHFW)** for increasing the access to contraceptives in 146 high fertility districts of seven high focus states with TFR of 3 and above. It aims to **bring down the TFR to 2.1.**

◆ These states are Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam.

- **New Contraceptive Choices:** New contraceptives viz. Injectable contraceptive and Centchroman (birth control pill) have been added to the existing basket of choices.

- **Compensation scheme for sterilization acceptors:** Under it, MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilizations.

- **Quality Assurance Committees:** Ensuring quality of care in Family Planning services by establishing Quality Assurance Committees in all states and districts.

#### ★ **Supreme Court Judgements**

- **Decriminalizing Adultery:** Supreme Court in decriminalizing adultery and in **Navtej Johar judgment striking down Section 377** held clearly, that **women have a right to sexual autonomy.**

- **Privacy:** In the landmark **Puttaswamy judgment**, SC held that Privacy includes at its core the preservation of **personal intimacies**, the sanctity of family life, marriage, procreation, the home and sexual orientation.

#### ★ **United Nations Population Fund (UNFPA) interventions in India**

- **Family Planning:** India and UNFPA are working towards **rights-based family planning in India to stabilize population.**

◆ UNFPA supported the **introduction of hormonal injectable contraceptive (Antara injection)** and continues to support the national government in expanding the choices.

- **Midwifery Initiative:** UNFPA has supported the **MoHFW's midwifery services initiative** by developing strategy and guidelines, strengthening the **midwifery component in nursing education and technical support in the operationalization of National Midwifery Training Institutes (NMTIs).**

◆ UNFPA's support resulted in establishing two NMTIs at Patiala and Udaipur.

- **Universal Health Coverage (UHC):** UHC means that all individuals and communities receive the health services and care they need without suffering financial hardship.

◆ UNFPA's high-quality **technical assistance on maternal health, family planning and adolescent health** in the UNFPA focus states of Bihar, Madhya Pradesh, Odisha and Rajasthan has resulted in **improved availability and quality of services.**

◆ Achieving **universal access to SRHR within UHC means leaving no one behind** – this goal should be met for all countries and individuals without discrimination of any kind.

# OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)



## **SURVIVE** End preventable deaths

- ★ Reduce global maternal mortality to less than 70 per 100,000 live births
- ★ Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- ★ Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- ★ End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- ★ Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being



## **THRIVE** Ensure health and well-being

- ★ End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- ★ Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- ★ Ensure that all girls and boys have access to good-quality early childhood development



## **TRANSFORM** Expand enabling environments

- ★ Eradicate extreme poverty
- ★ Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- ★ Eliminate all harmful practices and all discrimination and violence against women and girls  
Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene

## Global Level Initiatives

### ★ Reproductive Health

- **Nairobi Summit, 2019:** Also known as **ICPD+25**, India supports Nairobi Summit's commitment to 'integrate sexual and reproductive health into UHC at primary health care level, equalising access, improving quality and enhancing accountability.
- **Human Reproduction Programme (HRP):** It is **UNDP-UNPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction** (also referred to as HRP) which was established in 1972.
- ◆ It is the main instrument within the United Nations system for **research in human reproduction**, bringing together policymakers, scientists, health-care providers, etc. to identify and **address priorities for research to improve sexual and reproductive health**.
- ◆ HRP is based at the **WHO headquarters in Geneva, Switzerland within Department of Sexual and Reproductive Health and Research**.
- ◆ It focuses on **Family planning and contraception**, Maternal and perinatal health, **Safe abortion**, Sexual health and well-being, Adolescent SRHR etc.
- **Beijing Platform for Action, 1995:** It states that human **rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality**, including SRH, free of coercion, discrimination and violence.

