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REPRODUCTIVE HEALTH AND SEXUAL RIGHTS: A Comparative Analysis of Women's Policies in Brazil and Turkey in Light of International Norms

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ABSTRACT

This research offers a comparative analysis of women's reproductive health and sexual rights policies in Brazil and Turkey, in light of international human rights standards. The research is based on the understanding that sexual and reproductive rights are fundamental to dignity, autonomy, and gender equality, yet face legal, institutional, and sociocultural barriers in both contexts. Grounded in human rights theory and intersectional feminism, the study examines each country's alignment with international treaties, conventions, and recommendations, including CEDAW, ICESCR, the 2030 Agenda, among others. Key issues such as access to health services, sexuality education, gender-based violence, and the role of civil society are addressed. The findings show that, despite the existence of normative commitments and international guidance adopted by both countries, structural barriers continue to hinder the effective implementation of these rights. Moreover, the rise of conservative political discourses directly affects public policy development and enforcement. This research contributes to the international debate on the challenges and possibilities for advancing sexual and reproductive rights in both democratic and authoritarian settings.

Keywords: Human Rights; Reproductive Health; Sexual Rights; Brazil; Turkey; International Norms.

RESUMO

Saúde reprodutiva e direitos sexuais: Uma análise comparativa das políticas para mulheres no Brasil e na Turquia à luz das normas internacionais

Esta pesquisa oferece uma análise comparativa das políticas de saúde reprodutiva e direitos sexuais das mulheres no Brasil e na Turquia, à luz dos padrões internacionais de direitos humanos. A pesquisa parte do entendimento de que os direitos sexuais e reprodutivos são fundamentais para a dignidade, autonomia e igualdade de gênero, mas enfrentam barreiras legais, institucionais e socioculturais em ambos os contextos. Fundamentado na teoria dos direitos humanos e no feminismo interseccional, o estudo examina a conformidade de cada país com tratados, convenções e recomendações internacionais, incluindo a CEDAW, o PIDESC, a Agenda 2030, entre outros. Questões centrais como acesso a serviços de saúde, educação em sexualidade, violência de gênero e o papel da sociedade civil são abordadas. Os resultados demonstram que, apesar da existência de compromissos normativos e orientações internacionais adotadas por ambos os países, barreiras estruturais continuam a dificultar a implementação efetiva desses direitos. Ademais, a ascensão de discursos políticos conservadores afeta diretamente o desenvolvimento e a aplicação de políticas públicas. Esta pesquisa contribui para o debate internacional sobre os desafios e possibilidades de avanço dos direitos sexuais e reprodutivos em contextos democráticos e autoritários.

Palavras-chave: Direitos Humanos; Saúde Reprodutiva; Direitos Sexuais; Brasil; Turquia; Normas Internacionais.

LIST OF ABBREVIATIONS AND ACRONYMS

AKP — *Adalet ve Kalkınma Partisi* (Justice and Development Party — Turkey)

AMB — *Articulação de Mulheres Brasileiras* (Brazilian Women's Articulation)

CEDAW — Convention on the Elimination of All Forms of Discrimination Against Women

CEPIA — *Cidadania, Estudo, Pesquisa, Informação e Ação* (Citizenship, Study, Research, Information, and Action)

CFEMEA — *Centro Feminista de Estudos e Assessoria* (Feminist Center for Studies and Advisory Services)

CRC — Convention on the Rights of the Child

FBSP — *Fórum Brasileiro de Segurança Pública* (Brazilian Public Security Forum)

ICESCR — International Covenant on Economic, Social and Cultural Rights

ICPD — International Conference on Population and Development

IPPF — International Planned Parenthood Federation

MedFem — Mediterranean Feminist Network

MHRS — *Merkezi Hekim Randevu Sistemi* (Central Physician Appointment System — Turkey)

PeNSE — *Pesquisa Nacional de Saúde do Escolar* (National School Health Survey)

SPE — *Programa Saúde e Prevenção nas Escolas* (Health and Prevention in Schools Program)

TAPV — Turkish Family Health and Planning Foundation

TB — *Türk Tabipleri Birliği* (Turkish Medical Association)

TÜİK — *Türkiye İstatistik Kurumu* (Turkish Statistical Institute)

UNFPA — United Nations Population Fund

USAID — United States Agency for International Development

WHO — World Health Organization

SUMMARY

1. INTRODUCTION

In recent decades, women's sexual and reproductive rights have become a central axis in the international human rights discourse, reflecting the growing recognition of gender equality and bodily autonomy as fundamental values. These rights encompass not only the freedom to make reproductive decisions but also the assurance of dignified and safe conditions for the full exercise of sexuality and access to comprehensive reproductive healthcare.

International law provides a robust normative framework that supports these guarantees, composed of treaties, conventions, and declarations that establish widely recognized standards. Among the key legal instruments are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the United Nations Sustainable Development Goals (SDGs), which recognize reproductive health as a human right essential to dignity and full citizenship.

However, the effectiveness and implementation of these instruments vary considerably across countries, depending on factors such as socio-cultural context, institutional capacity, and prevailing political-ideological orientations. In this context, Brazil and Turkey represent both distinct and emblematic realities: while both countries have legislation that incorporates international commitments, they face structural and cultural challenges that hinder the full realization of these rights.

This study proposes a comparative analysis of public policies on reproductive health and sexual rights for women in Brazil and Turkey, through the lens of international legal standards. It seeks to examine how these countries interpret and implement their legal commitments in the field of sexual and reproductive health, highlighting not only the progress achieved but also the obstacles and setbacks observed in recent years.

A comparative analysis of two contexts shaped by diverse social and political dynamics allows for the identification of good practices and gaps, while also contributing to the formulation of adaptable proposals for similar contexts. In doing so, the aim is to foster academic and political debate on the importance of adherence to international

human rights standards as a strategy to promote gender equality and comprehensive women's health.

Ultimately, this study reaffirms the commitment to a global human rights agenda based on inclusion, equity, and dignity, placing at the center of the debate the multiple dimensions of reproductive health as both a right and a public policy issue.

2. THEORETICAL AND NORMATIVE FOUNDATIONS OF SEXUAL AND REPRODUCTIVE RIGHTS

A comparative analysis of reproductive health and sexual rights policies in Brazil and Turkey requires a solid theoretical and normative foundation. Sexual and reproductive rights, as established categories within the field of international human rights, transcend the biomedical perspective of health and incorporate political, social, cultural, and legal dimensions. They represent, above all, historical achievements of feminist movements and the broader struggle for equality, autonomy, and dignity.

