



Reclaiming Agency: Indian Women's Sexuality and Reproductive Health through Indian Knowledge Systems and Contemporary Policy

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Abstract

Women's sexuality and reproductive health remain critical yet contested domains shaped by gender inequality, cultural norms, and structural barriers. In India, despite progressive policies and medical advancements, women continue to experience limited sexual autonomy, reproductive vulnerability, and health inequities. This paper examines Indian women's sexuality and reproductive health through an interdisciplinary framework integrating Indian Knowledge Systems (IKS) with contemporary public policy. Drawing upon Ayurvedic principles, Yogic practices, and Indian philosophical concepts such as *Shakti*, *Purushartha*, *Ahimsa*, and *Matru Devo Bhava*, the study highlights the holistic, ethical, and preventive foundations of indigenous knowledge traditions. The paper critically engages with modern policy frameworks including the National Health Mission, National AIDS Control Programme, and National Education Policy 2020 to demonstrate how IKS can complement rights-based and biomedical approaches.

The study argues that integrating IKS into modern healthcare and social policy can enhance cultural relevance, community acceptance, and gender-sensitive implementation. Such a synthesis promotes women's autonomy, dignity, and well-being, offering a sustainable and inclusive pathway for addressing women's sexual and reproductive health challenges in contemporary India.

Keywords

Indian Knowledge Systems (IKS); Women's Sexuality; Reproductive Health; Ayurveda; Yoga; Gender Equality; HIV/AIDS; Public Health Policy

Research Objectives

1. To examine the socio-cultural and structural factors influencing women's sexuality and reproductive health in India.
2. To analyze women's reproductive vulnerability through the lens of gender inequality and health disparities.
3. To explore the relevance of Indian Knowledge Systems—particularly Ayurveda, Yoga, and Indian philosophy—in understanding women's health holistically.
4. To assess the compatibility between IKS principles and contemporary Indian health and gender policies.
5. To propose an integrated framework combining IKS and modern policy for improving women's sexual and reproductive health outcomes.

Research Methodology

The present study adopts a qualitative and analytical research methodology based on secondary sources. Data has been collected from classical Indian texts, scholarly books, peer-reviewed journals, policy documents, and reports published by national and international organizations. Textual analysis has been employed to interpret Ayurvedic, Yogic, and philosophical concepts related to women's health. A critical policy analysis approach has been used to examine contemporary health and gender policies in India. The study is interdisciplinary in nature, drawing insights from social work, gender studies, public health, and Indian Knowledge Systems.

Introduction

Women's sexuality and reproductive health constitute one of the most sensitive yet crucial dimensions of human development and social justice. In the Indian context, these issues are deeply embedded within structures of patriarchy, gender hierarchy, cultural norms, and unequal power relations. Despite significant medical advancements and policy initiatives, a large section of women continues to experience compromised sexual autonomy, poor reproductive health outcomes, and limited access to quality healthcare. These challenges are further intensified by poverty, illiteracy, violence, stigma, and systemic discrimination. Sexuality is not merely a biological phenomenon; it is a social and cultural construct shaped by norms, beliefs, and power relations. For many Indian women, sexuality is



regulated, controlled, and silenced, often denied recognition as a legitimate aspect of their identity. Reproductive health, similarly, is frequently reduced to childbirth and family planning, ignoring broader concerns such as sexual rights, mental health, freedom from violence, and informed decision-making. This narrow understanding leaves women vulnerable to a range of health risks, including sexually transmitted infections (STIs), HIV/AIDS, maternal mortality, unsafe abortions, and psychological distress.

This paper critically examines Indian women's sexuality and reproductive health through a gendered lens. It explores the major factors contributing to women's health vulnerability, including gender-based violence, denial of sexual and reproductive rights, inadequate healthcare systems, lack of education, and stigma surrounding HIV/AIDS. The paper also highlights the specific challenges faced by pregnant women living with HIV and underscores the urgent need for a holistic, rights-based, and women-centered approach to health and development.

