POLICY BRIEF

SEXUAL AND REPRODUCTIVE WELL BEING IN INDIA

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ABOUT THE ORGANISATION:

LexQuest Foundation (LQF) is an independent, non-profit, research and action organisation, established in 2014, in New Delhi. We are striving to create, advocate and implement effective solutions for a diverse range of development issues.

To endorse participative governance, we engage with a broad spectrum of stakeholders, from various sections of the society, to ensure that policy-making remains a democratic process. We utilize pragmatic and futuristic research to disseminate actionable knowledge to decision-makers, experts and the general public.

Our key activities include capacity and skill-building workshops, policy advisory programs, public outreach, and stakeholder consultations. We collaborate with the government, other organizations and individuals for impactful policy formulation and execution.

By employing sustainable and equitable solutions through our multidisciplinary, intersectional initiatives and programs, we are constantly working towards creating empowered communities.

GLOSSARY

Total Fertility Rate (TFR): The number of live births during a year per 1,000 female population aged 15-49 years at the midpoint of the same year is the fertility rate. The number of children that would be born per woman, assuming no female mortality at childbearing age and the age-specific fertility rates of a specified country and reference period is the Total Fertility Rate (TFR).

Maternal Mortality Rate (MMR): The number of registered maternal deaths due to birth or pregnancy-related complications per 100,000 registered live births.

Janani Suraksha Yojana: It incentivises women for choosing institutional deliveries at a health facility/hospital during their first two pregnancies.

Intrauterine Device (IUD): An IUD, is a tiny, vertical stem flanked by two horizontal stems that make it T-shaped. It's wire-thin and a little over an inch in length, with a string attached to easily retract and replace it once it expires. There are two kinds of IUDs – one that is copper-based (commonly referred to as the copper-T, and also known as the non-hormonal or non-medicated IUD) and another that is hormone-based, also known as, the medicated IUD. The copper-T releases copper ions into the uterine area, which work as spermicide and prevent fertilization. The medicated IUD releases a form of the hormone progestin, which thickens the cervical mucus, making it impossible for sperm to reach the egg, thus preventing fertilization.

ACKNOWLEDGING SEXUAL AND REPRODUCTIVE WELL BEING

The United Nations' **Sustainable Development Goal 3** (hereinafter referred to as SDG 3) **declares good health and well being as a global goal**. The said SDG, also aspires to **improve universal access to sexual and reproductive health-care services**. **This mandates extending access to family planning services, information as well as education related to it, and the integration of sexual and reproductive health into national health policies and programmes.**

UNDERSTANDING SEXUAL AND REPRODUCTIVE RIGHTS

Sexual and Reproductive Rights (also known as SRRs) are **most clearly defined in the 1994 International Conference on Population and Development (ICPD) Programme of Action, which took place in Cairo, Egypt**.

As per the ICPD, comprehensive Sexual and Reproductive Rights connote:

- Voluntary, informed, and affordable family planning services.
- Prenatal care, safe motherhood services, assisted childbirth from a trained attendant (e.g., a physician or midwife), and comprehensive infant health care.
- Prevention and treatment of sexually transmitted infections (STIs), including HIV-AIDS and cervical cancer.
- Prevention and treatment of violence against women and girls.
- Safe and accessible post-abortion care and, where legal, access to safe abortion services.

- Sexual health information, education, and counseling, to enhance personal relationships and quality of life.

Based on the global political reaffirmation of the ICPD agenda, reproductive rights are now **considered human rights for all people, including universal access to reproductive health throughout their life cycle. Therefore, family planning is now understood within the broader framework of reproductive health and rights and not just as a population control instrument.**

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SEXUAL AND REPRODUCTIVE HEALTH IN INDIA

India's ability to make quality medical facilities accessible and affordable has been touted world over because of which the country ranks 5th on the Global Medical Tourism Index. Ironically though, in terms of quality and accessibility of healthcare to its own citizens, India has persistently been a poor performer as is evident from the fact that the country stands at 145 among 195 countries on the Healthcare Access and Quality (HAQ) Index. However, since **India spends a mere 1.15% of its GDP on healthcare, these contrary figures aren't surprising**.