This chapter presents the core concepts underpinning these rights, emphasizing the main legal and doctrinal frameworks that support the proposed analysis. Considering the comparative approach, it adopts an intersectional perspective attentive to how international norms influence the formulation and implementation of public policies in the two countries under study.

2.1 SEXUAL AND REPRODUCTIVE RIGHTS IN THE CONTEXT OF HUMAN RIGHTS

The notion that sexual and reproductive rights are part of the universal framework of human rights was consolidated during the International Conference on Population and Development (ICPD), held in Cairo in 1994. During this event, UN member states recognized that reproductive health is essential for sustainable development and the promotion of gender equality. The final report of the ICPD states: “Reproductive rights embrace the right to decide freely and responsibly the number, spacing and timing of children and to have the information and means to do so.” (UNFPA, 1994, p. 40)

From this perspective, sexual and reproductive rights came to be recognized as central components of human dignity and full citizenship, and must be protected through public policies that respect the cultural and social specificities of each context.

2.1.1 Concept of Reproductive Rights

Reproductive rights guarantee individuals the freedom to decide whether to have children, when to have them, and how many, in addition to the right to access effective contraceptive methods, maternal health services, safe childbirth, and postnatal care. According to the World Health Organization (WHO), reproductive health is: “A state of complete physical, mental and social well-being in all matters relating to the reproductive system, and not merely the absence of disease or infirmity.” (WHO, 2004)

Various international treaties—such as CEDAW (1979) and the Maputo Protocol (2003)—reinforce the responsibility of states to ensure these rights by eliminating legal, social, and economic barriers. These frameworks emphasize that reproductive rights are inseparable from broader human rights, including bodily autonomy, access to healthcare, and freedom from discrimination and violence.

In Brazil, despite the existence of the Unified Health System (SUS), access to reproductive health services is marked by regional, racial, and class inequalities. As Ventura (2015, p. 144) highlights, “Black, poor, and rural women are among those with the least access to family planning and prenatal care services.” Additionally, structural racism, religious conservatism, and policy instability continue to limit the implementation of reproductive rights in a universal and equitable manner (Diniz, 2003; Corrêa & Petchesky, 1996).

In Turkey, although legal guarantees for reproductive services exist, cultural and religious factors negatively impact the exercise of these rights. As Ekal (2016) notes, the persistence of patriarchal views and the growing influence of conservative sectors limit women’s access to information and sexual health services. Moreover, it is important to highlight that reproductive rights in Turkey are frequently viewed not as individual human rights, but through the lens of population control and demographic planning. According to Eslen-Ziya and Korkut (2020, p. 663), Turkish pronatalist policies have reframed reproductive health "as a matter of national duty rather than personal choice." This demographic-centered approach prioritizes national interests—such as economic development or maintaining birth rates—over individual autonomy, which may seriously undermine the comprehensive realization of reproductive freedoms and gender equality (Yazıcı, 2012; UNFPA Turkey, 2011).

2.1.2 Concept of Sexual Rights

Sexual rights pertain to the autonomy and free exercise of sexuality by all individuals, based on dignity, equality, and non-discrimination. They include the rights to sexual freedom, sexual orientation, gender identity, bodily integrity, and protection from violence and coercion.

According to the WHO (2017), these rights also encompass access to information and services related to sexual health, including sex education, which is essential for preventing sexually transmitted infections, unintended pregnancies, and gender-based violence.

In Brazil, policies such as the Health and Prevention in Schools Program (SPE) sought to incorporate sex education into the school environment but faced strong political and religious resistance, especially over the last decade (Diniz & Medeiros, 2010). In Turkey, the state's approach is even more restrictive. Sexuality remains a taboo subject, and initiatives promoting sexual diversity often face censorship and institutional repression (Tan, 2019).

2.1.3 Interdependence Between Sexual and Reproductive Rights

Although sexual and reproductive rights are sometimes addressed separately in normative documents, their interdependence is undeniable. The full experience of sexuality is directly linked to access to reproductive health services, and vice versa. Violations in one dimension often cause harm in the other, particularly among socially vulnerable groups.

As argued by Corrêa and Petchesky (1994), sexual and reproductive rights can only be fully understood when analyzed through the lens of multiple forms of oppression—such as gender, race, class, and religion—that shape women's experiences in different contexts.

2.2 INTERNATIONAL NORMS APPLICABLE TO SEXUAL AND REPRODUCTIVE RIGHTS

The legal recognition of sexual and reproductive rights stems from a set of international instruments that confer legitimacy and enforceability to these rights. Among the most significant is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted by the UN in 1979 and ratified by both Brazil and Turkey.

In its General Recommendation No. 24, the CEDAW Committee states: “States should take all appropriate measures to eliminate discrimination against women in the field of healthcare, including access to family planning services.” (CEDAW, 1999)

Another normative milestone is the Beijing Platform for Action (1995), which underscores the need for cross-sectoral and integrated public policies focused on eliminating the social, economic, and cultural barriers that limit women’s access to healthcare. According to the document: “Women’s health is affected by biological, social, economic, and cultural factors and should be addressed comprehensively and equitably.” (UN, 1995)

The UN 2030 Agenda, through the Sustainable Development Goals (SDGs), also reaffirms this commitment. Target 3.7 of SDG 3 establishes: “By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education.” (UN, 2015)

Organizations such as WHO and UNFPA have issued technical guidelines on sexual and reproductive health, providing evidence-based and human rights-oriented frameworks for public policies.

Despite widespread endorsement of these frameworks, the reality shows significant disparities between the commitments made and their practical implementation. In Brazil and Turkey, the influence of conservative political sectors and the lack of adequate funding undermine the implementation of consistent and inclusive policies. In this context, international monitoring and accountability mechanisms play a crucial role in promoting normative compliance and safeguarding women’s fundamental rights.

3. COMPARATIVE ANALYSIS OF REPRODUCTIVE HEALTH AND SEXUAL RIGHTS POLICIES IN BRAZIL AND TURKEY

The comparative analysis of Brazil and Turkey in the field of reproductive health and sexual rights requires consideration of historical, political, institutional, and cultural aspects that shape the specificities of each country. The following sections examine in detail the sociopolitical contexts of both states in order to understand the structural and ideological roots that influence their public policies in this domain.

3.1 Political and Sociocultural Context.

3.1.1 Brazil: Tensions Between Institutional Advances and Ideological Setbacks

Brazil presents an ambivalent trajectory regarding sexual and reproductive rights**.** On the one hand, there is a historical recognition of health as a constitutional right — enshrined in Article 196 of the 1988 Federal Constitution — and the creation of the Unified Health System (SUS), which aimed at universal access. On the other hand, the implementation of policies specifically directed at women has always been subject to political and ideological disputes.