Women's Health Vulnerability: A Gendered Reality

Women's health vulnerability is not accidental; it is the outcome of long-standing social, economic, cultural, and political inequalities. From childhood to old age, women encounter discrimination that directly and indirectly affects their physical and mental well-being. Nutritional neglect, early marriage, repeated pregnancies, unpaid care work, and limited control over resources significantly weaken women's health status. In patriarchal societies, women's bodies are often viewed as instruments of reproduction rather than as autonomous entities deserving care and respect. Decision-making regarding sexuality, contraception, and healthcare is frequently dominated by male partners or family elders. As a result, women are less likely to seek timely medical attention, negotiate safe sex, or assert their reproductive choices. These conditions create a cycle of vulnerability that perpetuates poor health outcomes across generations.

Reproductive and Sexual Health Challenges

Maternal Mortality and Morbidity Maternal health remains a critical concern in India, particularly among women from rural, tribal, and economically disadvantaged communities. Many maternal deaths are preventable but continue to occur due to lack of antenatal care, skilled birth attendance, emergency obstetric services, and proper nutrition. Early marriage and closely spaced pregnancies further increase the risk of complications such as anemia, hemorrhage, infections, and obstructed labor.

Unwanted Pregnancies and Unsafe Abortions Limited access to contraception, inadequate sexual education, and social pressure to prove fertility often result in unwanted pregnancies. In contexts where abortion is stigmatized or inaccessible, women may resort to unsafe and illegal procedures, leading to severe health complications or death. Even when abortion services are legally available, lack of awareness and fear of social judgment discourage women from seeking safe care.

Sexually Transmitted Infections and HIV/AIDS Biologically and socially, women are more vulnerable to STIs and HIV/AIDS. Biological factors increase the likelihood of infection, while social factors such as forced sex, inability to insist on condom use, and economic dependence exacerbate the risk. Women often discover their HIV status during pregnancy, highlighting the lack of routine testing and preventive care earlier in life.

Gender-Based Violence and Its Health Consequences Gender-based violence (GBV) is one of the most pervasive violations of women's human rights and a major determinant of poor health. It includes physical abuse, sexual violence, emotional cruelty, economic deprivation, and coercive control. Domestic violence, marital rape, sexual assault, and trafficking are widespread yet underreported due to fear, shame, and social stigma. The health consequences of GBV are severe and long-lasting. Survivors may suffer from injuries, chronic pain, gynecological problems, unintended pregnancies, and STIs, including HIV. Psychological effects such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal tendencies are equally devastating. Fear of further violence often prevents women from accessing healthcare, reporting abuse, or negotiating safer sexual practices.

Sexual and Reproductive Rights: Denial and Control Sexual and reproductive rights are fundamental human rights, yet for many women, these rights remain largely theoretical. Control over women's fertility and sexuality continues through practices such as forced marriages, coerced pregnancies, denial of contraception, and, in extreme cases, forced sterilization. Restrictions on



abortion services and moral policing of women's sexuality undermine women's bodily autonomy. Decisions regarding childbearing are often influenced by son preference, family pressure, and economic considerations rather than women's own choices. Such control not only violates women's dignity but also exposes them to physical and emotional harm.

Mental Health Dimensions of Women's Reproductive Lives

Women's mental health is closely linked to their sexual and reproductive experiences. Pregnancy, childbirth, infertility, and menopause are significant life events that can affect emotional well-being. However, mental health concerns are frequently dismissed or normalized as part of womanhood. Postpartum depression is a serious yet under-recognized condition that affects many new mothers. Survivors of domestic and sexual violence often experience long-term psychological trauma. Additionally, societal expectations that women should successfully balance multiple roles—caregiver, wife, mother, and worker—create immense pressure, leading to stress, anxiety, and burnout.

