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WOMEN'S HEALTH AND RIGHTS IN MODERN SOCIETY

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ABSTRACT

In recent times, women's reproductive and sexual health rights have emerged as a great concern for society. It has been evolved from time to time as individuals and organizations have found the urgent need and courage to voice their anger, fear, and demands for change. International Human Rights is the form that has been used to open up the voices against discrimination which has caused social inequality. The International Conference on Population and Development (ICPD) International Conference on Population and Development (ICPD), which was held in the year 1994, interpreted the term 'reproductive health and rights' and it has developed human rights standards. It has been hailed as a milestone in women's rights. Many countries have implemented and increased their priorities to provide proper maternal health, abortion, sexuality education, sexual health, and with specific attention to the need of an hour for marginalized populations. The suggestion for better sexuality sexual and reproductive health (SRH) services; one needs to build awareness and acceptance about it and support for youth-friendly SRH education and service; cope up with the issue of gender inequality in terms of faith, attitudes, and societal norms; and target the early adolescent period. In the current situation, further research is needed to design effective and efficient adolescent SRH intervention packages and how to reach more and more people.

Keywords - Gender discrimination, reproductive rights, sexual rights, ICPD, adolescence, women's reproductive and sexual health

1. INTRODUCTION-

Now we have an idea about the determinants of health and its intersection with the gender components. In this module, we shall explore the concepts namely reproductive rights, sexual rights, reproductive and sexual health. Primarily, every right of the human being to enjoy the maximum standard of physical and mental health structure on the basis for the sexual and reproductive health and rights as which is ennobled under Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966). This implies that countries that have ratified this covenant have to take necessary measures in their respective countries towards the full realization

of the right to health. The right includes both health care and the right to have equal opportunities or access to resources and conditions necessary for being healthy. Within this framework, let's understand the concepts of sexual and reproductive health and rights.

2. HISTORY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN INDIA

Given that, our Indian constitution does not guarantee the Right to Health, it is interpreted within constitutionally guaranteed Right to Life in the Indian context. With the surge in population and determination for development, India was the first country to implement a population stabilization program in the year 1952. The push for population stabilization was targeted through the family planning program that mostly targeted the women of the country, particularly the poor. Further, the nature of the program being compulsive and coercive made it an unpopular program during the 1970s. Following the International Conference on Population and Development in 1994, many governments including the Indian government took forward in action, the vision of ICPD's Program of Action. The National Rural Health Mission, a Government of India initiative that began in 2005, provided scope to incorporate a 'reproductive health approach' to achieve the goals of the National Population Policy (2000). Thus the Family Planning Program was integrated into the Reproductive and Child Health (RCH) Program and a target free reproductive and child care approach was adopted from 1996-97 onwards. As far as sexuality and sexual rights/health are concerned, predominantly the sexual health discourse and interventions remain within the larger pretext of reproductive health. In India, even the human rights movements have to a great extent remained out of the sexuality discourse and focused on civil and political rights, except a few NGOs, civil society organizations, and the rights activists who have been engaged with the issues of sexuality.

3. SEXUAL AND REPRODUCTIVE HEALTH IN INDIA: SITUATION AND RESPONSE

Early marriage is a particularly important cause of poor health of girls in India, and despite being illegal before the age of 18 years indicates that nearly 50 percent of currently married women, aged 20–24 were married on or before the age of 18 years.[1]Adolescent pregnancies are common as a result of early marriage: one in five young women aged 20–24 years have given birth at or before 18 years of age.

Young people (10–24 years) constitute about one-third of India's population. Compared to earlier generations, the situation of young people has improved significantly in the country: they are healthier and better educated. However, many problems still exist including early marriage, early childbearing, HIV and sexually transmitted infections (STIs), gender-based violence, lack of information and choices, and lack of access to services.

In addition to early marriage, lack of knowledge about sexual and reproductive health also undermines young people's sexual and reproductive health. A national study carried out in 2016-2017 indicated that only 15 percent of young men and women in the 15–24 age groups had received family life or sex education, although the vast majority expressed the need for such education.