The 1988 Constitution marked a fundamental milestone in the incorporation of reproductive rights within a broader commitment to human rights, gender equality, and social justice in Brazil. However, this institutional achievement is embedded in a historical context marked by tensions and contradictions, in which public policies related to reproduction often translated into mechanisms of social control, particularly over the bodies of socioeconomically vulnerable women, racialized women, and those belonging to traditional communities. Historically, such policies prioritized reproductive regulation strategies over the promotion of autonomy and the full recognition of these populations' sexual and reproductive rights.

For most of the 20th century, the Brazilian State had little direct intervention in women's reproductive lives. Until the 1960s, issues related to family planning and contraception were treated as moral or religious matters rather than as public policy. The Penal Code of 1940, still in force in many respects, criminalized abortion, allowing it only

in cases where the pregnant person's life was at risk or in pregnancies resulting from rape — an extremely restrictive legal framework that limited women’s autonomy:

> DECREE-LAW No. 2,848, of December 7, 1940
>
> TITLE I - CRIMES AGAINST THE PERSON
>
> CHAPTER I - CRIMES AGAINST LIFE
>
> Abortion performed by the pregnant person or with her consent
>
> Art. 124. To induce an abortion on oneself or consent for someone else to do so: Penalty — imprisonment from 1 to 3 years.
>
> Abortion performed by a third party
>
> Art. 125. To induce an abortion without the pregnant person's consent: Penalty — imprisonment from 3 to 10 years.
>
> Art. 126. To induce an abortion with the pregnant person's consent: Penalty — imprisonment from 1 to 4 years.
>
> Sole Paragraph: The penalty from the previous article shall apply if the pregnant person is under 14 years of age, is mentally ill or disabled, or if the consent was obtained through fraud, serious threat, or violence.
>
> Aggravated form
>
> Art. 127. The penalties from the two previous articles are increased by one-third if the pregnant person suffers serious bodily harm due to the abortion or the methods employed to perform it, and are doubled if death results.
>
> Art. 128. Abortion performed by a doctor is not punishable:
> I – when it is the only way to save the pregnant person's life;
> II – in the case of pregnancy resulting from rape.

It was only from the 1960s onward — amidst rapid population growth and international pressure — that Brazil began to adopt fertility control measures. During the military dictatorship (1964–1985), the country implemented population policies driven by economic and demographic concerns, not by a human rights or reproductive health perspective.

During this period, there was significant influence from international organizations such as USAID (United States Agency for International Development) and the World Bank, which promoted population control programs in Global South countries. In Brazil, this led to the widespread dissemination of contraceptive methods — particularly female surgical sterilization — without adequate regulation, often under precarious conditions,

lacking informed consent, and with a clear class and racial bias: poor, Black, and Indigenous women were the main targets of such interventions (CORRÊA; PETCHESKY, 1996; DINIZ, 2003).

Moreover, access to modern contraceptive methods was unequal. While sterilization was widely used in peripheral areas and poorer regions, middle- and upper-class women had private access to methods such as contraceptive pills. The State, meanwhile, remained largely absent in providing public sexual and reproductive health services, perpetuating inequalities in access to information and care.

Throughout the dictatorship, social movements — including the emerging feminist movements — were harshly repressed. Nonetheless, in the late 1970s, the first organized feminist collectives began to emerge, questioning the State's reproductive control and demanding public policies based on women's autonomy and the right to health.

3.1.2 Redemocratization and the Shift in Reproductive Rights

It was only during the redemocratization process, and through the active participation of feminist movements in the 1987–1988 Constituent Assembly, that reproductive rights began to be reframed as individual human rights. The inclusion of **Article 226, §7**, which guarantees the right to family planning, was the result of significant advocacy by civil society and women's rights organizations, such as the Articulação de Mulheres Brasileiras (AMB), CFEMEA, and CEPIA (ARAÚJO, 2012; CEPIA, 2020). This marked a shift from population control toward personal autonomy, bodily integrity, and equitable access to health.

In recent decades, Brazil has oscillated between meaningful institutional advances — such as the National Policy for Comprehensive Women’s Health Care (2004), the creation of the Rede Cegonha (2011), and the implementation of family planning programs — and periods of regression, especially between 2016 and 2022. During this latter period, policies related to sex education, prevention of gender-based violence, and access to contraceptive methods were systematically weakened or dismantled (CFEMEA, 2021; GALVÃO, 2020).

Since 2023, under a new federal administration, there has been a movement to rebuild gender and sexuality policies. Noteworthy actions include the restructuring of the

National Secretariat for Women's Policies, a significant increase in the budget for gender equity (from R$ 23 million in 2022 to R$ 480 million in 2024), and Brazil's withdrawal from the Geneva Consensus Declaration, signaling a renewed commitment to reproductive rights at the international level.

Nevertheless, this shift faces strong opposition from conservative, religious-based sectors with considerable influence in both the Legislative and the Judiciary. Initiatives aimed at banning sex education in schools, bills that equate abortion with homicide — such as Bill 1904/24, which equates abortions performed after 22 weeks to simple homicide, even in cases of rape — and institutional resistance to implementing care protocols for sexual violence victims demonstrate that, despite recent institutional progress, the debate on sexual and reproductive rights remains deeply polarize

3.1.3 Turkey: Secularism in Dispute and State Conservatism

Turkey exhibits a unique political dynamic, marked by a process of state secularization initiated by Mustafa Kemal Atatürk in the early 20th century. This led to the establishment of a secular republic that, for decades, sought to dissociate the state from traditional Islam. The 1926 Civil Code, modeled after the Swiss system, abolished polygamy and instituted civil marriage, promoting gender equality in law—at least formally. In the following decades, women's participation in public life expanded, and access to education and health services improved, though unevenly across regions.

During the 1960s and 1970s, Turkey underwent significant urbanization and social transformation, accompanied by the emergence of population control policies. Family planning programs were implemented with the support of international organizations such as UNFPA and USAID. By the 1980s and 1990s, reproductive health policies were relatively progressive in urban centers, including access to modern contraceptives and sexual health education, particularly through public primary care centers (Yazıcı, 2012; UNFPA Turkey, 2011). Despite this, rural areas and conservative regions often experienced structural limitations and cultural resistance to these advances.

However, in the past two decades—particularly under the leadership of the Justice and Development Party (AKP), headed by Recep Tayyip Erdoğan—this paradigm has been progressively reconfigured, with the resurgence of conservative discourses and

practices, especially regarding sexual morality and gender roles. The Turkish government has adopted a pronounced pronatalist stance, publicly encouraging women to have at least three children. As Erdoğan famously stated in 2016, “a woman who rejects motherhood is deficient, even incomplete” (BBC News, 2016). Official rhetoric reinforces the role of women as mothers and caregivers, reducing the discourse on reproductive health to the realms of fertility and maternity.

