**SEXUAL AND REPRODUCTIVE HEALTH RIGHTS**

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**“Humans rights are women’s rights; women’s rights are human’s rights.”**

The female reproductive system is a delicate and intricate bodily system. It is very important to protect women against infections, damage, and issues, including certain long-term health issues. Safe motherhood starts with correct nutrition and a healthy lifestyle before conception, and it continues with appropriate prenatal care, as well as the possible avoidance and treatment of difficulties. The general health and well-being of people, couples, and families, as well as the social and economic development of societies, depend on their sexual health. When regarded positively, sexual health necessitates a positive and respectful attitude toward sexuality and intimate relationships, as well as the ability to enjoy joyful and secure sexual experiences free from coercion, prejudice, and violence.

Multiple human rights, such as the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination, are connected to women's sexual and reproductive health. Women's right to health encompasses their sexual and reproductive health, according to both the Committee on Economic, Social, and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination Against Women (CEDAW).

This implies that States have a duty to respect, safeguard, and implement rights pertaining to the sexual and reproductive health of women.

**RESPECT:** State agents should refrain from committing acts of violence against women on the streets or in custodial settings. States should also abstain from enacting and implementing laws and policies that allow forced sterilization or virginity testing, as well as laws sanctioning forced marriages.

 **PROTECT**; The obligation to protect life requires that States exercise due diligence in preventing, punishing and redressing harm caused by private parties. The UN General Assembly has called on States “to ensure the effective protection of the right to life of all persons under their jurisdiction” and to investigate promptly and thoroughly all killings, including those motivated by the victim’s sexual orientation or committed in the name of honor.

 **FULFIL**; The obligation to fulfil requires the State to ensure an enabling environment where violence against women is prevented, and access to legal, health and social services is ensured in cases where violence does occur.

**Causes and consequences of sexual and reproductive health violations.**

Women's sexual and reproductive health and rights violations are frequently brought on by deeply ingrained attitudes and societal norms. Women are frequently valued based on their capacity for reproduction due to patriarchal conceptions about women's duties in the family. Early marriage and pregnancy, or several pregnancies spaced too closely together—often as a result of attempts to create male offspring due to the preference for sons—has a terrible effect on women's health and can even have deadly repercussions. Infertility is also frequently blamed on women, who then experience rejection and other forms of discrimination as a result.

Violence against women affects women everywhere. It has an effect on women's health, restricts their ability to fully participate in society, interferes with their enjoyment of their rights to sexual and reproductive health, and causes them and their families great physical and emotional pain. The definition of "violence against women" according to the Declaration on the Elimination of Violence Against Women is "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life." The Declaration demands that countries "exercise due diligence to prevent, investigate, and, in accordance with national law, punish acts of violence against women, whether those acts are committed by the State or not." The Committee on the Elimination of Discrimination Against Women has recognized gender based violence as a form of discrimination that impairs or nullifies women’s enjoyment of human rights and fundamental freedoms such as the right to life; not to be subject to torture or to cruel, inhuman or degrading treatment or punishment; to liberty and security of person; to equal protection under the law; and to the highest standard attainable of physical and mental health

**FORMS OF VIOLENCE AGAINST WOMEN AND GIRLS INCLUDE** witchcraft and dowry related violence and deaths; crimes committed in the name of so-called honor; femicide; domestic violence; harmful practices such as child and forced marriage and female genital mutilation.

It also includes sexual violence in all of its varied manifestations, including marital rape, gang rape, forced sterilization, forced nudity, forced abortions, sexual harassment, and incest.

**REPRODUCTIVE RIGHTS:**

* Right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.
* Right to information and means to do so.
* Right to the highest standard of reproductive health.

According to **International Conference on Population and Development** (ICPD) 1994

 Women have the right to:

* Decide freely and responsibly the number, spacing and timing of their children.

 Have the information and means to decide freely and responsibly the number, spacing, and timing of their children.

* Attain the highest standard of sexual and reproductive health.

Meaning: you have the right to be physical. mentally. and socially healthy with access to medical, mental and social facilities services and support to exercise your sexual and reproductive rights.

* Make decisions about your reproduction free of discrimination, coercion, and Violence.
* It is your decision whether you have O, or 7 children.
* It is your decision whether you undergo female sterilization now or when you are 50 or not at all.

According to **Beijing platform of action 1995**

* The promotion of these rights should be the fundamental basis for government and community- sponsored policies and programs.
* The government must consider your rights as a fundamental part of the laws it enacts, the policies it puts in place, and the programs it creates.

**Health-Related Rights Under the Women’s Convention**

The Convention's Article 16(1)(e) gives the freedom to choose the number and spacing of children, however that is just one of the articles that deal with women's rights in terms of health.

 The key is Article 12. In the first sentence of the document, it states that States Parties have a responsibility "to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health care services, including those related to family planning." Further details are provided in paragraph 2, where they commit to "ensure to women appropriate services in connection with pregnancy, confinement, and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation." ." It should be noted that the Women’s Convention is the only one of the six human rights treaties in the United Nations system to mention family planning.

In addition to the aforementioned provisions, article 10(h) guarantees the right of access to particular educational materials and family planning guidance.

 Additionally, article 14(b) makes clear that women in rural regions have the right to access facilities for sufficient health care, including family planning information, counseling, and services.

In article 11(1)(f) of the Convention, women's rights to protection of their health and safety at work are explicitly mentioned. This includes "the safeguarding of the function of reproduction". Many other articles of the Convention, some of which have been explained in the General Recommendations of the CEDAW Committee in connection to female genital mutilation, sexual assault, HIV/AIDS, and reproduction, have an implicit or indirect impact on women's rights about health.