Certain segments contribute to poor reproductive health matters of course in adolescence. For example, findings from NFHS–4 indicated that as many as 56 percents of girls and 30 percent of boys in the 15–19 age group were anemic. This has implications for morbidity and mortality rates of both mother and child, not to mention negatively affecting performance in school that keeps girls locked in a cycle of poverty.

Furthermore, other important health problems may be linked to poor sexual and reproductive health in terms of cause and effect, mental health problems for example. A review of deaths in India between 2011 and 2013 showed that 13 percent of suicide deaths in the country occurred in 15–29-year-olds and a more recent study reported that almost 14 percent of young men and women reported symptoms or behaviors indicative of mental health disorders.

[1] The National Family Health Survey (NFHS-4).

The imminent determinant affecting adolescent sexual and reproductive health and rights (ASRHR) is a policy environment. It was only in the late 1990s, when greater attention was directed to young people because of concerns about the transmission of HIV among this segment of the population, that there was greater openness about addressing issues relating to sex among young people. Of particular importance for ASRHR was the incorporation by the Ministry of Health and Family Welfare (MoHFW) of a focus on adolescent-friendly health services into the Reproductive and Child Health Programme (RCH2).

Besides, NACO[2] developed an Adolescent Education Program that included modules for implementation in schools across the country. Despite these positive developments, a review of adolescent programs in 2017 showed that there remains a considerable gap between the commitments made in policies, the implementation of these commitments, and the fact of most of the young people's lives in India.

4. REPRODUCTIVE RIGHTS IN THE THIRD WORLD: AN INDIAN PERSPECTIVE

The reproductive health was given an international definition at the International Conference on Population and Development (ICPD) in the year 1994.[3] Despite being a signatory and member of the ICPD, the family planning program in India has yet to agree to the principles i.e. agreed under ICPD, specifically in terms of doing away with targets and incentives.

The feminist analysis of patriarchal control over reproduction by the women's movement all over the world has spearheaded individual and collective attempts to fight against it at different levels. At the same time, women's groups in third world nations have asserted that the debate on women's reproductive rights must account for the fact that reproduction is only one aspect of women's physiology and lives, and cannot be viewed in isolation. The Family Planning Programme is one

[2] The National AIDS Control Programme (NACO).

[3] On the needs of individuals and the empowerment of women,see N. Sadik, For the Programme of Action of the International Conference on Population and Development, Report of the International Conference on Population and Development, 5-13 September 1994, UN Doc. A/CONF.171/13.

of the senescent components of India's health care system that has received attention over the past years. However, it has remained as primarily a program of controlling the numbers rather than focusing on the reproductive and human rights that India had affirmed at the International Conference on Population and Development (ICPD) and in its National Population Policy Planning, in the year 2000. As a signatory to the ICPD Program Of Action India complied with the principle of informed free choice as important to the long-term success for family-planning programs where any form of coercion that has no part to play.

The unfortunate death of 15 women at the sterilization camp in Bilaspur district of Chhattisgarh in November 2014 that spotlighted the systematic failures of government at multiple levels when it comes to implementing the official family planning policy. What occurred at the Bilaspur sterilization camp was not a remote incident that concentrated on the family welfare programs and continued in various states across the country carried forward by an obsession to bring down the Total Fertility Rate in their respective states. In certain states, such as Madhya Pradesh, Bihar, Chhattisgarh, Rajasthan, and Uttar Pradesh, sterilization camps are often operated in schools, deserted buildings, making shift camps with low-quality services that leads to high morbidity rates including mortality.

In the year 2005, the Hon'ble Supreme Court decision in Ramakant Rai (I) & Anr. v. Union of India & Ors.,[4] following which the Government had released multiple manuals establishing procedural and substantive guidelines for the female and male sterilization under family planning or public health programs, that include the quality of assurance and having proper operational procedures.

ICPD PROGRAM OF ACTION

Reproductive health was given an international consensus definition at ICPD.[5] The essential part of it is to promote reproductive health, voluntary and safe sexual and reproductive choices for individuals and couples, that includes decisions i.e. based on the family size and timing of the marriage. Whereas, Sexuality and reproduction are the vital aspects of personal identity and are

[4] Ramakant Rai (I) & Anr. v. Union of India & Ors. (2009) 16 S.C.C. 565.
[5] The International Conference on Population and Development (ICPD) a 1994 meeting held in Cairo.

fundamental to the well being of the human for fulfilling relationships within diverse cultural contexts.