Education, Health Literacy, and Early Marriage

Education plays a decisive role in shaping women's health outcomes. Educated women are more likely to access healthcare, understand their rights, and make informed decisions about sexuality and reproduction. Conversely, lack of education increases vulnerability to early marriage, early pregnancy, and exploitation. Child marriage remains a significant issue, particularly in marginalized communities. Girls married at a young age face higher risks of maternal mortality, domestic violence, and school dropout. Limited knowledge about sexual health and contraception further compounds their vulnerability.

Gaps in Healthcare Systems

Healthcare systems often fail to address women's specific needs. Gender bias in diagnosis and treatment leads to delayed or inadequate care. In many rural areas, lack of female healthcare providers discourages women from seeking help for reproductive and sexual health concerns. Services related to HIV/AIDS, mental health, and sexual violence survivors are often fragmented and inaccessible. A women-friendly healthcare system requires trained personnel, confidentiality, cultural sensitivity, and integration of physical and mental health services.

Pregnant Women Living with HIV/AIDS

Pregnant women living with HIV face multiple challenges, including medical risks, social stigma, and emotional distress. Without timely intervention, HIV can be transmitted from mother to child during pregnancy, delivery, or breastfeeding. However, access to antiretroviral therapy (ART) and proper prenatal care can significantly reduce this risk. Beyond medical treatment, these women require psychosocial support to cope with fear, discrimination, and uncertainty. Stigma surrounding HIV often leads to isolation, abandonment, or violence, making comprehensive care and community support essential.

Cultural Practices, Stigma, and Discrimination

Harmful cultural practices such as genital mutilation, coerced sex, and myths surrounding female sexuality continue to endanger women's health. Practices like "dry sex" increase the risk of infections and reflect attempts to control women's bodies for male pleasure. Stigma associated with HIV/AIDS disproportionately affects women, who are often blamed for transmission regardless of the source of infection. Fear of social exclusion discourages testing, disclosure, and treatment, thereby worsening health outcomes.

Indian Knowledge Systems (IKS) and Women's Sexuality: An Indigenous Perspective

Indian Knowledge Systems (IKS) offer a rich, holistic, and human-centered understanding of women's sexuality and reproductive health. Ancient Indian philosophical, medical, and spiritual traditions did not view women merely as reproductive bodies but recognized them as complete individuals endowed with *śakti* (creative power), wisdom, and agency. Texts from Ayurveda, Yoga, Tantra, and classical literature reveal a nuanced and respectful approach to women's bodily autonomy, fertility, and sexual well-being.

Women as Shakti in Indian Thought In Indian philosophy, woman is revered as *Shakti*, the dynamic energy that sustains creation. From the Vedic goddesses such as Ushas, Saraswati, and Aditi to the later Puranic forms of Durga, Lakshmi, and Parvati, feminine power is celebrated as essential for balance and continuity of life. This worldview implicitly affirms women's sexuality and fertility as

sacred rather than sinful. Unlike many modern patriarchal interpretations, traditional Indian thought acknowledged sexuality as a natural and creative force when guided by *dharma* (ethical living).

Ayurvedic Understanding of Women's Health Ayurveda, one of the foundational pillars of IKS, provides a comprehensive framework for women's reproductive health. Classical texts such as the *Charaka Samhita* and *Sushruta Samhita* discuss menstruation (*rtu*), conception (*garbha*), pregnancy (*garbhini paricharya*), childbirth, and postnatal care in detail. Women's health is approached holistically, integrating physical, mental, emotional, and spiritual well-being. Ayurveda emphasizes balanced nutrition, lifestyle discipline, seasonal routines, and mental tranquility as essential for reproductive health. Importantly, it recognizes that stress, fear, and emotional suppression negatively affect fertility and pregnancy—an insight validated by modern medical science. This holistic vision contrasts sharply with contemporary healthcare models that often treat women's reproductive issues in isolation.

