



Gender, health, and human rights: A theoretical framework

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Abstract

This study examines the intersection of gender, health, and human rights, aiming to develop a comprehensive theoretical framework that captures the multidimensional nature of these interconnected domains. It highlights how structural inequalities, socio-cultural norms, and institutional practices shape access to healthcare and the realization of human rights, particularly for marginalized populations. The study employs a qualitative, literature-based approach, synthesizing findings from diverse contexts including humanitarian settings, sexual and reproductive health, institutional care, urban governance, climate adaptation, and activism. Key themes identified include the role of human rights education in fostering awareness and empowerment, the influence of gendered power relations on health outcomes, the significance of participatory and grassroots advocacy, and the impact of institutional and policy frameworks on operationalizing rights. The findings indicate that addressing gendered health disparities requires integrative strategies that combine education, legal mechanisms, policy interventions, and social activism. The proposed theoretical framework emphasizes the importance of intersectionality, contextual sensitivity, and the integration of agency and structural analysis to ensure equitable health outcomes. By bridging conceptual insights with practical considerations, the framework offers a roadmap for scholars, policymakers, and practitioners to design interventions that promote gender-sensitive health and uphold human rights. The study contributes to ongoing debates on health equity and social justice by providing a multidimensional perspective that links theory, policy, and practice in the pursuit of inclusive and rights-based health systems.

Keywords: Human Rights, Human Rights Education, Activism, Intersectionality

Introduction

The intersection of gender, health, and human rights has emerged as a critical area of scholarship and practice, reflecting the complex ways in which social, cultural, and political structures shape access to health and well-being. Recent literature emphasizes that understanding health through a human rights lens requires more than policy frameworks; it necessitates an engagement with gendered inequalities and power relations that influence both the experience of health and the ability to claim rights effectively. As Devonald *et al.* (2021) ^[4] note, human rights education in humanitarian contexts offers opportunities to cultivate awareness and agency among vulnerable populations, yet challenges persist in translating theoretical knowledge into practical empowerment. This highlights the need for frameworks that not only articulate rights but also actively engage with the socio-political realities affecting marginalized groups.

Health, in this context, extends beyond the absence of disease, encompassing sexual and reproductive well-being, access to care, and the protection of bodily autonomy. Gruskin *et al.* (2021) ^[10] argue that integrating human rights into sexual and reproductive health research requires moving beyond rhetoric to address structural and systemic barriers that perpetuate inequities. Similarly, Riggiozzi (2021) ^[14] emphasizes the everyday political economy of human rights in health, framing dignity and respect as essential to addressing gendered inequalities and ensuring accountability. The health experiences of women, LGBTQ+ individuals, and other marginalized groups are often mediated by societal norms, institutional practices, and legal frameworks that either reinforce or challenge inequities.

The integration of gender and human rights into broader societal structures, including disaster risk reduction, climate

change adaptation, and urban governance, further underscores the multidimensional nature of these issues. Scott *et al.* (2023) ^[17] introduce the FIRE framework to link gender equality and human rights with climate adaptation strategies, demonstrating the necessity of incorporating intersectional perspectives into policy and practice. Likewise, Rosamond and Davitti (2022) ^[16] highlight the interplay between gender, climate crises, and authoritarian governance, illustrating how threats to human rights are amplified in contexts of environmental and political instability. At the local level, Boulos and la Barbera (2023) ^[1] explore how municipal human rights plans, such as those implemented in Madrid, can serve as platforms for protecting gendered rights but often face institutional and political limitations that affect their efficacy.

Human rights frameworks also shape the social and institutional dimensions of care. Emmer De Albuquerque Green *et al.* (2022) ^[6] examine care homes for older people, proposing typologies that illustrate the diverse approaches to human rights in institutional settings. This underscores the broader principle that health and gender-related rights are not only about access to services but also about ensuring dignity, respect, and agency within care environments. Conroy *et al.* (2020) ^[3] further argue that narratives of tradition, unity, and rights in sexual and reproductive health reveal tensions between cultural practices and rights-based approaches, emphasizing the importance of reconceptualizing gender and power relations to achieve meaningful health outcomes.