## Global Sexual and Reproductive Health Service for Men and Adolescent Boys

Men have substantial sexual and reproductive health needs, including the need for contraception, prevention and treatment of HIV and other sexually transmitted infections (STIs), sexual dysfunction, infertility and male cancers. Yet these needs are often unfulfilled due a combination of factors, including a lack of service availability, poor health-seeking behaviour among men, health facilities often not considered "male-friendly," and a **lack of agreed standards for delivering clinical and preventative services to men and adolescent boys.**

### No Missed Opportunities

#### Ways to address concerns related to Sexual and Reproductive Health Service for Men and Adolescent Boys

- ★ Health professionals and health facilities needs to create the **friendly environment for men and encourage their participation** in solving or addressing SRH problems of both male and female.
- ★ **Male friendly clinics should be established** at all facilities to address men's sexual and reproductive health need.
- ★ **Use of mass media and social medias for the more involvement** and participation of male in addressing SRH problems.
- ★ Current female oriented programs need to be **adjusted to involve men in all matters of SRH.**
- ★ Men should be involved in the SRH programs in each life stage. Tailored **information regarding the sexuality, HIV and AIDs its prevention, family planning etc.,** needs to be provided from the school curriculum.



- There should be no missed opportunities for advancing male involvement in sexual and reproductive health.
- Educate boys and men about SRH.

## Sexual and Reproductive Health and Rights of Persons with Disabilities (PwDs)

According to the WHO and World Bank's World Report on Disability, female disability prevalence rate worldwide is

19.2 percent. **Women and Girls with Disabilities** have the **same SRH needs as women and girls without disabilities.** Due to multiple and intersecting forms of discrimination on the basis of gender and disability, however, women and girls with disabilities face pervasive barriers to full realization of their SRHR.



#### Sustainable Development Goals

- Target 3.7:** Universal access to sexual and reproductive health-care services
- Target 5.6:** Universal access to sexual and reproductive health and reproductive rights



#### Convention on the Rights of Persons with Disabilities

- Article 25:** Provide persons with disabilities with the same range, quality and standard of free or affordable sexual and reproductive health care and programmes as provided to other persons

### What are the concerns associated with SRHR of PwDs?

Women, Girls and Young PwDs are regularly **prevented from accessing SRHR services** due to a variety of factors, including stereotypes about Women and



**29% of births by mothers with disabilities are not attended by a skilled health worker**



**Persons with disabilities are at higher risk of unwanted pregnancies and sexually transmitted infections**



**22% of married women with disabilities have an unmet need for family planning**

girls with disabilities as asexual or hypersexual and social conventions on beauty have historically excluded them, reinforcing self-perceptions as unattractive and unworthy.

- ★ In case of **adolescents**, they **lack the capacity to make autonomous decisions to access information and services** that are **essential to prevent sexually transmitted diseases, unwanted pregnancies, as well as many forms of sexual violence.**

## What can be done to improve SRHR of PwDs?

- ★ Pregnant women and girls with disabilities should be provided with appropriate information about **safe pregnancy, labor and delivery, parenting (including right to parent)**; access to **prenatal diagnostic screening** on a voluntary, informed basis; non-discriminatory counselling about prenatal test results and abortion etc.
- ★ Establish legislation to recognise SRHR of girls and young women with disabilities, **prohibiting harmful practices, including forced sterilization.**
- ★ **Implement awareness-raising programmes** designed to **change the societal perception** on SRHR of girls and young women with disabilities, and to end all forms of violence against them.
- ★ Adopt strategies to include girls and young women with disabilities in **decision-making and policy development** on issues like forced sterilization, abortion etc.
- ★ **Mobilize resources in the framework of SDGs and invest in inclusive programmes** that increase the access of girls and young women with disabilities to sexual and reproductive health and rights.
- ★ Government has to ensure that **SRH services conform to ethical standards, are culturally respectful, sensitive to the gender and disability needs** of the individual, and **respectful of a person's privacy and confidentiality.**

## What more can be done to improve Sexual and Reproductive Health Rights?

A Holistic approach with interventions at individual, relationship, community and institutional levels such as, supporting psychosocial health, SRH education, non-discrimination at health centres and policy interventions to prevent stigma are required to promote SRH.

- ★ **Education:** Conversations around menstruation could be started in schools and local communities by including menstrual health and hygiene in sessions on reproductive health.
  - Sessions should be organized to focus sexualities, sensuality and gender identities and expression.
- ★ **Funding:** Budgetary allocations and financing strategies need to be recognized as playing a critical role in creating the enabling environment to **achieve good health outcomes, universal health coverage and cost-effectiveness of service delivery.**
- ★ **Targeted approach:** Develop interventions in partnership with the end-user communities. This approach will ensure that services respond to the needs, priorities and realities of the intended beneficiaries.
- ★ **Policy intervention:** At societal level, there is a need to **promote laws, policies and institutional practices supportive of the SRHR of women** in relation to health, social, economic and educational spheres.
  - Also to build broad societal norms and structures to support women deprived of basic SRH rights such as women living with HIV is needed.