It has two important clauses which ensure the reproductive rights of women are:

• Clause 7.12 mentioned that liberty at choice being important for the long run of success of family-planning programs. Any form of duress or force has no part to play. Governmental has certain goals for family planning, that should be defined in the terms of unmet wants for information and services. Demographic goals are legitimately the case of government improvement strategies, that should not be imposed on family-planning providers in any form of targets or quotas for the appointment of clients.

• Clause 7.13 enlighten how examining the nobility of family-planning programs, which are often been directly related to a certain stage and in continuation of contraceptive use and to have the expansion in demand for render services. In the present scenario where, women are fully part of the design, provision, management, and evaluation of the services for efficient programs ".

How India's Family Planning Programme Goes against the Spirit of ICPD?

With around 1.38 billion people, India has the second-largest population in the world after China. It is also the fact that the oppression of constant pregnancy, infant mortality, and poverty lies heaviest on women but so too does the 'solution'.Despite being a signatory to the ICPD, India has yet to conform to the principles i.e. agreed under ICPD, especially in terms of doing away with targets and incentives.

• The contraceptive choices are accessible in the public sector that has remained static over two decades. The choices that are accessible through the national programs are restricted to Oral drugs, Condoms, the Intra-Uterine Contraceptive Device (IUCD), and Female Sterilization. Non-Scalpel Vasectomy, though a part of this basket of choice but remains under-utilized.

• In the Financial Year 2018-2019, India spent Rs 20 lakh crore for Family Planning. Female sterilization comprises 85% of the total Family Planning expenditure.

• Despite certain legislative protection for reproductive rights in India, reproductive self-determination is inevitable for many Indian women. Low levels of access to contraception and

lack of control over reproductive choices and health decision-making often mean that Indian women give birth too early in life and too frequently. Young people constitute a significant proportion of India's population, with 21 percent of them in the 10–19-year age group. Apart from various other issues, they also face a significant burden of reproductive and sexual ill-health.

Only about 15 percent of young men and women between the ages of 15-24 have received sex education One in four (26.8 %) Women age 20-24 years have been married before age 18 years. Among the total, urban women are 17.5 percent and rural women are 31.5 percent. This early sexual debut results in multiple levels of violation of rights and put an early reductive burden on young girls, exposing them to early pregnancy, childbirth, infections, sexual violence, and also puts her at a higher risk of cervical cancer.

- Births in the age group of 15-19 years contribute to 17% of the Total Fertility Rate. Among women aged below 20 years, 14 percent of pregnancies are unplanned. Over a third (34 percent) of married adolescent girls had experienced physical, emotional, sexual violence by their spouses. Furthermore, three percent of girls and 19 percent of boys who had sex, reported using a condom during their first intercourse.

- Half of the maternal deaths of girls between 15-19 years of age are due to unsafe abortions, while 60 percent of girls in this age group anemic, which is a contributing cause of increased age-specific mortality among female adolescents. Anemia and other health issues are prevalent, leading to stunting and other ill-health. Whereas, over half (53 percent) of children between the ages of 5-12 years have been sexually abused and more than half of the cases of sexual abuse and rape go unreported.

• Vasectomies are provident infinitely less risker than tubectomies, but men, wary for "losing" their maleness, remain minuscule and uniform part of the adults come to sterilization camps. The burden for limiting births all over India falls on the part of women. Though, when they do undergo sterilization, men are given more compensation than women.

• Laws such as the MTP Act[6] restrict women's choice. Abortion is not a basic right to women in India. A woman cannot go to a doctor and ask to abort a child. Safe legal abortions are allowed only if a physician authorizes it. It came up with a family control measure where abortion was seen as a secondary method of population control.

5. DOES MEDICAL TERMINATION OF PREGNANCY ACT (1971) VIOLATES THE REPRODUCTIVE RIGHTS OF WOMEN?

The Medical Termination of Pregnancy Act, 1971, which relies on the Shanilal Shah Committee (1964), defines some grounds on which termination of pregnancy could be allowed. These grounds are:

Sec.3[7]: When pregnancies may be terminated by a registered medical practitioner.

