

# Ethical Foundations and Human Rights in Sexual and Reproductive Health: Reflections on Global Progress and Challenges

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## Leading Article

### Abstract

Ethical and human-rights-based approaches form the moral and professional backbone of sexual and reproductive health (SRH). This article explores the evolution of SRH ethics through the application of four foundational bioethical principles: beneficence, non-maleficence, justice, and autonomy, and their implications for clinical practice, policy, and social reform. Drawing on international examples and professional experience, the discussion highlights how ethical reasoning translates into practical interventions that promote dignity, equality, and choice for all individuals, particularly women. Historical injustices such as gender-based violence, harmful cultural practices, and inequitable access to care underscore the need for sustained advocacy, education, and institutional accountability. Lessons are drawn from global experiences, including the reform of abortion law in Ireland, the expansion of postpartum intrauterine device (PPIUD) programs, and improvements in maternal mortality governance frameworks. Together, these examples illustrate that rights-based, evidence-driven, and ethically grounded SRH policies are essential to achieving global commitments such as the Sustainable Development Goals. The article concludes by reaffirming the responsibility of healthcare professionals, policymakers, and educators to uphold ethical integrity and human rights in every aspect of reproductive healthcare.

**Key Words:** Sexual and reproductive health, ethics, human rights, autonomy, justice, global health

## Introduction

The relationship between ethics, human rights, and sexual and reproductive health (SRH) is intrinsic and interdependent. Modern SRH practice extends beyond clinical service provision; it encompasses respect for human dignity, equity, and the empowerment of individuals to make informed choices about their bodies and lives. Ethical principles not only guide professional conduct but also shape national and international health policies that determine access, quality, and inclusiveness of SRH care [1,2].

Sri Lanka's establishment of ReproSex: *International Journal on Sexual and Reproductive Health* represents a significant milestone in advancing this dialogue. It aligns with global efforts pioneered by the World Health Organisation (WHO), the International Planned Parenthood Federation (IPPF), and FIGO to mainstream ethics and human rights across all aspects of reproductive healthcare [1-3].

## Ethical Foundations of Sexual and Reproductive Health

Health professionals encounter ethical challenges daily as they balance individual needs, cultural expectations, and institutional constraints. SRH, perhaps more than any other domain, exposes tensions between personal morality and universal human rights. Ethical reflection allows clinicians to navigate these complexities and ensure that care remains patient-centred, compassionate, and just.

Historically, SRH practice was constrained by moralistic and patriarchal norms that subordinated women's autonomy. Over time, medical ethics evolved from paternalism toward partnership models that recognise patients as decision-

makers. This shift was catalysed by global recognition that reproductive health is a fundamental human right, as articulated in the 1994 Programme of Action of the International Conference on Population and Development (ICPD) [4,5].

## Core Bioethical Principles in SRH Practice

### Beneficence

The principle of beneficence obliges healthcare professionals to act in patients' best interests by promoting wellbeing and preventing harm. In SRH, beneficence is reflected in efforts to provide supportive, individualised, and value-based care. Collaborative care models emphasising respect, empathy, and continuity strengthen patient trust and improve outcomes [4,6].

### Non-maleficence

Non-maleficence, the duty to "do no harm," extends beyond avoiding physical injury to preventing emotional or psychological distress. In reproductive care, this means rejecting coercive practices, ensuring confidentiality, and safeguarding against disrespect or abuse in maternity settings. WHO's 2018 framework on respectful maternity care exemplifies this principle [6-8].

### Justice

Justice requires equitable access to healthcare regardless of socioeconomic status, gender, ethnicity, or geography. In SRH, justice translates into ensuring that every woman, man, and adolescent has access to safe, affordable, and non-discriminatory services. Ethical practice demands prioritising marginalised groups, such as sex workers, migrants, and youth, who often face systemic exclusion [1-3].

## **Autonomy**

Autonomy underpins the right of every individual to make informed decisions regarding their reproductive lives. Healthcare providers are ethically obliged to communicate information in culturally appropriate and understandable ways, enabling true informed consent or refusal. Autonomy also entails recognising women's voices within families and communities and dismantling patriarchal structures that restrict decision-making power [1,2,6].