★ **Accessibility:** Improve accessibility to contraceptives, STIs testing etc. through both **physical and technological infrastructure**, such as health centres, CSCs, or online interventions through applications via Web or mobile technology to overcome geographic or social barriers.

★ **Counseling:** Gender **neutral care and counseling for all who have suffered violence and generating community and political recognition** and support to address the causes of violence.

★ **Integrated Health System:** Effective **integration of services for, HIV and AIDS and SRH to build on a strong health system.** Focus should be on improving maternal and newborn health; elimination of unsafe abortion; reduced gynecological illness and disability; and greater awareness of sexual health and reduced risky behavior.

★ **Long-term programming:** Creating SRH and HIV program plans with a 10–15-year horizon, investing in capacity-building, and working to change destructive social norms.

- Capacity-building among local managers and training health-care personnel's in SRH.

## WHO ARE ADOLESCENTS AND YOUTH?

CHILDREN UNDER 18

YOUNG PEOPLE 10-24

YOUTH 15-24

ADOLESCENTS 10-19

EARLY CHILDHOOD

MID CHILDHOOD

YOUNGER ADOLESCENCE

OLDER ADOLESCENCE

YOUNGER ADULT

## Contribution to the United Nation System's Ambitions on Youth

Youth 2030, the UN Youth Strategy launched in 2018, mobilizes the United Nations to step up its work with and for young people. In 2019, UNFPA launched **My Body, My Life, My World**, a new global strategy to ensure rights and choices for all **adolescents and youth**. It embraces all adolescents (aged 10 to 19) and youth (aged 15 to 24), celebrating their rich diversity. It recognizes that **young people realizing their rights to make informed choices about their own bodies, their own lives and world they live in**. In doing so, it supports the achievement of the SDGs, in alignment with the new UN Strategy on Youth as well as UNFPA Strategic Plan.

**My Body, My Life, My World** contributes to each of the five priorities for action.

### UN STRATEGY

### UNFPA STRATEGY

ENGAGEMENT, PARTICIPATION AND ADVOCACY

Backs meaningful and inclusive youth participation and empowerment, intergenerational platforms and the cultivation of leadership skills.

INFORMED AND HEALTHY FOUNDATIONS

Increases access to sexual and reproductive health and rights, and address inequalities so adolescents and youth can make informed choices about their bodies and plan their lives.

ECONOMIC EMPOWERMENT THROUGH DECENT WORK

Helps young people develop soft skills and have a better chance of decent and gainful employment.

YOUTH AND HUMAN RIGHTS

Advocates for the rights of all adolescents and youth everywhere.

PEACE AND RESILIENCE

Stands behind adolescents and youth as active partners in peacebuilding processes and humanitarian action.