(i) Under the Indian Penal Code (45 of 1860) a registered medical practitioner shall not be chargeable for any offense under this Code or any other legal provision for the time being in force if incase any pregnancy is terminated by him in lieu with the provisions of this Act"

This makes it transparent that the legal framework of the MTP Act, so far as abortion is concerned suppresses the provisions of the Indian Penal Code. Sub-sec. (2) of Sec.3 of the act says: "Subject to this section of sub-sec (4), a child can be aborted by a registered medical practitioner.

(a) Where the period of the pregnancy does not exceed 12 weeks if such practitioner is, or

(b) Where the period of the pregnancy exceeds 12 weeks but does not exceed 20 weeks if not less than 2 registered medical practitioners are of assumption, formed in good faith and belief that:

1. The continuance of the pregnancy would involve a danger to the life of the pregnant woman, or

2. A threat of grave harm to her physical or mental health; or

3. If the pregnancy of the women is caused by rape; or

[6]The Medical Termination Of Pregnancy Act(MTP), 1971 (Act No. 34 of 1971).
[7]Section 3 of the MTP Act, 1971.

4. There exist a mere danger that in case the child is born with some physical or mental abnormalities like being seriously handicapped; or

5. Failure of any device or method i.e. used by the married couple for the aim of limiting the number of children; or

6. Hazard to the health of the pregnant woman by the reason of her actual or reasonably predictable environment. The Act does not permit to terminate the pregnancy after 20 weeks. The medical expert opinion must be given in "good faith". The term good faith has not been defined in the Act but under sec. 52 of the IPC[8] good faith is defined as an act done with proper 'due care and caution'.

EXPLANATIONS

- When any pregnancy is alleged by the rape victim which has been caused by rape, the anguish occurred by such pregnancy shall be presumed to constitute a grievous injury to the mental health of the victim.
- When any pregnancy occurs as a mere outcome of a failure of any method i.e used by any married woman or by her husband for the reason of restricting the number of children as the anguish caused by such unwanted pregnancy may be considered as to constitute grievous harm to the mental health of the pregnant woman.

CONSENT FOR ABORTION

Section 3(4) of the MTP[9] Act clearly states as to whose consent would be necessary for the termination of pregnancy.

(a) No pregnancy of a woman, who has not surpassed the age of 18 years, or who has surpassed the age of 18 years, is insane, shall be terminated except with the consent of the women or her guardian in writing.

(b) Save as otherwise provided in Clause (a), abortion should not be done except with the consent of the pregnant woman.

[8]The Indian Penal Code, (Amendment), 1921(16 of 1921).
[9]*Supra* note 6.

DOES THE ACT VIOLATE WOMEN'S REPRODUCTIVE RIGHTS?

On 21 April 2014, the Supreme Court ordered the Union of India and the State of Maharashtra to respond to the violation of fundamental rights to implement The MTP Act (1971). [10]

A Writ Petition filed by the Human Rights Law Network (HRLN) where they strongly argued that the obsolete and arbitrary nature of a 20-week limit on medical termination of pregnancy violates women's fundamental rights to life, health, dignity, and equality.[11] Now in this modern era, advanced technology has been come up. There is no harm in women going for abortion at any stage of pregnancy. Even committees of experts have advised that extension will cause no mental or physical harm, the petition argued.

WHY 20-WEEK LIMIT IS CONSIDERED OUTDATED AND ARBITRARY:

- Every year out of 26 million births that occur in India, approximately 2-3% of the fetuses have a severe congenital or chromosomal abnormality. With new and advanced technology, certain abnormalities can only be detected after 20 weeks.
- Many countries with legal abortion allow termination of inborn child post 20 weeks in the case of severe fetal abnormalities or to protect the mental or physical health of the pregnant woman.[12]

In recent years, the National Commission for Women, Federation of Obstetric and the Gynecological Societies of India (FOGSI), and prominent doctors have advised for amendments to the MTP Act that would ensure the protection of women's mental and physical health throughout their pregnancies. Without such an anomaly to ensure the health of pregnant women, the MTP Act violates fundamental and human rights guaranteed by the Constitution of India and international law.