Though the Indian Constitution mandates the Right to Life and calls upon the State to ensure reproductive and sexual well being of all its citizens, so far, we have failed to extend sexual and reproductive rights to our citizens. India's health care policies and schemes don't enable a comprehensive sexual and reproductive health care system. As a result, millions of children, adolescents and adults, both men and women **struggle to attain access to or knowledge about sexual and reproductive health care services that they can avail**. It thus goes without saying then that **Sexual and Reproductive Health is hardly a matter of rights in India**.

The thrust of India's National Health Mission, has rightly been inclined towards **establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels**, to ensure simultaneous actions on a wide range of determinants of health such as water, sanitation, education and nutrition, while ensuring social and gender equality, however, in effect, **India has never addressed the issue of sexual and reproductive rights for its citizens**.

WHAT ARE THE CRUCIAL COMPONENTS?

When referring to the challenges of sexual and reproductive health of the Indian population, we need to acknowledge the status of the following components:

- ➔ **Family Planning**
- ➔ **Sexual and Reproductive Rights of all genders**
- ➔ **Information on Sexuality**

Since the aforementioned are intertwined, to comprehensively address one, it's necessary to integrate all of them, as each of their gaps spiral into adverse effects for each other.

FAMILY PLANNING

For a country that was the **first in the developing world to devise a State sponsored family planning scheme**, the National Family Planning Programme couldn't quite take off to make strides for India's reproductive and sexual well-being. More than six decades since the first Family Planning Program, **while we have managed to lower the Total Fertility Rate (from 5.9 in 1951 to 2.3 in 2018), the Maternal Mortality Rate (from 2000 per 100,000 live births in 1946 to 130 per 100,000 live births in 2014-2016) and attained a two-fold increase in the institutional deliveries within a decade (from 39% in 2005 to 78% in 2015, after the introduction of the Janani Suraksha Yojana in 2005), unsafe sexual intercourse, sexually transmitted diseases, unintended pregnancies, and unsafe abortions, continue to haunt the masses and remain largely disadvantaged towards women**.

We witness a severe sexual health crisis, where **women alone have the onus to avoid unintended pregnancies by resorting to contraceptives that they don't have enough knowledge about**. This is primarily because even as **men are reluctant to adhere to safe and hygienic sexual practices, women are deprived of the agency or authority to choose how and when their sexual and reproductive choices will be made**. It is no surprise then, that **female sterilization** (through Intrauterine Devices, hereinafter called IUDs) is **India's most preferred mode of birth control**, however, the authenticity of claims that most IUDs cause constant discomfort to women remain unexamined and hence unresolved. Moreover, **sterilization deaths at unauthorised sterilization camps is another part of this troubling reality, where poor women opting for willful or forced sterilizations, are put through unauthorised surgeries that can often lead to death**. Over half a million women die each year due to complications during pregnancy and childbirth, and a quarter of them are from India. A vast majority of these deaths are preventable.

Unsafe **abortions are the third leading cause of maternal mortality** in India. Almost **60% of the abortions conducted in India are unsafe** despite of the fact that India boasts of broadly liberal abortion laws, amongst Asian countries.

At the same time, male sterilization is a topic that even the government has chosen to avoid in the wake of its political history and strong cultural claims (as unexamined as those related to female sterilization) of the patriarchal kind, rendering it incapable of helping with India's family planning goals. However, male sterilization is not the only unpopular tool of contraception amongst Indian men. The cheapest over-the-counter male contraception tools, i.e., **condoms, are the least popular among Indian men, even as accessibility and awareness about their usage is far more prevalent today than ever before**. **Therefore, most men and women in India run the risk of contracting Sexually Transmitted Diseases (STDs) due to frequent and unsafe sexual behaviour while the country already ranks third in HIV-AIDS incidents across the globe and accounts for 11% of the world's teenage pregnancies. Yet, government policies fail to extend the benefits of family planning in a comprehensive, safe and equitable manner to either men or women.**

SEXUAL AND REPRODUCTIVE RIGHTS OF ALL GENDERS

At the **Fourth World Conference on Women in Beijing**, **189 governments came together for The Beijing Platform of Action, 1995**. This was the first declaration to embody the concept of sexual rights which also recognized that **not just social and cultural discriminations and gender inequalities but also the lack of information and services contribute to sexual and reproductive ill health**. The Beijing Platform declared violence against women a public policy issue and called upon the governments to broaden the definition of "violence" so as to include acts previously justified in the name of culture and tradition. The Conference also firmly stated that **women's rights are human rights and that women's sexual rights are part of their human rights**.