Concurrently, previously established contraceptive policies—widely available through public channels in earlier decades—have been gradually dismantled due to budgetary restrictions and political pressure on health professionals (Korkut & Eslen-Ziya, 2011). A 2016 report by the Turkish Medical Association highlighted that access to free contraceptives in family health centers had decreased significantly, particularly in regions where conservative governors and local leaders exert more control over public health management.

Topics such as sexual diversity, gender identity, and sex education have been systematically excluded from public discourse. State narratives associate such issues with the “moral decay of the West,” viewing them as threats to the traditional family order (Eslen-Ziya & Korkut, 2020). The persecution of feminist and LGBTQIA+ NGOs, along with the criminalization of public demonstrations related to these agendas, reveals a political environment increasingly hostile to the promotion of sexual rights as human rights.

Thus, despite Turkey being a signatory of international treaties such as CEDAW, the implementation of their guidelines faces serious cultural, ideological, and institutional challenges.

3.2 Structure and Access to Reproductive Health Services

Access to reproductive health services constitutes a central pillar in the realization of women’s rights. However, the way these services are structured and distributed reflects deep inequalities in terms of gender, geography, class, and ethnicity. This section offers a critical analysis of the healthcare systems in Brazil and Turkey with regard to reproductive health, focusing on public service provision, regional distribution, funding, and structural barriers.

3.2.1 Brazil

The Unified Health System (SUS) is responsible for ensuring universal and free access to healthcare in Brazil, including services such as reproductive planning, prenatal care, childbirth, postpartum care, treatment of sexually transmitted infections, and access to contraceptive methods. Despite its strong constitutional foundation, the system faces structural challenges such as regional inequality, chronic underfunding, and administrative discontinuity.

The National Policy for Comprehensive Women's Health Care (2004) is guided by principles of diversity, equity, and reproductive autonomy. However, its implementation is uneven. Specialized services are concentrated in the Southeast and South regions, while areas like the North and interior Northeast show lower prenatal coverage and higher maternal mortality rates.

The Stork Network (Rede Cegonha, 2011) aimed to coordinate levels of care and ensure humanized support for pregnant women, mothers, and newborns. However, evaluations by the Federal Court of Accounts (2022) highlighted its limited execution, particularly in municipalities with low management capacity.

Recent advances include the National Policy for Combating Menstrual Poverty, regulated by Law No. 14.214/2021 and expanded in 2023, with the distribution of over 56 million sanitary pads across approximately 3,700 municipalities. Another notable development was the expanded access to long-acting contraceptive methods: between 2021 and 2023, the public provision of intrauterine devices (IUDs) increased by 176%, as a result of partnerships with public laboratories and promotional campaigns.

Despite these advances, structural barriers persist. Black women, Indigenous women, adolescents, women with disabilities, and those living in rural areas continue to face obstacles such as lack of services, institutional neglect, and discrimination. The overburdening of primary care, high turnover of healthcare professionals, and shortages of supplies and training also compromise the quality of care (Paiva & Leal, 2022; Brazil, 2023).

3.2.2 Turkey

In Turkey, the healthcare system provides broad public coverage for essential procedures, but reproductive health is significantly affected by political interference and conservative values, limiting women's access and autonomy.

During the 1980s, Turkey implemented a progressive family planning policy, promoting the widespread distribution of contraceptives and educational campaigns. However, with the rise of the conservative agenda of the Justice and Development Party (AKP) from the 2000s onward, this policy framework was gradually dismantled. Since 2012, the government has significantly reduced the procurement of contraceptives — such as intrauterine devices (IUDs), birth control pills, and condoms — resulting in irregular or nonexistent availability of these methods in public healthcare facilities. According to data cited by Yılmaz and Özdemir (2019), based on UNFPA reports, the Turkish Ministry of Health made no contraceptive purchases in 2012, marking a critical turning point in state support for reproductive health. Furthermore, a monitoring report published by the Turkish Family Health and Planning Foundation (TAPV, 2021) indicated that several public hospitals across different regions of the country refuse to provide contraceptive methods, citing "orders from higher authorities" — a clear sign of growing political interference in clinical decision-making.

Access to prenatal care and humanized childbirth is also uneven. Rural areas and urban peripheries face resource shortages, long distances to healthcare centers, and discrimination — particularly affecting Kurdish women and Syrian migrants.

The situation worsened after the 2023 earthquake in the southern region of the country, which severely disrupted the healthcare infrastructure. Reports from the International Planned Parenthood Federation (IPPF) indicate that, months after the disaster, fewer than 20% of women in affected areas had access to contraceptives or gynecological care, with the governmental response deemed insufficient.

The absence of a national policy on sex education, coupled with the stigmatization of female sexuality and the promotion of early motherhood, reduces reproductive health to a purely biological function, disregarding dimensions such as autonomy, pleasure, and overall well-being.

3.3 Sexual Education and Reproductive Rights in the Public Agenda

Sexual education is a strategic instrument in promoting sexual and reproductive rights, as it enables individuals—particularly adolescents and young people—to develop bodily autonomy, understand gender dynamics, prevent diseases, and make informed decisions about their sexual and reproductive lives. However, in both Brazil and Turkey, this field is the subject of intense political, religious, and ideological disputes that directly impact its inclusion (or suppression) in the public agenda.

3.3.1 Brazil: Between Progressive Policies and Ideological Censorship

During the 2000s, Brazil gained international recognition for formulating public policies focused on sexual education. Initiatives such as the Health and Prevention in Schools Program (SPE), implemented through a partnership between the Ministries of Health and Education, integrated formal education and public health by promoting discussions on contraceptive methods, prevention of sexually transmitted infections (STIs), and combating gender-based violence in high schools.

The approach adopted followed UNESCO guidelines, which recommend a comprehensive perspective on sexuality — not limited to biological aspects but also encompassing psychosocial, affective, and relational dimensions. From 2011 onwards, with the strengthening of religious caucuses in the National Congress, a process of dismantling these initiatives began, fueled by the rhetoric of the so-called “gender ideology” (Redalyc/SciELO, 2015; PePSIC/BVS, 2018).

Between 2016 and 2022, this censorship movement intensified: more than 400 bills were introduced in municipal councils and legislative assemblies aiming to prohibit the teaching of gender and sexuality in schools. Although the Supreme Federal Court reaffirmed the constitutionality of these approaches in rulings such as ADPF 457 (2019), the political climate remained hostile.

Despite the National Education Plan (PNE) 2014–2024 still including guidelines on diversity and equity, its implementation depends heavily on local contexts. Many states and municipalities either ignore these directives or face judicial challenges when attempting to apply them.