Education and advocacy play a pivotal role in bridging theory and practice. Duffy (2025) ^[5] and Granholt *et al.* (2025) ^[9] highlight how critical pedagogies and discourses in social science education can either obstruct or facilitate transformative understandings of sexuality, gender, and

human rights. Sundkvist (2023) ^[19] illustrates the power of bodily performative activism in challenging sexual violence, showing how human rights frameworks can become tools for social and political engagement. Similarly, Seear and Mulcahy (2022) ^[18] demonstrate how gendered rights intersect with issues such as substance use, revealing the multifaceted ways in which rights are enacted, contested, and realized in everyday life.

Taken together, this body of scholarship underscores that a theoretical framework for gender, health, and human rights must be intersectional, context-sensitive, and action-oriented. It must account for structural inequalities, cultural norms, and institutional practices while emphasizing the agency of individuals and communities to claim their rights. By integrating insights from global health, education, urban governance, and activist scholarship, researchers and practitioners can better understand the complex dynamics at play and design interventions that promote equitable health outcomes and the realization of human rights for all.

Literature Review

The intersection of gender, health, and human rights has increasingly become a central concern in global scholarship and practice, reflecting the intricate ways in which social, political, and institutional structures influence individual and collective health outcomes. Understanding health through a human rights lens is not merely a matter of legal compliance; it necessitates an analysis of gendered inequalities, power relations, and socio-cultural norms that shape both access to healthcare and the capacity of individuals to claim their rights. Human rights education, particularly in humanitarian settings, provides a framework for fostering awareness and agency among vulnerable populations. Devonald *et al.* (2021) ^[4] highlight that human rights education in such contexts offers significant opportunities for empowerment, yet it faces challenges in translating abstract principles into actionable knowledge, especially when structural inequalities persist.

Health and well-being extend beyond the absence of disease to include sexual and reproductive health, mental well-being, and access to equitable healthcare services. Gruskin *et al.* (2021) ^[10] emphasize that integrating human rights into sexual and reproductive health research requires moving beyond rhetorical commitments to address structural and systemic barriers that perpetuate inequities. Similarly, Riggiozzi (2021) ^[14] underscores the importance of dignity and respect in health-related human rights, advocating for approaches that address gendered inequalities and enhance accountability. These perspectives indicate that gendered experiences of health are profoundly shaped by societal norms, institutional practices, and legal frameworks that can either enable or constrain the realization of rights.

The integration of human rights frameworks into governance, disaster management, and urban planning highlights the multidimensional nature of health and gender issues. Scott *et al.* (2023) ^[17] propose the FIRE framework to integrate human rights and gender equality into disaster risk reduction and climate change adaptation, demonstrating the need for intersectional approaches in policy and practice. Rosamond and Davitti (2022) ^[16] further illustrate the interplay between gender, climate crises, and authoritarianism, showing how environmental and political instability can exacerbate threats to human rights. At a

municipal level, Boulos and la Barbera (2023) ^[11] explore the implementation of human rights plans, such as the Madrid City Council Human Rights Plan, revealing both the opportunities and obstacles in operationalizing rights at the local level. These studies underscore that effective human rights frameworks must account for context-specific challenges and recognize the interconnectedness of gender, health, and governance.

Institutional care and social services provide another critical lens for examining gendered human rights concerns. Emmer De Albuquerque Green *et al.* (2022) ^[6] present a typology of approaches to human rights in care homes for older people, highlighting the diversity of practices and the importance of promoting dignity, autonomy, and participatory decision-making in institutional settings. Conroy *et al.* (2020) ^[3] focus on sexual and reproductive health, emphasizing the need to reconceptualize gender and power relations to balance narratives of tradition, unity, and rights. These studies collectively indicate that health-related human rights are not only about access to services but also about ensuring respect, agency, and protection within institutional and social environments.