Based on the global political reaffirmation of the ICPD agenda, **reproductive rights are now considered human rights for all people, including universal access to reproductive health throughout their life cycle**. In addition, family planning is now understood within the broader framework of reproductive health and rights and not as a population control instrument. At the ICPD Programme of Action, it was also **affirmed that sexual and reproductive well-being is a necessary prerequisite for women empowerment**. The crucial links between sexual and reproductive health and rights with almost every aspect of population and development were acknowledged and the need to address these rights for the young people across the world was advocated. **The Programme also highlighted that if countries invest in their population's sexual and reproductive health, it can positively impact environmental sustainability and population dynamics**.

Though a party to both the aforementioned international conferences, India is yet to positively or comprehensively address the challenge of sexual violence in the wake of the facts that its children, adolescents and women (of all age groups) are more prone to sexual abuse than any other country. **Research suggests that India is home to the largest number of child sexual abuse cases, which only takes into account the reported incidents when it's hardly**

a mystery that most cases of child sex abuse go unreported. India also has a thriving sex trade industry which readily trafficks children and adolescents for the purpose of prostitution while the complexity of gender based sexual violence can barely be fathomed as its rate of incidence continues to be ignominiously high in the country.

Meanwhile, menstrual health, which is a major determinant of sexual and reproductive well being of the female population has been a topic that has got little attention in India. High dropout rates of girls from secondary level of schooling because of the lack of hygiene and water facilities reflects the poor state of Menstrual Hygiene Management in the country. Though the status quo is slowly beginning to change, Menstrual Health is still not addressed as a subject of major significance alongside other aspects of sexual and reproductive health. **Menstruating girls are asked to stay away from religious spaces, kept in isolation, not allowed to play outside or go to school. At least one in two girls miss school every month during menstruation and as many as 132 million households in India lack a functional toilet facility.**

A survey conducted by the UN across the country suggests that adolescent girls know too little about menstruation mostly because their mothers, teachers and peers are as unaware and embarrassed about the subject of menstruation as them. However, given the fact that **88% of women in India resort to unhygienic means for soaking period blood, they are at risk of contracting severe Reproductive Tract Infections, which can even leave them infertile. Given the fact that menstrual health directly affects sexual and reproductive well being of women, it naturally plays a defining part in shaping the sexual and reproductive rights of women** but India is yet to figure out ways to integrate menstrual health with sexual and reproductive well being for recognising the sexual and reproductive rights of its citizens.

Though women remain the centre of the debate around sexual and reproductive rights, as declared at the ICPD, we cannot leave men out of this discourse. However, since gender dynamics in India are defined by orthodoxy

and traditionalist gender roles, men are hardly ever acknowledged or initiated into any dialogue about sexual and reproductive rights concerning either young boys and men themselves or the other men, girls, women and children they are associated with. Under such circumstances, **endorsing an inclusive and progressive outlook towards all genders and extending sexual and reproductive rights to all its citizens remains a massive challenge for a country like India**.

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INFORMATION ON SEXUALITY

The 1994 **United Nations International Conference on Population and Development affirmed the Sexual and Reproductive Rights of adolescents and young people**. It was acknowledged that if our adolescents and the youth were to freely make informed decisions on all matters concerning their sexuality and reproduction, they would require **comprehensive education on sexuality**. India as a party to the ICPD, had the obligation to abide by the qualitative and quantitative goals determined therein. Among notable others, one of the primary goals recognised at the conference, referred to **the need for improving and thereby increasing access to reproductive and sexual health practices**. A major part of this goal was posited to be attained through **propagating education and counseling on human sexuality, reproductive health and responsible parenthood**.