In 2023, the Ministry of Education resumed discussions about creating a national sexual education policy based on scientific evidence and grounded in human rights frameworks. However, progress remains cautious due to fear of confrontation with conservative sectors and the lack of ongoing teacher training.

The outcome is concerning: according to the National School Health Survey (PeNSE, 2019), more than 32% of Brazilian adolescents received no guidance on contraceptive methods at school. This information gap directly contributes to the high adolescent pregnancy rates — 51.4 births per 1,000 girls aged 15 to 19 (IBGE, 2022) — and perpetuates cycles of poverty and school dropout among young mothers.

3.3.2 Turkey: Institutional Silence and Repression of Sexual Discourse

Historically, proposals related to sexual education in Turkish schools have faced significant resistance from conservative and religious sectors. In 2017, the Turkish Family Health and Planning Foundation (TAPV), in partnership with the United Nations Population Fund (UNFPA), released a study revealing that the mandatory Turkish educational curriculum covered only about 20% of the universal standards established by the UN for sexual education. This study emphasized the importance of implementing comprehensive and holistic sexual education in schools, aiming to promote gender equality and prevent violence.

Thus, in Turkey, sexual education has never been fully integrated into the national curriculum. The Ministry of Education adopts a strictly biological approach to human reproduction, limiting itself to physiological explanations of puberty, with no reference to safe sexual practices, gender identity, consent, or sexual diversity. In many textbooks, the word “sexuality” is not even mentioned — replaced by euphemisms or omitted altogether.

The impacts of this silence are evident: Turkey has high rates of child marriage, especially in rural and conservative provinces such as Şanlıurfa and Van. It is estimated that in some of these regions, one in three girls marries before the age of 18 (TÜİK, 2022), often as a way to legitimize early pregnancies occurring outside of marriage.

Moreover, the absence of an institutional discourse on sexual diversity fosters the exclusion and marginalization of LGBTQIAPN+ youth, who frequently suffer bullying, domestic violence, and family abandonment. Although homosexuality is not legally

criminalized, the repression of events such as the Istanbul Pride Parade — banned since 2015 — reinforces a policy of silencing.

By reinforcing the taboo around sexuality and rendering invisible women's pleasure and rights, Turkish educational policy contributes to maintaining an environment of misinformation, fear, and inequality.

3.4 Sexual and Reproductive Rights and Gender-Based Violence

The realization of sexual and reproductive rights is intrinsically linked to the fight against gender-based violence. Violations of these rights—whether through denial of healthcare access, legal restrictions, or institutional violence—reflect and perpetuate structural inequalities that disproportionately affect women. In contexts such as Brazil and Turkey, manifestations of such violence take specific forms shaped by distinct cultural and political realities, yet they present similarly daunting challenges to achieving full sexual citizenship.

3.4.1 Brazil: Obstetric Violence, Abortion, and Structural Inequalities

In Brazil, obstetric violence is one of the most severe expressions of reproductive rights violations. It encompasses unnecessary interventions during childbirth and disrespectful or abusive treatment by healthcare professionals. Frequent reports include humiliation, negligence, denial of anesthesia, non-consensual episiotomies, and forced sterilizations, particularly affecting Black, Indigenous, poor, and disabled women. According to Fundação Perseu Abramo (2010), one in four Brazilian women has experienced some form of childbirth-related violence. Although recent quantitative updates are scarce, organizations such as Parto do Princípio and Instituto Anis continue to document serious institutional abuses in both public and private maternity wards.

Violence is also present in the legal and structural framework governing abortion. Brazilian law criminalizes abortion except in three cases: risk to the pregnant woman's life, pregnancy resulting from rape, and anencephalic fetus (ADPF 54, STF, 2012). Even in these situations, access is often obstructed by administrative hurdles, healthcare providers' conscientious objection, and widespread misinformation. A 2022 report by

Artigo 19 revealed that only 76 hospitals in the country performed legal abortions—less than 2% of the facilities qualified to provide medium and high-complexity services.

This situation is exacerbated by arbitrary judicial decisions and legislative proposals seeking to further restrict women's rights. Bills such as PL 5435/2020, which seeks to establish a “Statute of the Unborn” granting legal personhood to embryos from conception, would effectively dismantle legal abortion in the country. Recent proposals to increase penalties for professionals and patients—even in permitted cases—have reignited debates about legislative regression and the urgent need to safeguard reproductive rights amid a conservative wave.

In addition to abortion, sexual violence remains a major obstacle to women’s bodily autonomy. According to the Brazilian Forum on Public Security (FBSP, 2023), one woman is raped every 10 minutes in Brazil, and over 60% of victims are under 13 years old. Access to post-exposure prophylaxis, legal abortion, and humane support is still limited due to misinformation, fear of retaliation, and re-victimization within healthcare and law enforcement institutions.

The lack of robust public policies to combat gender-based violence, combined with weak sex education and insufficient support services, directly undermines women’s sexual and reproductive rights and perpetuates cycles of inequality and vulnerability.

3.4.2 Turkey: State Repression, Patriarchal Culture, and Silencing of Victims

In Turkey, gender-based violence constitutes one of the most egregious human rights violations, with deep consequences for women’s reproductive rights. It is estimated that, in the past five years, over 1,400 women have been murdered by partners or former partners (We Will Stop Femicide Platform, 2023). However, official data remain scarce, reflecting the state’s lack of transparency and neglect of the issue.

A symbolic setback in women's rights was Turkey’s 2021 withdrawal from the Istanbul Convention, decreed by President Erdoğan. Turkey was the first signatory of the treaty, which establishes international standards for preventing and combating domestic violence. The official justification claimed the convention “threatened traditional family values”—a narrative that pits women's rights against the family structure and reinforces patriarchal stereotypes.

This logic of silencing and control is also reflected in the functioning of healthcare institutions in Turkey. Feminist organizations report that women who are victims of sexual violence face significant barriers in accessing medical care, psychological support, and reproductive health services. The imposition of shame, fear of retaliation, and the absence of gender-sensitive protocols hinder both reporting and the provision of appropriate care. Although abortion has been legal in the country since 1983, up to the 10th week of pregnancy, its practical availability remains severely restricted. A study conducted in 2016 by the Gender and Women's Studies Research Center at Kadir Has University found that among 431 public hospitals with obstetrics and gynecology departments, only 7.8% offered abortion services without requiring justification; 78% provided the procedure solely in cases of medical necessity, while 11.8% did not offer the service under any circumstances (O'NEIL et al., 2016). These findings underscore that legal recognition alone does not guarantee effective access to the right.