Education and pedagogy play a central role in operationalizing human rights principles. Duffy (2025) ^[5] and Granholt *et al.* (2025) ^[9] argue that critical pedagogies and discourse analysis in social science education can either facilitate or hinder transformative understandings of gender, sexuality, and human rights. By examining educational content and methodologies, these scholars demonstrate that transformative human rights education requires confronting entrenched norms and creating opportunities for learners to engage critically with issues of inequality, power, and social justice. Robinson *et al.* (2020) ^[15] further elaborate on the theoretical underpinnings of teachers' responsibilities in human rights education, emphasizing that educators play a crucial role in translating rights-based concepts into meaningful learning experiences that foster awareness, empathy, and agency.

Activism and community engagement complement educational strategies in advancing human rights in practice. Sundkvist (2023) ^[19] illustrates how bodily performative activism in Egypt challenges sexual violence and creates spaces for marginalized voices to contest prevailing norms, demonstrating the potential for human rights frameworks to support grassroots empowerment. Similarly, Seear and Mulcahy (2022) ^[18] explore how Australian human rights frameworks intersect with gendered issues such as alcohol and other drug use, emphasizing that the enactment of rights is deeply embedded in social and cultural contexts. These studies collectively underscore that human rights are not static legal constructs but dynamic processes that involve negotiation, contestation, and practice in everyday life.

Legal and institutional mechanisms are essential but not sufficient for ensuring gender-sensitive health rights. Inal (2020) ^[11] highlights the transformative potential of the European Court of Human Rights in changing gender norms, exemplified through cases concerning women's maiden names in Turkey. Fraser (2019) ^[7] critiques state-centric approaches, advocating for the recognition of social institutions in domestic implementation of international human rights law, while Lundy and MartínezSainz (2018) ^[12] emphasize the role of law and legal knowledge in addressing violations of children's rights through formal education. Chase (2016) ^[2] further illustrates how

contestations over sexual orientation and gender identity reveal gaps in legal protection and social acceptance, suggesting the need for multi-level strategies that integrate law, policy, and social advocacy.

Global perspectives further highlight the necessity of integrating gender and rights considerations into health interventions. Parker and Murray (2022) ^[13] emphasize the centrality of human rights in global health, suggesting that rights-based frameworks are crucial for addressing health inequities, particularly for marginalized and vulnerable populations. Goicolea (2010) ^[8] provides a case study on adolescent pregnancies in the Amazon Basin, using a rights and gender approach to elucidate the interplay between cultural norms, health policies, and access to reproductive services. These studies collectively demonstrate that health, gender, and rights are mutually constitutive, and that sustainable improvements require intersectional, context-sensitive approaches that address both structural and individual factors.

The literature collectively underscores the importance of adopting a theoretical framework that integrates gender, health, and human rights in a holistic, intersectional, and context-sensitive manner. Human rights education, activism, policy frameworks, and legal mechanisms are all crucial components, but their effectiveness is mediated by social norms, institutional structures, and political realities. By considering these multiple dimensions, scholars and practitioners can better understand the structural and experiential factors that shape health outcomes and the realization of rights. Integrating insights from educational theory, governance, social activism, and global health research provides a robust foundation for addressing gendered health inequities, ensuring that human rights frameworks translate into meaningful practice.

In conclusion, the scholarship demonstrates that effective engagement with gender, health, and human rights requires more than legalistic or policy-oriented approaches. It demands attention to intersectional inequalities, socio-cultural norms, and the lived experiences of individuals, particularly those from marginalized groups. A theoretical framework for this field must therefore be dynamic, participatory, and multidimensional, capable of addressing structural inequalities while fostering agency and empowerment. By bridging theory, policy, and practice, such a framework can contribute to more equitable health outcomes, greater protection of human rights, and enhanced social justice globally.