**Social Construction of Difference**

Although the Convention recognizes the maternal role of women, social and cultural norms of behavior frequently elevate motherhood to the point where it limits women's freedom to make their own decisions in life. Religious and cultural views may favor women based on their capacity to bear children. As a result, recurrent pregnancies that are too narrowly spaced apart, frequently because of attempts to have male offspring, may endanger their health. It is possible for women who have not given birth to be expelled from marriages under the presumption that they, not their male partners, are infertile. Women's health needs may be viewed as secondary to those of their children or, in some cases, men's, and they may be refused access to healthcare that is unrelated to their reproductive activities.

**Biological Difference**

Health-related discrimination may be partially explained by the biological distinctions between women and men, even though such social phenomena are unquestionably mediated by gender discrimination. The principle of gender equality, according to modern feminist legal theory, takes into account such differences rather than calling for women to live up to expectations set by a male role model. For there to be equality, it is necessary to treat all interests equally and to handle various interests in a way that respects their diversity. Discrimination occurs when the unique health requirements of women are not considered, preventing them from receiving the right medical information and services. Rather than being a formal issue of ensuring that women have the same rights as men and combating intentional discrimination, equality is a substantive issue of ensuring equal enjoyment of outcomes in terms of health and wellbeing. Equal rights for women and men in terms of health and medical care include both general health needs and sex-specific needs. Discrimination occurs when funds are not allotted or when services are not provided for women's unique health requirements in addition to those that apply to both women and men.

**The Right to Life**

In fact, discrimination against women plays a major role in the high incidence of pregnancy- and childbirth-related deaths and problems. When resources are not allocated with sufficient priority to meet women's unique requirements, maternal health treatments are frequently not provided. Through the provision of reproductive health services, such as contraception, safe abortion, and necessary and emergency obstetric care, maternal death and morbidity can be largely averted. Women's fundamental right to life itself is the most obvious human right that is violated by preventable mortality during pregnancy or childbirth. It is debatable whether or not providing access to high-quality, reasonably priced healthcare services that would reduce maternal mortality is the essential minimum of a government's commitments under international human rights agreements.

The government of Indonesia looked to be failing in its fundamental duty to ensure safe maternal health services when it blamed the high maternal mortality rate on births performed by traditional birth attendants, which accounted for over 64% of all deliveries. According to the survey, many women prefer home births "due to convenience, low cost and flexible payment arrangements, the aftercare offered and the comfortable atmosphere prevailing in home deliveries". However, it may be argued that "customer preference" should not absolve the government of its responsibility to uphold, defend, and respect women's right to life.

**Reproductive Choice- Abortion**

Maternal mortality and morbidity are also significantly increased by unsafe abortion. Due to the fact that abortion is illegal in many nations, States Parties' reports to the Committee frequently lack official data on this, but they consistently show a link between unsafe abortion and high rates of maternal mortality and morbidity, manifested as hemorrhaging and pregnancy complications.

Therefore, Zimbabwe claimed that abortion-related bleeding and infections are major causes of death, however precise numbers are unknown due to the illegality of abortion. Like the Dominican Republic, it claimed "heavy underreporting" but stated that "clandestine abortions" are the third most common cause of maternal death (after toxicemia and hemorrhages during childbirth). There is support for the idea that laws that criminalize the women-only health services they provide or the women who receive them are discriminatory in and of themselves. The criminalization of abortion is particularly abhorrent since it not only restricts women's right to reproductive choice, which allows them to make decisions on important life-controlling issues in a free and responsible manner, but also exposes them to the stigma associated with the procedure.

In many nations, there are exceptions to the criminal rule that permit legal abortion in certain situations, such as when the mother's (or the fetus's) life is in jeopardy or when the pregnancy is the consequence of rape. However, rape is not a legal basis for an abortion in Indonesia, thus by making the lady bear the child, the government is essentially aggravating the sexual assault against the woman.

**Reproductive Choice - Family Planning**

The right to reproductive choice refers to a woman's ability to decide whether to have children, whether or not to carry or end an unintended pregnancy, and how they would like to organize their family and use contraception. A nongovernmental report on rampant pregnancy-based discrimination against women working in Mexico's export-processing (maquiladore) sector exposed a breach of this right. All women applying for jobs in this industry are frequently obliged to undergo pregnancy tests for screening, according to a fact-finding mission looking into complaints of the practice, and working women are often required to resign when they become pregnant. As a condition of continued employment, several factories required women to show sanitary napkins to corporate nurses. The research came to the conclusion that such employment practices penalize women for exercising their reproductive rights and inevitably restrict their capacity to choose the number and spacing of their children on their own, and that it was the responsibility of the Mexican government to put an end to them.

Given the risk of maternal mortality and the ban on abortion in many nations, the right to family planning education, information, and services is essential to women's sexual and reproductive health as well as their ability to make informed decisions about their reproductive options. Services for family planning are especially crucial in states where abortion is prohibited. Abortion is prohibited in the Dominican Republic, but only non-governmental organizations are allowed to educate people about birth control. It may be argued that the state's primary responsibility in cases where safe, legal abortion is prohibited is to at the very least offer itself the family planning services necessary to protect women's right to choose their reproductive methods.

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11 See International Covenant on Economic, Social and Cultural Rights (ICESCR), articles 10 and 12; Convention on the Elimination of All Forms of Discrimination against Women, article 14.

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