Sexuality and the Concept of Purushartha

Indian Knowledge Systems situate sexuality within the broader framework of *Purusharthas*—*Dharma* (righteousness), *Artha* (material well-being), *Kama* (pleasure), and *Moksha* (liberation). *Kama*, as elaborated in texts like the *Kamasutra*, is not merely physical gratification but an aesthetic, emotional, and ethical experience. Women's consent, pleasure, and emotional satisfaction are explicitly acknowledged, indicating an early recognition of women's sexual agency.

This balanced integration of sexuality into ethical life challenges the modern tendency to either suppress or commodify female sexuality. Reclaiming this indigenous perspective can help address contemporary issues such as sexual repression, guilt, and violence against women.

Motherhood, Reproduction, and Respect for Women

Motherhood in Indian tradition is revered, yet classical texts also caution against exhausting women through repeated pregnancies. Ayurvedic guidelines advocate adequate spacing between childbirths and proper care for mothers—principles aligned with modern reproductive rights discourse. The concept of *Matru Devo Bhava* underscores respect for women's reproductive role while emphasizing care, dignity, and responsibility toward mothers.

Yoga, Mental Health, and Women's Well-being

Yoga, another vital component of IKS, recognizes the deep connection between mind and body. Practices such as *āsana*, *prāṇāyāma*, and *dhyāna* are known to support hormonal balance, reduce stress, and enhance mental resilience. For women facing trauma due to gender-based violence, infertility, or HIV-related stigma, yogic practices can serve as complementary therapeutic tools for emotional healing and self-empowerment.

IKS and Ethical Responsibility Toward Women

Indian Knowledge Systems emphasize *Ahimsa* (non-violence), *Karuna* (compassion), and *Seva* (service). Violence against women, sexual exploitation, and denial of healthcare directly contradict these ethical principles. Integrating IKS into contemporary social work and health education can strengthen moral accountability and promote gender-sensitive practices rooted in indigenous values.

Towards Empowerment and Change

Addressing women's sexuality and reproductive health requires a multidimensional approach. Women's voices must be central to policy formulation and program implementation. Education, legal protection, and economic empowerment are critical to enhancing women's autonomy. Health services must be accessible, inclusive, and free from stigma. Comprehensive sexuality education should be introduced at appropriate stages to equip young people with knowledge and confidence. Ending gender-based violence and challenging discriminatory norms are essential for sustainable change.

Conclusion

The discourse on women's sexuality and reproductive health cannot be effectively addressed through modern biomedical or policy-driven approaches alone. While contemporary frameworks emphasize rights, access, and technological interventions, they often overlook cultural rootedness, ethical sensitivity, and holistic well-being. Indian Knowledge Systems (IKS) provide a valuable indigenous foundation that complements and strengthens modern health and social policies.

IKS traditions—particularly Ayurveda, Yoga, and Indian philosophy—offer an integrated vision of women's health that recognizes the inseparable connection between body, mind, society, and spirit. Concepts such as *Shakti*, *Purushartha*, *Ahimsa*, and *Matru Devo Bhava* affirm women's dignity,



autonomy, and creative power. When aligned with modern policy initiatives such as the National Health Mission, National AIDS Control Programme, POSH Act, and reproductive rights legislation, these indigenous principles can humanize policy implementation and enhance community acceptance. From an IKS perspective, reproductive health is not merely a clinical concern but a matter of ethical responsibility and social harmony. Ayurveda's emphasis on preventive care, nutrition, mental balance, and respectful maternity care resonates strongly with contemporary goals of reducing maternal mortality, improving mental health services, and ensuring reproductive justice. Similarly, Yoga-based interventions can be integrated into public health programmes to support women affected by stress, violence, infertility, and HIV-related stigma.

For meaningful transformation, modern policy frameworks must consciously integrate IKS values into education, healthcare delivery, and social work practice. This integration can foster culturally sensitive healthcare, strengthen gender equity, and restore respect for women's bodily autonomy. Reclaiming indigenous wisdom alongside scientific progress is not a return to the past but a progressive step toward inclusive, ethical, and sustainable development. Only through such a synthesis can women's sexuality and reproductive health be addressed with dignity, justice, and holistic care.

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