Research Methodology

This study adopts a qualitative research design to develop a comprehensive theoretical framework integrating gender, health, and human rights. Given the exploratory and conceptual nature of the research, a qualitative approach is appropriate to capture the complexity of social, cultural, and institutional factors shaping health and gendered experiences. The study primarily relies on a systematic review of secondary sources, including peer-reviewed journal articles, books, and policy reports, to analyze existing scholarship on human rights education, sexual and reproductive health, institutional care, gender activism, and governance frameworks. A total of nineteen studies spanning diverse contexts and disciplines were reviewed, covering humanitarian settings, urban governance, climate adaptation, legal reforms, and educational interventions.

The selection of literature followed purposive sampling criteria to ensure relevance, credibility, and alignment with the research objectives. Inclusion criteria prioritized studies that explicitly addressed the intersection of gender, health, and human rights, employed empirical, theoretical, or policy-oriented analyses, and were published in peer-reviewed journals between 2010 and 2025. Thematic analysis was employed to identify recurring patterns, concepts, and frameworks across the selected studies. Key themes included the role of human rights education in fostering agency, gendered inequalities in healthcare access, institutional and legal mechanisms, activism and advocacy practices, and the integration of gender and rights in policy frameworks.

Objectives of the Study

- To examine the intersections of gender, health, and human rights through a qualitative synthesis of existing scholarship.
- To identify structural, institutional, and social determinants influencing gendered health outcomes and rights-based access to care.
- To analyze the role of human rights education, legal frameworks, and activism in promoting gender equity and health justice.
- To develop an integrative theoretical framework that connects gender, health, and human rights for guiding future research and policy initiatives.

Data extraction involved coding relevant findings from each study, followed by synthesis to develop an integrative framework that highlights structural, institutional, and social determinants of health and rights. The methodological approach emphasizes rigor through transparency in literature selection, systematic coding, and iterative analysis to ensure that the theoretical framework reflects diverse perspectives and interdisciplinary insights. By employing a qualitative, literature-based methodology, this study provides a robust foundation for understanding the multidimensional relationship between gender, health, and human rights, offering a conceptual model to guide future empirical research and policy development.

Discussion

The review of literature highlights the intricate interplay between gender, health, and human rights, emphasizing that structural inequalities, socio-cultural norms, and institutional practices significantly shape access to healthcare and the realization of rights. Human rights education emerges as a critical mechanism for fostering awareness and agency, particularly in humanitarian and marginalized contexts, as noted by Devonald *et al.* (2021) ^[4] and Duffy (2025) ^[5]. However, the literature also indicates persistent challenges in translating knowledge into practice, suggesting that education alone is insufficient without complementary policy, legal, and advocacy mechanisms.

The analysis underscores the centrality of dignity, respect, and accountability in addressing gendered health inequalities. Gruskin *et al.* (2021) ^[10] and Riggiozzi (2021) ^[14] emphasize that sexual and reproductive health cannot be effectively addressed without integrating human rights frameworks that account for power relations and social determinants. Institutional contexts, including care homes and urban governance structures, further shape the

realization of rights, with studies by Emmer De Albuquerque Green *et al.* (2022) ^[6] and Boulos and la Barbera (2023) ^[1] demonstrating both opportunities and obstacles in operationalizing rights within bureaucratic and policy frameworks.

Activism and community engagement, as illustrated by Sundkvist (2023) ^[19] and Seear and Mulcahy (2022) ^[18], are essential for translating formal rights into lived experiences. These studies indicate that performative activism and grassroots advocacy can challenge entrenched norms and promote transformative change, highlighting the necessity of participatory approaches. Legal and policy interventions, including European Court rulings and municipal human rights plans, provide structural support, but their effectiveness is mediated by cultural and institutional factors (Inal, 2020 ^[11]; Fraser, 2019) ^[7].

Overall, the discussion points to the need for an integrative, intersectional, and context-sensitive framework that bridges theory, policy, and practice. Effective engagement with gendered health and human rights requires multi-level strategies encompassing education, activism, legal reform, and policy implementation. By synthesizing insights from diverse disciplinary perspectives, the study emphasizes that realizing health rights equitably necessitates attention to structural inequities, social norms, and individual agency, providing a conceptual basis for future research and intervention strategies.