However, even with the ever increasing school enrollment rates for both boys and girls across the country, the **idea of addressing the issue of safe sexual and reproductive health choices for adolescents has been objected to, because some believe that Indian culture doesn't endorse active acknowledgement of an individual's sexual and reproductive preferences and/or choices. India has thus been toying with the idea of compulsory sexuality education for its adolescent population for over a decade now.**

In 2005, the Central Board of Secondary Education (CBSE) chalked out the **Adolescence Reproductive and Sexual Health Education (ARSH) project, however, as it is not a uniform framework and is only suggestive in nature, States implemented the program only in parts**. In 2007, the Ministry of Health and Family Welfare, through the **Adolescent Education Program (AEP) tried to introduce a compulsory sexuality education policy, however, rejected by as many as eight State governments, opposition to AEP deemed sexuality education not a compulsory part of India's schools' curriculum**.

As a result, **none of India's efforts have materialised as far as the knowledge aspect of attaining quality reproductive and sexual health is concerned**. To this day there are **no formal fora or enabled groups that can impart sex education in an efficacious manner to India's 256 million adolescent population**. This means that while India's public schools completely avoid the issue, its private schools have no concrete framework to ensure that if and when sex education is imparted, it is done in the most efficient manner possible. As a result, **most of our adolescents grow up to become ill-informed adults who don't acknowledge the significance of sexual and reproductive health or understand the need for safe and hygienic sexual and reproductive practices**.

The World Health Organization (WHO) states that 34% of HIV infected individuals in the world belong to the 12-19 years age group. Moreover, **a study conducted by the WHO also suggests that sex education does not encourage young people to have sex at an earlier age, or more frequently, and that it in fact encourages young people to have safe sex and lowers the tendency of irresponsible sexual behaviour**.

It's bewildering that compulsory sexuality education, which can **enable a demonstrative and comprehensive dispensation of sex education is not a part of India's school curriculum**. The **sexual and reproductive choices** that our traditionalists are averse to acknowledge, **are either restricted to men or are non-existent in the Indian context**. So, active avoidance of facts is at best, either an absurd way of preserving regressive cultural norms or a failed attempt at advocating relentless sexual behaviour. Those who believe that India's cultural and social values dismiss sexuality education, should also heed its poor reproductive and sexual health. For a country that **has been struggling with its population growth, has avoided an HIV/AIDS epidemic, consists of a huge unrecognised sex-workers' industry, has a high rate of incidents of rape and sexual abuse, imparting sex education to adolescents inside and outside our public as well as private schools should be a mandatory policy issue**. This issue therefore, needs urgent attention from all quarters before the

government can recognise the crucial role that **effective classroom interventions** can play in aiding and eliminating our sexual and reproductive health challenges as a country of a billion plus people.

THE WAY FORWARD

The aforementioned three components, will need to be addressed effectively and comprehensively before we can attain the United Nations' Agenda 2030 Goals under SDG 3. In this regard, some of the key points to heed are as follows:

- **Gender Justice and Equity in Family Planning Schemes:** Gendered roles have heavily undermined India's family planning policies. A gender inclusive outreach programme as opposed to the prevailing gender specific approach of the family planning schemes can give our family planning goals the much needed fillip. Men need to be sensitized and incentivised to frequently use contraceptives by way of foolproof community participation and monitoring methods.
- **Defining Sexual and Reproductive Rights:** Indian policies attempt to resolve the issues associated with sexual and reproductive health without extending the protection of sexual and reproductive rights to its citizens. For effective impact of our sexual and reproductive health policies, sexual and reproductive rights should be defined and duly recognised through our statutes. This will enhance the scope of these rights and validate the need for concrete sexual and reproductive health policies for all genders in India.
- **Gender Progressive, Comprehensive and Specialised Course Module for Sexuality Education**: Sexuality Education in India lacks focus on the target group. In addition to making gender sensitive sexuality education a compulsory part of school curriculum, India needs to devise course methodologies and training tools that are curated for the audience in question. For example: Sexuality Education will need to address different concerns for adolescents as opposed to adults. Similarly adolescent girls and adult women will need two different set of training modules in order for them to be effectively educated on the point of sexuality.

Before we can begin to deliberate on ways to accelerate India's Sexual and Reproductive Well Being, we need to rid ourselves of misconstruing India's cultural history and initiate our citizens into making willful, diligent and informed choices.

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