Additionally, state policies promoting compulsory motherhood—such as financial incentives for early marriage and childbearing—function as indirect mechanisms of reproductive coercion. Official discourses, including the president's assertion that "every woman should have at least three children," reinforce a pronatalist agenda that undermines reproductive choice.

The absence of effective educational policies, coupled with ideological control over public services, further marginalizes ethnic minority women such as Kurds, as well as Syrian migrant and refugee women, who often lack access to basic sexual and reproductive health services, rendering them even more vulnerable to violence and exploitation.

3.5 Civil Society Participation and Feminist Movements

The advancement and defense of sexual and reproductive rights are not sustained solely through state policies or international commitments but are fundamentally upheld by the continuous efforts of civil society, particularly feminist movements. In both Brazil and Turkey, progress (and resistance) in this field is directly influenced by the actions of collectives, NGOs, activists, and transnational networks advocating for bodily autonomy, gender-based violence prevention, and equitable access to reproductive healthcare.

3.5.1 Brazil: Feminist Resistance in Times of Democratic Backsliding

In Brazil, feminist movements have historically played a strategic role in consolidating sexual and reproductive rights. Since the 1980s, during the democratization process, women's collectives led efforts to include the right to health in the 1988 Constitution and to establish the Unified Health System (SUS), which incorporated obstetric, gynecological, and maternal care as state responsibilities.

The 1990s saw the emergence of key networks such as the Feminist Network for Health and Sexual and Reproductive Rights, CFEMEA (Feminist Center for Studies and Advisory Services), and SOS Corpo, which collaborate with the legislature and executive branches to draft proposals, monitor policies, and report violations. These organizations' participation in international conferences—such as Cairo (1994) and Beijing (1995)—ensured alignment between the Brazilian agenda and global human rights frameworks.

In recent years, especially between 2016 and 2022, Brazil's conservative resurgence led to direct attacks on women's, LGBTQIAPN+ populations', and minority rights. In this context, feminist movements spearheaded resistance efforts, organizing mass demonstrations like #EleNão, 8M (March 8), and campaigns such as Nem Uma a Menos, which denounced obstetric violence, femicides, and attempts to criminalize legal abortion.

The collaboration between grassroots movements, peripheral collectives, and digital platforms such as #MeuPrimeiroAssédio, #NãoÉNão, and #GravidezForçadaÉTortura generated social and political pressure, influencing judicial decisions and public opinion. In 2023, the national outcry over the case of an 11-year-old girl judicially barred from accessing a legal abortion after rape reignited the abortion debate and spurred advocacy actions before the Supreme Court and the Ministry of Health.

Currently, networks such as the National Front Against the Criminalization of Women and for the Legalization of Abortion bring together legal experts, physicians, researchers, and activists advocating for the decriminalization of abortion up to the 12th week, as proposed in ADPF 442. Although the ruling has been postponed, the political groundwork laid over the decades has strengthened the feminist movement's ability to influence public discourse and policymaking.

3.5.2 Turkey: Feminism in Resistance Under Authoritarianism

In Turkey, feminist movements face a context of growing authoritarianism and repression but remain one of the most organized and resilient forces within Turkish civil society. Since the 1980s, the Turkish feminist movement — predominantly autonomous and secular — has established itself as a platform for denouncing gender-based violence, state repression, and the Islamization of politics.

Organizations such as the *Kadin Cinayetlerini Durduracagiz Platformu* (Let's Stop Femicide Platform) have become national and international references for their incisive work monitoring the murders of women and fighting impunity. Their activities include collecting and disseminating data — often absent from official statistics — and mobilizing families, activists, and lawyers to pressure the judiciary in emblematic cases.

Another important front is the *Mor Çatı Kadın Sığınağı Vakfı* (Purple Roof Women's Shelter Foundation), which since 1990 has maintained shelters and psychosocial support services for women victims of violence. Beyond sheltering, the foundation promotes political training, case studies, and public campaigns to raise awareness about women's rights and the role of the state in ensuring them.

However, repression of feminist activism has intensified in recent years. The AKP government, especially after the 2016 attempted coup, criminalizes peaceful protests, censors events such as International Women's Day (March 8), and promotes judicial persecution of activists. Turkey's withdrawal from the Istanbul Convention, mentioned previously, triggered massive protests, with thousands of women taking to the streets of Istanbul, Izmir, and Ankara despite harsh police repression.

Furthermore, Kurdish feminist and LGBTQIAPN+ collectives face double silencing — from state nationalism and institutional homophobia. Criminalization of Pride Parades, imprisonment of activists on charges of "terrorist propaganda," and the closure of NGOs under the pretext of "threatening public morality" are recurring practices of the repressive apparatus.

Despite these challenges, the Turkish feminist movement remains active, creative, and well-organized. Its participation in regional and international networks — such as MedFem (Mediterranean Feminist Network) and the Euro-Mediterranean Observatory on

Human Rights — ensures visibility for their denunciations and expands international pressure for respect of sexual and reproductive rights in the country.

4. Compliance with International Norms and Recommendations from International Organizations: A Comparative Analysis between Brazil and Turkey

The realization of sexual and reproductive rights, as fundamental dimensions of human rights, depends not only on the existence of national public policies but also on the compliance of States with international normative frameworks that regulate and guide the protection of sexual and reproductive health. This chapter aims to comparatively analyze the degree of adherence by Brazil and Turkey to international norms and recommendations from multilateral organizations, especially regarding the implementation of reproductive health policies and respect for bodily autonomy, gender equality, and universal access to adequate services.

To understand this compliance, it is necessary to distinguish between the different types of international instruments that establish parameters for state action. Treaties and international conventions are legally binding agreements between sovereign States that, once ratified and incorporated into national legal systems, obligate countries to fulfill the established norms and commitments. Among the main treaties ratified by Brazil and Turkey are the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), which establish specific obligations related to the promotion of gender equality and the right to health, including sexual and reproductive rights. Also included is the Convention on the Rights of the Child (1989), which protects adolescents' access to sexual health and education.

In addition, the Istanbul Convention (2011), a binding international instrument created by the Council of Europe to prevent and combat violence against women and domestic violence, holds different statuses in the two countries: signed by Brazil in 2011 but not yet ratified by the National Congress, while Turkey ratified it but officially withdrew in 2021, representing a regression in commitments to women's protection.

In parallel, there are political consensus documents and multilateral agendas that, although not legally binding, guide global public policies. Examples include the

International Conference on Population and Development (Cairo, 1994) and the Beijing Platform for Action (1995), which provide guidelines on sexual health and women's rights, as well as the 2030 Agenda for Sustainable Development (2015), whose fulfillment by member states, including Brazil and Turkey, is reflected in the Sustainable Development Goals (SDGs)—especially SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).