Major Findings

1. Interconnectedness of Gender, Health, and Human Rights

The study finds that gender, health, and human rights are deeply intertwined, with gendered power relations shaping access to health resources, bodily autonomy, and overall well-being.

2. Human Rights Education as a Tool for Empowerment:

Human rights education serves as a key mechanism for fostering awareness and agency among marginalized populations, enabling individuals to understand and claim their rights effectively.

3. Persistent Gaps Between Knowledge and Practice:

Despite growing awareness of human rights principles, significant gaps remain between theoretical understanding and practical implementation, especially in humanitarian and low-resource settings.

4. Structural Inequalities as Barriers to Health Equity:

Systemic factors such as patriarchy, socio-economic inequality, and institutional bias continue to limit women's and marginalized groups' access to equitable healthcare and social protection.

5. Importance of Dignity and Accountability

Ensuring dignity, respect, and accountability within healthcare and social institutions is essential for realizing human rights and addressing gendered inequalities in health outcomes.

6. Role of Activism and Grassroots Movements:

Activism and community-led initiatives play a transformative role in advancing gender and health rights, challenging discriminatory norms, and promoting inclusive social change.

7. Legal and Policy Frameworks as Enablers and Constraints

Legal reforms and human rights policies provide structural support for gender equity, yet their effectiveness is often limited by political, cultural, and institutional resistance.

8. Intersectionality as a Core Analytical Lens

The study highlights that understanding health and rights through an intersectional lens—considering gender, class, age, and ethnicity—is vital for developing effective and inclusive frameworks.

9. Integration Across Sectors and Scales:

Effective realization of health rights requires multi-level coordination between education, policy, healthcare, and community sectors to ensure sustainable and context-sensitive outcomes.

10. Need for a Comprehensive Theoretical Framework:

The study concludes that a dynamic, intersectional, and context-specific theoretical framework is essential for bridging theory, policy, and practice in advancing gender-sensitive health and human rights.

Conclusion

The review and analysis presented in this study underscore the critical interconnections between gender, health, and human rights, revealing that achieving equitable health outcomes requires more than legal or policy mandates. Structural inequalities, socio-cultural norms, and institutional practices profoundly influence the realization of rights, often limiting access to healthcare and social services for marginalized populations. By synthesizing insights from education, governance, activism, and legal interventions, the study highlights the necessity of an integrated and intersectional framework that addresses both systemic barriers and individual agency.

Human rights education emerges as a foundational tool for fostering awareness and empowering individuals to claim their rights, particularly in contexts of vulnerability and marginalization (Devonald *et al.*, 2021 ^[4]; Duffy, 2025) ^[5]. However, education alone is insufficient; complementary measures—including policy frameworks, legal reforms, and grassroots activism—are essential to ensure that rights translate into tangible outcomes (Gruskin *et al.*, 2021 ^[10]; Sundkvist, 2023) ^[19]. Institutional and municipal mechanisms, such as care homes and city-level human rights plans, play a vital role in operationalizing these rights, though their effectiveness is contingent on context-specific governance, cultural norms, and resource allocation (Emmer De Albuquerque Green *et al.*, 2022 ^[6]; Boulos & la Barbera, 2023) ^[1].

The study emphasizes the value of participatory and inclusive approaches that integrate voices from marginalized communities, fostering accountability and responsiveness within institutions. By reconceptualizing gendered power relations and situating health within a human rights paradigm, the proposed theoretical framework provides a multidimensional perspective capable of informing both policy and practice (Conroy *et al.*, 2020 ^[3]; Riggiozzi, 2021) ^[14].

Future research should empirically test the applicability of this framework in diverse socio-cultural and institutional contexts, examining how education, activism, and policy

interventions interact to advance gendered health rights. Additionally, longitudinal studies could explore the long-term impact of rights-based interventions on health equity and social justice. Overall, this study contributes a comprehensive conceptual model that bridges theory and practice, offering actionable insights for scholars, policymakers, and practitioners committed to advancing gender-sensitive health and human rights globally.

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