



General Assembly

Distr.: General
8 March 2023

English only

Human Rights Council

Fifty-second session

27 February–31 March 2023

Agenda item 2

**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of the
High Commissioner and the Secretary-General**

Written statement* submitted by Rajasthan Samgrah Kalyan Sansthan, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[2 February 2023]

* Issued as received, in the language of submission only.



Equality and Individual Autonomy in Sexual and Reproductive Health Rights: India Marches Ahead

In a historic move to provide universal access reproductive health services on September 24, 2021 the Indian Government amended the Medical Termination of Pregnancy (MTP) Act 1971 to further empower women by providing comprehensive abortion care to all. The Indian government has recognized that Sexual and Reproductive Health and Rights (SRHR) includes access to services, care and information, as well as autonomy in decision making. The Government cognizant of the social realities expanded the access to safe and legal abortion services on therapeutic, eugenic, humanitarian and social grounds to ensure universal access to comprehensive care. The new law contributes towards ending preventable maternal mortality to help meet the Sustainable Development Goals (SDGs) 3.1, 3.7 and 5.6.(i) The Indian Government is focused on ensuring that across India women have access to safe and legal abortion services. As on date the status quo is such that all women, across India, without discrimination can obtain abortions up to 24 weeks into their pregnancies. The United Nations Population Fund (UNFPA) has recognized the work undertaken by the Indian Government highlighting the “progressive government initiatives undertaken in the last five decades to recognize the bodily and reproductive autonomy of Indian women, starting with the legalization of abortions under the MTP Act, 1971.” Further, recognizing the need to address the issue of sexual health and hygiene the Indian Government under the Pradhan Mantri Bhartiya Janaushdhi Pariyojna sells sanitary pads across the country at a minimum price of Rs.1/-per pad. The Government understands that in various parts of the country, especially rural areas, menstruation and menstrual practices still face some social, cultural, and religious restrictions and hence are a big barrier in the path of menstrual hygiene management. Interestingly, these pads are sold at generic drugs stores called Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) which are present in 743 out of 766 districts across the country.

In addition to government measures, civil society organizations have come forward in a major way to contribute to reproductive health rights in the country. The strength of these organizations is reaching out to remote areas and marginalized communities. The position of non-profit organizations as a constant presence in several areas working continuously for social welfare, gives them a unique influence amongst the people that helps bridge the trust deficit, thereby enabling change in behavior and discussion of traditionally ignored issues, such as sexual and reproductive health. Rajasthan Samgrah Kalyan Sansthan (RSKS), operating in the Indian State of Rajasthan has taken this approach to increase awareness and induce behavior change around the issues mentioned. RSKS has built a network amongst vulnerable women through its various programs including education, health camps, awareness workshops, promotion of sanitary napkins, livelihood training etc. Several of our programs have women beneficiaries who come from marginalized or poor communities. The profile of our beneficiaries means that not only is there low awareness amongst these groups regarding Sexual and Reproductive Health, but there are also obstacles in terms of low incomes and lack of sanitary pads and other facilities due to lack of resources. In order to bring about a comprehensive change in this situation RSKS targets two aspects – Information and Access.

In terms of information, our women coordinators under various initiatives, take the lead in discussions on issues considered taboo in traditional societies. We encourage our women beneficiaries to discuss problems and clarify doubts regarding health issues. Since all our female coordinators are from local communities, they provide an easily approachable bridge between medical professionals and counselors on the one hand and women on the other. The coordinators also contextualize the information and participate in awareness drives that aim to bring all community stakeholders on a common platform. RSKS engages with local public representatives, in both urban and rural areas, to engage with all organizations that provide support in this focus area. Our awareness drives and IEC activities cover local schools and are supplemented with constant engagement from our team at the family level. The purpose of our model is to create an atmosphere amongst families that accepts and encourages issues related to reproductive health. This enables both RSKS and other bodies (including government organizations) to identify vulnerabilities and problems in this area. Further, to engage with the wider community, our team organizes mass outreach drives wherein our

Yuva Saathis Club (youth volunteers) speak about a host of welfare and developmental issues, including those related to reproductive health. RSKS has also worked with local government bodies to undertake outreach activities. This holistic network of local bodies, RSKS coordinators and beneficiaries as well as communities, effectively raises the consciousness of residents in both rural and urban areas, and identifies gaps that prevent adoption of health practices. We also run an outreach program targeting behavioral change in men and alteration of patriarchal attitudes. Through these initiatives we emphasize the impact of gender violence on human lives and build empathetic attitudes towards issues mentioned.

Access to alternatives is the second major challenge to Sexual and Reproductive Health. In this area, RSKS has leveraged its welfare network to provide direct support to individuals. Our female coordinators at our “Be Free: Be Happy With Sanitary Napkins” project are working on behavior change in the nomadic and marginalized community women & girls and organize awareness workshops on sanitary napkins and reproductive health and at last distribute sanitary pads for free at starting and then charge smaller amount from them at the next workshops so that a behavior change could be seen. We also conduct regular workshops with individuals and families to encourage use of pads. Since our coordinators are a source of personal support to women in our area of activity, they are easily able to begin conversations regarding sensitive topics. Our team regularly conducts door-to-door beneficiary identification surveys needed for our various programs, which gives them unparalleled insight in to the socio-economic profile of residents. Just one of our local coordinators, who is now a board member, individually distributed over 1,50,000 pads in the last eight years. Our team also encouraged regular use of pads amongst young women. Further, since our education program seeks to bring girls who have dropped out of school back in to the educational system, we have a strong relationship with adolescent girls from marginalized backgrounds. These girls have no support system or guidance at home to go through the difficult transition to adulthood. Our coordinators offer counseling to families and impart guardians and parents with the skills to engage with adolescent girls in relation to these issues and also provide sexual and reproductive health knowledge to them along with the sanitary napkins.

While a lot remains to be done to address the social stigma however the progress made by India in meeting the SDGs is undeniable. The Rajasthan Samgrah Kalyan Sansthan (RSKS) model, based on its network and local residents, is an example of how relationships built through developmental and welfare interventions in other areas can be pivoted to address sensitive issues in reproductive and sexual health of women, by delivering solutions through local volunteers. This must be adopted at any rural remote areas around the world so that a healthy environment could be made around the globe.

(i) <https://www.who.int/india/news/detail/13-04-2021-india-s-amended-law-makes-abortion-safer-and-more-accessible>