[10] Sudha Sandeep Devgirkr vs Union Of India, Bom. HC, W.P.(c) -10835of 2018.
[11] Sonali Sandeep Jadhav & Anr. V. Union of India & Ors, W.P.(C) 551 of 2017.
[12] Sarmishta Chakrabortty and anr vs. Union of India, (2018) 13 SCC 339.

6. WOMEN'S SEXUAL RIGHTS IN INDIA

Sexuality is a core dimension of being human. For sustainability, women and girls must have the liberty, power, and the support to demand and access their sexual and reproductive rights. They must be able to willingly take and give consent to make decisions about their bodies and lives, such as choose when and whom to have sex with; decide if and with whom to get wedded; choose when or whether to have children or not, and determine when and what health and other information and services they require. They must not face any sort of violence, discrimination, or exclusion because of the choices they make.

Sexual health deals with sexuality and sexual well-being. Therefore, it's purview is completely different from reproductive health. The components of sexual health include access to accurate information on sexuality, comprehensive sexuality education, clinical services regarding the management of sexual dysfunctions, and access to information and counseling regarding sexuality. This, in India, is not just lacking but also overlooked due to the stigma attached.

Statistics released by various surveys carried out nationally as well as internationally reveals that:-

- Around 40% of women aged 18–24 reported having had sex by the age of 18. This proportion was higher in rural areas than in urban areas (48% vs. 24%) and in the underprivileged households than the privileged (64% vs. 14%).
- Some 39% of 15–24-year-old women were aware that condom use reduces HIV risk, and 49% knew that having an uninfected partner also reduces risk.
- However, just 20% had a comprehensive knowledge of HIV/AIDS, defined as knowing these two HIV-prevention methods, in addition to knowing that a healthy person can be HIV positive and being able to refuse two common delusions about HIV transmission.
- Some 57% of the nation's 20–24-year-old women were married before the legal age of 18.[13]

[13]As per Indian Ministry of Law and Justice report 2018.

- Fourteen percent of births among women who are younger than 20 were reported as wanted later (mistimed) or unwanted.

These analyses make it very essential for people to advocate for the sexual rights of women and spread sex and reproduction-related data amongst young girls. Let's first and foremost comprehend what women's sexual rights are all about? Women's Rights are the rights and entitlements that are acknowledged for women and girls worldwide. And, sexual rights include and largely focuses on – sexual pleasure and emotional sexual expression. The most prominent platform that has seen the strive for sexual rights has been the WAS Declaration of Sexual Rights.

7. LEGAL FRAMEWORK IN THE INTERNATIONAL FORUM

The following are the steps taken for the upliftment of women's sexual rights in the international forum:

- The 1995 Beijing Conference on Women established that human rights include the right of women to be able to freely and without any coercion, violence, or discrimination, have full control over, and make decisions based on their sexuality and their sexual and reproductive health.
- Many countries have interpreted this to be the applicable definition of women's sexual rights. The UN Commission on Human Rights has standardized that if women had more power, their capability to protect themselves against violence would be strengthened.
- At the 14th World Congress of Sexology,[14] the WAS adopted the Universal Declaration of Sexual Rights, which includes 11 sexual rights:

1.The right to sexual freedom.

2.The right to sexual autonomy, sexual integrity, and safety of the sexual body.

[14]World Congress of Sexology,(WAS)held in Hong Kong, 1999.

3.The right to sexual privacy.

4.The right to sexual equity.

5.The right to sexual pleasure.

6.The right to emotional sexual expression.

7.The right to sexually associate freely.

8.The right to make free and responsible reproductive choices.

9.The right to sexual information based upon scientific examination.

10.The right to comprehensive sexuality education.

11.The right to sexual health care.