Furthermore, technical guidelines and recommendations issued by specialized organizations such as the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and the CEDAW Committee play a guiding role, establishing good practices based on scientific evidence and human rights. Although not legally binding, these recommendations significantly influence national policy formulation and the monitoring of treaty compliance. The adoption or rejection of these recommendations reflects political will, institutional context, and the space for civil society participation in each country.

In the cases of Brazil and Turkey, despite both being signatories and, in many cases, ratifying international treaties, there is a noticeable discrepancy between formal commitments and practical reality, marked by democratic setbacks, the influence of ideological conservatism, and limitations on civil society's role. This comparative analysis of international commitments and national policies aims to identify the main challenges to the realization of sexual and reproductive rights in both contexts.

Accordingly, the following table synthesizes the main treaties, conventions, consensus documents, guidelines, and international recommendations related to sexual and reproductive health, indicating the formal position of Brazil and Turkey regarding each of these instruments. This systematization will provide a structured basis for the subsequent critical analysis of the degree of compliance and existing gaps, illuminating the tensions between international commitments and national implementation.

TYPE	BRIEF DESCRIPTION	BRAZIL'S POSITION	TURKEY'S POSITION	REFERENCES
CEDAW (1979)	UN treaty on gender equality.	Ratified in 1984, no major reservations.	Ratified in 1985.Reservations withdrawn in 1999.	UN Treaty Collection; CEDAW Concluding Observations Brazil (2012), Turkey (2016); Decree 89.460/1984
ICESCR (1966)	UN treaty on economic,social and cultural rights.	Ratified in 1992. Recognizes Committee's jurisdiction.	Ratified in 2003 with reservations on union rights and education.	UN Treaty Collection; Decree 591/1992; CESCR Observations
CRC (1989)	UN treaty forcomprehensive child protection.	Ratified in 1990 with no reservations.Incorporated into national law.	Ratified in 1995 with reservations on adoption and culture.	UN Treaty Collection; Decree 99.710/1990; CRC Committee Observations
Cairo Declaration (1994)	Programmatic document on sexual and reproductive health.	Actively supported. Used as basis for public policies.	Formally adhered, but implementation limited.	UNFPA; Cairo+20; UNFPA Turkey Reports
Beijing Platform (1995)	Global plan for gender equality.	Fully endorsed; several national programs implemented.	Endorsed, but limited implementation due to setbacks.	UN Women; National Reports 2019 Brazil and Turkey
Istanbul Convention (2011)	Council of Europe treaty on violence against women.	Not a signatory.	Ratified in 2012, officially withdrew in 2021.	Council of Europe; UN Women; BBC News (2021)
Agenda 2030 (2015)	Commitment to SDGs (e.g., SDG 3 and 5).	Formally adopted. National Commission dismantled in 2019.	Formally adopted, emphasis on economic goals.	UN SDG Platform; IPEA;Voluntary Reports 2017–2019
CEDAW Recommendations	Review by the UN CEDAW Committee.	Recommendations on abortion, obstetric violence,	Recommendations on gender-based violence	CEDAW Concluding Observations;

		reproductive health.	and healthcare access.	Shadow Reports Brazil and Turkey
Universal Periodic Review (UPR)	UN Human Rights Councilreview mechanism.	Recommendations on gender violence and sexual rights access.	Recommendations on rights setbacks and protection systems.	UPR Info; OHCHR – 3rd cycle Brazil (2022), Turkey (2020)

4.1 International Commitments Undertaken by Brazil and Turkey

Brazil and Turkey, as active members of the international community, are signatories to various treaties and conferences that establish normative frameworks for the protection of sexual and reproductive rights. Both countries have ratified key instruments of the international human rights system, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), and the Convention Against Torture (CAT), as well as commitments made at international conferences on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995).

Historically, Brazil has maintained an active diplomatic stance in multilateral forums, standing out for its participation in the formulation and review processes of UN resolutions on sexual and reproductive health. Turkey, likewise, has ratified these treaties and participated in international conferences, although in recent years it has adopted more conservative positions regarding resolutions involving issues of gender, sexual orientation, and sexual education.

Both countries have undergone the Universal Periodic Review (UPR) within the UN Human Rights Council and received recommendations related to expanding access to reproductive health, ensuring safe abortion in legally permitted cases, addressing obstetric violence, and promoting sexual education based on scientific evidence and human rights approaches.

4.2 Analysis of Compliance with International Treaties and Conventions

Formal adherence to international treaties and conferences has not translated, in either country, into full and consistent implementation of international norms within their public policies. In Brazil, although there is a constitutional framework favorable to sexual and reproductive rights — with the Unified Health System (SUS) recognizing reproductive planning as a right — there is a clear mismatch between international commitments and national practice. Factors such as the criminalization of abortion outside the legal exceptions, the persistence of obstetric violence, the weakening of sexual education programs, and the growing influence of conservative discourses place the country in a state of non-compliance with provisions of CEDAW and the ICESCR. The CEDAW Committee, in its concluding observations on Brazil, warned about “the maintenance of legislation criminalizing abortion, which leads women and girls to resort to unsafe abortions,” and recommended “expanding access to sexual and reproductive health services, especially for vulnerable groups” (CEDAW, 2021, p. 7). Similarly, the ICESCR Committee expressed concern about “the reduction of budgets allocated to reproductive health and the stigmatization of sexual education in schools” (ICESCR, 2019, p. 5). According to the IPAS report (2021), Brazil faces “a context of institutional dismantling that directly impacts sexual and reproductive rights, especially for the poorest women, Black women, and those living in peripheral areas.”

In Turkey, although abortion has been legal up to the tenth week of gestation since 1983, the government has been promoting a hollowing out of public sexual and reproductive health policies, restricting access to legal procedures through institutional barriers and ideological pressure. Human Rights Watch (2020) documents that “in many cities, public hospitals refuse to perform legal abortions even when there are no medical impediments,” evidencing a scenario of systematic obstruction of access. The CEDAW Committee, in 2016, expressed “concern about the lack of effective access to legal abortion and the stigmatizing discourses by public authorities” (CEDAW, 2016, p. 8). Moreover, the repression of civil society was also identified by the UN Universal Periodic Review, which pointed to the “arbitrary closure of women’s NGOs and the shrinking civic space” as signs of democratic backsliding and violations of ratified treaties (UPR-Turkey, 2020, p. 3).

In both contexts, UN Committee reports indicate recurring concerns regarding the insufficient implementation of rights established in the treaties. For instance, the CEDAW Committee has repeatedly highlighted “the urgent need for effective legislative and policy measures to guarantee women’s sexual and reproductive rights in accordance with international standards” (CEDAW, 2021, p. 9). Recommendations include normative reforms, adequate funding, and combating conservative discourse that threatens the gains achieved.