## **Rights-Based Approaches to SRH**

Human rights and ethics are two sides of the same coin in reproductive healthcare. The late Professor Mahmoud Fathalla, former FIGO President and ardent supporter of IPPF, eloquently stated that "sexual and reproductive rights are not new rights, they are the application of already recognised human rights to the domains of sexuality and reproduction." This perspective affirms that reproductive rights derive from established frameworks of dignity, equality, and freedom [9].

A rights-based approach ensures that healthcare systems uphold the principles of accessibility, availability, acceptability, and quality (AAAQ). Policies must guarantee that services are provided with respect for privacy, confidentiality, and cultural sensitivity. Ethical governance also mandates transparency in healthcare financing, ensuring that costs do not exclude the poor or vulnerable [1,10].

## **Illustrative Global Experiences**

### **Learning from History**

The historical subjugation of women's reproductive rights illustrates the consequences of neglecting ethical and

rights-based principles. Practices such as sati, sex-selective abortion, female genital mutilation, honour killings, and dowry-related deaths exemplify the intersection of gender inequality and moral neglect. Eradicating such practices required legal reform, community education, and the empowerment of women through access to education, nutrition, and employment opportunities [11,12].

### **Legal Reform and the Irish Experience**

The liberalisation of abortion law in Ireland following the 2018 referendum demonstrates how ethical discourse, informed by evidence and compassion, can lead to legislative change. By centring women's health and autonomy, Ireland aligned national policy with international human rights standards and WHO guidance [13,14].

### **Clinical Governance and Maternal Mortality Reduction**

Ethical accountability within clinical governance frameworks has significantly reduced maternal mortality in many countries. Through structured audits, confidential enquiries, and professional training, healthcare systems have improved the safety and quality of obstetric care. These initiatives exemplify how ethics and evidence synergise to protect women's lives [15].

### **Expanding Contraceptive Choice**

Innovations such as postpartum intrauterine device (PPIUD) programmes and single-rod subdermal implants have expanded contraceptive options, empowering women to plan pregnancies safely. Integrating counselling and consent protocols within such programs ensures

that technology serves autonomy rather than coercion [16–18].

## Discussion

Ethical principles cannot be implemented in isolation; they require systemic support through law, policy, and education. Medical schools, professional bodies, and ministries of health must embed ethics and human rights within training curricula and accreditation standards. Evidence shows that ethical literacy among healthcare professionals improves patient satisfaction, reduces litigation, and enhances quality of care [1,3,6].

Moreover, the global SRH agenda must recognise that ethical practice is inseparable from social justice. Issues such as gender-based violence, adolescent pregnancy, and unsafe abortion are not merely medical challenges; they are moral failures of governance and equity. Intersectoral collaboration between health, education, and justice systems is therefore essential [11,14,19].

## Conclusion

Ethics and human rights together form the moral compass of sexual and reproductive health. Applying the principles of beneficence, non-maleficence, justice, and autonomy enables healthcare providers and policymakers to uphold dignity, equity, and choice. As global health continues to evolve, ethical integrity must remain at its core. ReproSex provides an invaluable platform to advance this dialogue, bridging evidence, policy, and practice. Its continued success will depend on our shared commitment to translate ethical principles into real-world action that ensures every woman and man enjoys the right to safe,

respectful, and compassionate care throughout the reproductive life course.

## Ethical Considerations

This Leading Article is based on a keynote address delivered at the Launching Ceremony of ReproSex: International Journal on Sexual and Reproductive Health (Colombo, Sri Lanka, 4 September 2025) and a publicly available recording of that address. It does not report new research involving human participants, human tissue, or identifiable personal data. Accordingly, ethics committee approval and informed consent were not required.

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## Statement on the Use of Artificial Intelligence Tools

The Editors-in-Chief declare the use of ChatGPT (GPT-5.2 Thinking) solely to improve language and clarity. The author reviewed and approved the final content and takes full responsibility for the accuracy and integrity of the article.

## Disclaimer

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## Author Biography

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