- This Declaration gave influence on The Yogyakarta principles [15] especially on the idea of each person's integrity, and each person's right to sexual and reproductive health.
- In 2015 the U.S. government said that it would begin using the term "sexual rights" in discussions for human rights and global development.
- When it comes to India, every woman needs to know these 10 important rights related to their sexuality:-

1. Right to free legal aid - According to a Delhi HC ruling, whenever a rape is reported, the senior house officer has to bring this to the notice of the Delhi Legal Services Authority, who then arranges a lawyer for the women.[16] This safeguards the women from being misquoted and harassed.

[15] which were launched as a set of international principles relating to sexual orientation and gender identity on 26 March 2007.
[16] Delhi Commission for Women v. Delhi Police, W.P(CRL)696/2008.

2. Right to privacy-Women who have been raped have the right to record their statement in private, in front of the magistrate, and if they want, in the presence of a lady constable, where no one else can listen. [17]

3. Right to untimely registration - There are many reasons why women would postpone going to the police to complain and the police cannot refuse to lodge grievances no matter how late they file a complaint, it is because a women's dignity always comes before everything else.

4. Right to non-discrimination and equality in access to sexual health services- Sexual health is recognized as an indivisible aspect of human rights, with its roots in the right to health. the right to sexuality and access to sexual health services has been made worse by POCSO[18] which criminalizes all sexual contact for persons under 18 years, ranging from touching to penetration. Though widespread public education and awareness on sexual health are required for marginalizing and stigmatize populations like LGBTI, sex workers, adolescents, and persons with a disability, to dispel misconceptions and instill respect in human rights related to sexual health.

5. Right to Zero FIR- Often, the SHO of a police station sends away the rape victims away because they don't want to take any responsibility. Looking after this issue, it's becoming very prominent, the Hon'ble SC took cognizance of it and in its order specified that a rape victim can get her FIR registered in any of the police stations in the city under the ZERO FIR ruling[19].

6. Right to No Arrest- There are many cases of women being harassed by the police at the wee hours of the night. Under section 46 of CrPc[20] however, this can be avoided if women exercise their right to no arrest after sunset and before sunrise even if a woman constable is accompanying the police officers. This right has been clearly stated in a Supreme Court ruling.[21]

7. The right to protection from sexual violence and regulation of sexual autonomy- Sexual violence against women has been recognized as a violent manifestation of gender-based discrimination in international human rights law, which has a profound impact on physical,

[17] *Infra* note 23;Bijoy v. State of W.B.,2017 SCC OnLine Cal 417.
[18] *Infra* note 21.
[19] Lalita Kumari v. Govt. of U.P., (2014) 2 S.C.C. 1.
[20] The Code of Criminal Procedure,1973.
[21] State of Uttar Pardesh Vs Deoman, AIR 1960 SC 1125.

emotional, mental health, and social consequences.[22] The Indian Penal Code, 1860, and The POCSO Act[23]criminalize sexual assault on women and children respectively.

8. Right to Confidentiality- In no circumstances can the identity of the rape victim be revealed, neither by the police nor the media. In fact, under section 228-A of IPC,[24] the disclosure of a victim's identity is a punishable offense. This is done to prevent victimization or ostracism of the victim.[25]

9. Right to Choose partner- Recently, IPC Section 377 which criminalized same-sex relationships was repealed. "Homosexual has the fundamental right to live with dignity, and entitled to be treated as a human being," says former CJI Dipak Mishra in a landmark judgment on sexual orientation.[26]

10. Right to no sexual harassment- Supreme Court had specified in one of its rulings that every firm (public or private) must set up Sexual Harassment Complaints Committee to resolve matters of sexual harassment.[27] Thus, with these rights and various Supreme Court and High court guidelines being in place the women have been empowered and it's now time for women to empower their selves.

8. IMPLEMENTATION: SEXUAL AND REPRODUCTIVE HEALTH POLICY AND PROGRAMMING

The ICPD has also had certain impacts on international development policies. The Global Strategy on Women, Children and Adolescent Health, and the Sustainable Development Goals, most notable Goal which are key examples of initiatives that incorporate human rights into sexual and

[22]UN Committee on the Elimination of Discrimination against Women (CEDAW), CEDAW General Recommendation No. 19: Violence against women, 1992.
[23]Protection of Children from Sexual Offences Act, 2012 (POCSO).
[24]*Supra* note 8.
[25] Nipun Saxena v. Union of India,2018 SCC OnLine SC 2772.
[26] Navtej Singh Johar & Ors. Vs. Union of India & Ors AIR 2018 SC 4321.
[27] Vishaka & other Vs. State of Rajasthan & others AIR 1997 SC 3011;(1997) 6 SCC 241.

reproductive health programming and implementation. At all levels, these initiatives have shed light on the processes and practices of underpinning policy-making and programming.