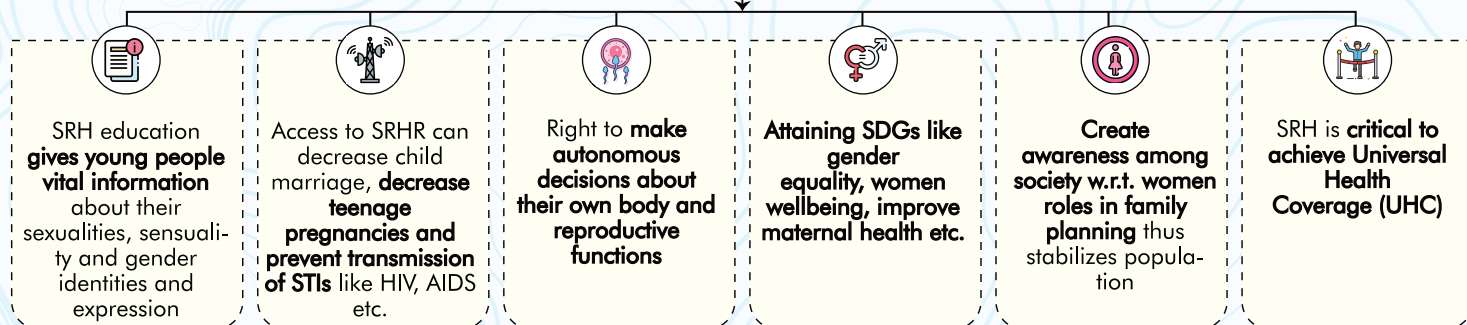
## Conclusion

Over the past 30 years, there have been significant advances in SRH such as increasing delays in marriage and first childbirth, and gains in education and economic development. Nevertheless, women face a rapidly changing world. The disruptions due to climate change, conflict, and pandemics are increasing in frequency, severity, and impact. We must not lose the momentum of improvements in SRH. Reproductive Health should broaden the context of adolescent SRH, and welcomes bold, innovative ideas to develop and invigorate the field.

# TOPIC AT A GLANCE

SRH can be defined as a **person's right to a healthy body, autonomy, education and healthcare to freely decide** who to have sex with and how to avoid sexually transmitted infections (STIs) or unintended pregnancy including the spacing and timing of children. These are human rights - universal, indivisible, and undeniable.

## Importance of SRH



### Challenges faced by people in SRH

- ★ **Cultural norms and ideological opposition to Family Planning and abortion**, among other matters, often impede access to SRH services.
- ★ **Financial shortfalls lead to chronic underfunding of reproductive healthcare** in areas like safe abortion and family planning.
- ★ **Lack of concerted political will.** First time, in 2006, government set up Adolescent Reproductive and Sexual Health (ARSH) Clinic.
- ★ **Weak overall health systems** have tendency to **deprioritize reproductive health** and easily overwhelmed by a crisis and unable to recover quickly.
- ★ **Lack of sex education** due to absence of a comfortable environment at home/school where healthy conversations could take place.
- ★ **Gender-based violence** is a highly prevalent problem of public health and it has a **debilitating impact on SRH outcomes.**



### Initiatives taken to improve SRH

- ★ **Medical Termination of Pregnancy (MTP) Amendment Act, 2021 increases limit for termination of pregnancy up to 24 weeks** against previous upper limit of 20 weeks.
- ★ **Surrogacy (Regulation) Act, 2021** seeks to prohibit commercial surrogacy.
- ★ **National Health Policy (NHP), 2017** assures availability of free, **comprehensive primary health care services, for all aspects of reproductive, maternal, child and adolescent health** through optimum use of existing resources.
- ★ **Rashtriya Kishor Swasthya Karykram 2014** to improve knowledge, behaviour, in relation to SRH; reduce teenage pregnancies, improve birth preparedness etc.
- ★ **Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)** to address major causes of mortality among women and children as well as delays in accessing and utilising healthcare and services.
- ★ **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women (in 2nd and 3rd trimester) on 9th of every month.
- ★ **Mission Parivar Vikas for increasing the access to contraceptives** in 146 high fertility districts of seven high focus states with TFR of 3 and above. It aims to **bring down the TFR to 2.1.**
- ★ SC in **decriminalizing adultery and in Navtej Johar judgment** striking down Section 377 held clearly, that **women have a right to sexual autonomy.**



### Ways to improve SRH

- ★ **Conversations around menstruation could be started in schools and local communities** by including menstrual health and hygiene in sessions on reproductive health.
- ★ **Budgetary allocations and financing strategies need to be recognized** to achieve good health outcomes, universal health coverage and cost-effectiveness of service delivery.
- ★ At societal level, there is a **need to promote laws, policies and institutional practices supportive of SRHR** of women.
- ★ **Improve accessibility to contraceptives, STIs testing** etc. through both physical and technological infrastructure.
- ★ **Effective integration of services** for HIV and AIDS and SRH to build on a strong health.



DELHI



JAIPUR



HYDERABAD



PUNE



AHMEDABAD



LUCKNOW



CHANDIGARH



GUWAHATI



RANCHI



ALLAHABAD



BHOPAL



VISIONIAS  
INSPIRING INNOVATION