4.3 Assessment of Compliance with Global Goals

The 2030 Agenda for Sustainable Development, adopted by both countries, also establishes targets directly related to sexual and reproductive rights, especially in Sustainable Development Goal (SDG) 3 — to ensure healthy lives and promote well-being for all at all ages — and SDG 5 — to achieve gender equality and empower all women and girls. Under SDG 3, Target 3.7 highlights: “Ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.” (UN, 2015)

Under SDG 5, Target 5.6 commits to:

> “Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.” (UN, 2015)

These targets recognize sexual and reproductive rights as central elements for sustainable human development, requiring coordinated state actions involving intersectoral public policies, adequate legal frameworks, and combating gender discrimination.

In Brazil, setbacks in reproductive planning policies, stagnation in addressing maternal mortality, and the absence of effective sexual education policies place the country in a critical position regarding compliance with Targets 3.7 and 5.6, which concern universal access to sexual and reproductive health and the guarantee of reproductive rights. The reduction of federal investments in the area, combined with censorship of

educational materials and persecution of professionals addressing gender and sexuality, seriously compromises progress toward these goals. “In recent years, there has been a significant rollback in investments and programs focused on reproductive planning and sexual education, with strong censorship and persecution of health and education professionals.” (IPAS BRAZIL, 2021)

Turkey, likewise, shows low compliance rates with global goals related to sexual and reproductive rights. The country faces persistent challenges related to gender inequality, gender-based violence, and systematic weakening of public policies aimed at reproductive autonomy. Turkey’s withdrawal from the Istanbul Convention in 2021 — a binding international treaty aimed at preventing and combating violence against women — marked a negative milestone symbolizing the country’s distancing from fundamental commitments linked to SDG 5 (achieving gender equality and empowering all women and girls). As UN Women (2021) points out, this decision “weakens national and regional efforts to eradicate gender-based violence and sends a worrying signal to the international community.” Recent reports also indicate increased repression of feminist organizations and civil society, as well as persistently high rates of domestic violence and femicides (HUMAN RIGHTS WATCH, 2021). Additionally, the withdrawal of public funding from sexual and reproductive health programs limits access to information, contraception, and legal abortion services, directly compromising compliance with Targets 3.7 and 5.6 of the 2030 Agenda (UNFPA, 2020; CEDAW, 2016).

4.4 Recommendations of International Bodies and Their Practical Implementation

Despite their non-binding nature, international recommendations issued by organizations such as the World Health Organization (WHO), the United Nations Population Fund (UNFPA), UN Women, and the monitoring committees of ratified treaties play a central role in shaping state conduct, particularly in the field of sexual and reproductive health. These guidelines are based on scientific evidence, universal human rights principles, and international practical experiences. As emphasized by UN Women (2021), such recommendations “stem from commitments voluntarily undertaken by States and reflect minimum standards for the protection of human rights.”

Their implementation is crucial because they translate treaty goals and obligations into concrete actions. In Brazil, while many of these guidelines were incorporated into public policies in the 2000s — such as regulations on humanized childbirth and care for legal abortion — a progressive institutional dismantling has been observed, driven by ideological pressures. In Turkey, state omission in response to similar recommendations has led to weakened access to sexual education, contraception, and legal abortion. As noted by the CEDAW Committee (2016), “the lack of measures to ensure effective access to legal abortion and sexual education violates the State’s obligations in health and equality.”

In both cases, the effectiveness of the recommendations depends on political will, the strength of democratic institutions, and the vigilant engagement of organized civil society. In contexts marked by authoritarianism and moral conservatism, the gap between normative frameworks and the lived experiences of women and girls widens, deepening historical inequalities and violating fundamental rights.

5. Conclusion

The comparative analysis of reproductive health policies and sexual rights in Brazil and Turkey, in light of international normative frameworks, highlights both significant progress and setbacks in the protection of these fundamental rights. Although both countries have adhered to major international instruments — such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) — their political trajectories reveal differing patterns of implementation and, more importantly, effectiveness.

In Brazil, despite having structured public policies through the Unified Health System (SUS), there is growing influence from conservative discourses that threaten the continuity of programs related to comprehensive sexual education, access to contraception, and the legal provision of abortion. As Corrêa (2022, p. 34) states, “the backlash against sexual and reproductive rights in Brazil has been marked by the rhetoric of ‘gender ideology,’ which has undermined educational and health policies built over decades.” This rhetoric, often supported by religious sectors within the National Congress, has contributed to the weakening of gender institutions and the widespread dissemination of misinformation.

In Turkey, the regression is even more acute, especially following the country’s withdrawal from the Istanbul Convention in 2021. This measure represented, according to UN Women (2021), “a serious setback for the rights of women and girls in the fight against gender-based violence.” Additionally, the government’s control over feminist and LGBTQIAPN+ discourses has led to silencing and persecution, severely undermining the democratic space for civil society. As Altınay (2023) notes, the Turkish government has promoted a model of reproductive citizenship tied to compulsory motherhood and ethnic nationalism, at the expense of women's bodily autonomy.

In both countries, data reveal the persistence of structural inequalities that most severely affect Black, Indigenous, disabled, impoverished, and LGBTQIAPN+ women.

Intersectionality must, therefore, be considered a fundamental lens for understanding the complexity of violations of sexual and reproductive rights (Akotirene, 2019). The lack of services in rural areas, obstetric violence, institutional discrimination, and lack of access to accurate information are shared barriers in both contexts.

Moreover, it is evident that ratifying international treaties and conventions does not automatically lead to their effective incorporation into domestic legislation. Brazil's case regarding the Istanbul Convention is illustrative: although the country signed the treaty, it never ratified it, preventing its enforcement and normative application. This reflects a gap between formal commitment and actual state action, as already pointed out by Piovesan (2021).

The table presented in Chapter 4 summarizes this reality, indicating the levels of adherence and compliance with international standards by both countries. Even though both actively participated in global conferences — such as those held in Cairo (1994) and Beijing (1995) — monitoring and accountability mechanisms remain weak.

In this scenario, the role of organized civil society, feminist movements, and international human rights protection bodies remains vital. Collective resistance has been a driver of advocacy, political education, and the proposal of alternatives. As Butler (2021) points out, “the fight for sexual and reproductive rights is also a fight for the preservation of democratic space and the redefinition of contemporary citizenship.”

Finally, this study highlights the importance of adopting a critical, intersectional, and transnational approach to understanding the challenges related to the realization of sexual and reproductive rights. The protection of these rights must be seen not as a privilege, but as a state obligation tied to international legal commitments and human dignity.

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