Across the spectrum of sexual and reproductive health services, an emphasis can now be seen on the need for programs to recognize the legal and policy environment where they are situated; not violate rights but consciously seek to contribute to their fulfillment; work towards the inclusion of those affected and most marginalized; and effectively operationalize the concepts of non-discrimination, participation, and accountability. when services are provided in this way, affected populations are more receptive to using them.[28] Similarly, vital to improving monitoring of maternal deaths and promoting accountability, African Ministries of Health in Eastern and Southern Africa have worked towards institutionalization of Maternal Death Reviews which have helped the government better plan interventions.

ROLES OF NGOS

Monitoring Committees, such as The Convention on the Elimination of All Forms of Discrimination against Women(CEDAW) must vigilantly scrutinize states' reports on the implementation of rights under the particular convention. They are rendering assistance in this by alternative or shadow reports that are submitted by national and international NGOs, who often provide information on the underlying conditions that cause poor reproductive and sexual health and may include medical, public health, or social science research. These shadow reports frequently provide useful information and data on state failures to protect and promote women's reproductive and sexual health rights. Moreover, when Committees receive evidence from NGOs that contradict claims in governmental reports, it allows the Committee to question state credibility and compliance.[29]

NGOs can have a significant impact if they are successful in urging treaty bodies to direct states to comply with their obligations relating to the protection and promotion of reproductive rights under IHR treaties. Main areas on which NGOs can urge treaty bodies to focus include:

[28] Global Programme to Enhance Reproductive Health Commodity Security. UNFPA.
[29] Health for All women and men: a gender perspective, held in Geneva in October 1997.

- ensuring that domestic legislation conforms with the relevant human rights provisions.
- ensuring that states enact laws, policies, and programs to ensure universal affordable.
- access to a full range of high-quality healthcare, including reproductive and sexual health services.
- examining state implementation of a gender perspective in all policies and programs affecting women's health.
- questioning whether states have involved women and NGOs in the implementation and monitoring of such policies and programs.
- examining whether states have allocated the overall budgetary, human, and administrative health resources to women's health in a manner comparable with resources allocated to men, taking into account the particular health requirements of various groups of women involves the most vulnerable condition like refugee, disabled, or aboriginal women, and women from minority groups.

9. CONCLUSION

Sexual and reproductive health services include maternal health and preventing maternal mortality and morbidity, prevention and treatment of sexually transmitted infections, HIV and AIDS, Family planning and safe, legal abortion; prevention and treatment of reproductive cancers, infertility prevention and treatment, and comprehensive sexuality and relationships education for youth. Further sex and sexuality are contested spaces and therefore silences the sexual rights aspects. There is growing evidence of the threat of legal safe abortion services. Universal access to safe abortion rights remains an ongoing struggle, which reflects, “gross asymmetry within and across rights related to sexuality and reproduction”.

India needs to realize that sexual rights are as important as reproductive rights. While reproduction is a major distress in the country due to the cultural preoccupation of preserving a bloodline; sexual rights are mainly in dilapidated and ignored as moral hazards. It’s generally misunderstood that reproductive health includes sexual health; however, they are two different health spectrums and

need to be addressed separately yet, together. Along with increasing medical and clinical capacities, there is a need to initiate and strengthen education on public health and community discourse on healthy sexuality. Everyone, including the adolescence, should have access to comprehensive age-specific sexuality education. This is a primary entitlement and a right of all individuals.

Performance monitoring has gained increasing attention as a tool for evaluating the delivery of personal health care services and for examining population-based activities addressing the health of the public. Although many performance monitoring activities are focused on specific health care organizations, there is a growing appreciation of their importance from a population-based perspective. Only at the population level is it possible to examine whether the needs of all segments of the community are being addressed.