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VIEWPOINT

Reclaiming Sexual and Reproductive Rights Through a Decolonial Lens

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The world is experiencing unprecedented attacks on sexual and reproductive health and rights (SRHR) that threaten decades of progress.[1] From restrictive abortion laws and gender-discriminatory health care policies to the criminalization of LGBTQIA+ individuals and shrinking civic space for feminist and human rights defenders, the regression is widespread and strategic, part of a systematic effort to reassert control over sexuality and reproduction.[2]

The current backlash points to deeper, structural origins of reproductive control that are embedded in colonial legacies.[3] Colonial regimes exercised power over colonized populations by replacing Indigenous traditional practices with rigid Eurocentric frameworks of gender, race, and sexuality.[4] Colonizers entrenched their authority through political domination and by asserting cultural and moral superiority through Christian missionary values that depicted colonized populations as inferior, uncivilized, and morally corrupt.[5]

The Convention on the Elimination of All Forms of Discrimination Against Women, particularly its articles 12 and 16, remains the key instrument for protecting women's right to decide freely about their bodies, providing legal and ethical grounding for advocacy, litigation, and accountability.[6] However, global efforts to protect this right must also acknowledge the deep-rooted colonial legacies, systemic inequalities, and intersecting forms of oppression that shape reproductive injustices.[7] Integrating a decolonial perspective into SRHR discourse and strategies, therefore, becomes essential to unpack and challenge embedded power structures and to foster more inclusive, locally grounded, and transformative solutions.

The colonial legacy of control over sexuality and reproduction

Understanding power as a denominator in SRHR means asking hard questions: Who sets the rules around sexuality and reproduction? Whose bodies are policed, and whose desires are ignored? How do global

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health actors today reproduce or challenge these historical patterns?

If we are serious about advancing SRHR, we must confront not only contemporary policies but also the colonial foundations on which many of them rest. Before introducing a decolonial framework, it is imperative to engage with the concept of power—particularly Michel Foucault's notion of *biopower*. This concept unveils the colonial legacies embedded in global health and reproductive justice systems and interrogates both the overt and subtle mechanisms of reproductive control in the modern era.

Biopower refers to the techniques and strategies through which modern states exert control over bodies, health, and life itself.[8] In the context of reproductive governance, biopower manifests through legal frameworks, health policies, funding mechanisms, and institutional practices that aim to discipline, surveil, and manage reproductive choices and capacities.[9]

The use of colonial-era laws is strong evidence of biopower in the reproductive space. For example, in the colonial era, the British Empire was governed by the 1861 Offences Against the Person Act that criminalized abortion and same-sex relationships, classifying the latter as "unnatural."[10] Today, Jamaica retains an 1864 version of the colonial law, subjecting offenders of these two "crimes" to lengthy prison sentences.[11]

Another example of the discriminatory use of biopower in the early 20th century occurred in French and British colonies. The French imposed pronatalist policies, repressing contraception and abortion to boost population numbers, whereas the British shifted toward population control influenced by eugenic ideologies and economic rationales, eventually promoting family planning as a development tool.[12] These policies sought to regulate African women's reproductive lives to serve colonial economic and demographic interests.

Native women in the colonies were subjected to forced sterilizations and non-consensual medical experimentation, illustrating how colonial power operated through control over marginalized bodies.[13] Colonial powers also imposed strict controls not only on the colonized but also on vulnerable groups within their own ranks. For instance, European children were believed to develop sexual awareness earlier in the tropics, prompting strict oversight, including monitoring and controlling Indigenous adults and children when interacting with European children, to shield them from local influences deemed morally corrupt.[14]

Neocolonial power and the persistence of reproductive control

Although formal colonialism has ended, power asymmetries persist in new forms, and neocolonial policies continue to wield power over sexuality and reproduction. What once operated through direct governance now functions through more insidious systems. Power is maintained via funding mechanisms that condition development aid on specific gender norms, laws that regulate bodily autonomy, and the continued dominance of Western knowledge systems that marginalize alternative epistemologies.[15]

For example, recent rollbacks in Ghana and the passage of an anti-LGBTQIA+ law in Uganda reflect a disturbing trend of shrinking civic space and heightened control over sexuality and bodily autonomy. In Ghana, the proposed Proper Human Sexual Rights and Ghanaian Family Values Bill criminalizes LGBTQIA+ identities and advocacy, while in Uganda, the Anti-Homosexuality Act imposes severe penalties, including life imprisonment and death sentences in certain cases.[16] These legal norms draw from a long legacy of colonial control over women's bodies and reproduction, particularly the imposition of rigid family norms and procreative duties that mirror outdated Western ideologies and religious conservatism.

Meanwhile, donors frequently impose conditions that determine which sexual and reproductive health services are morally acceptable and thus "fundable." For instance, the United States, under the new Trump administration, has reintroduced the Global Gag Rule prohibiting government funding to foreign nongovernmental organizations that provide information on and access to abortion services.[17] In effect, aid becomes a vehicle of control,

reinforcing exclusionary norms and undermining the sovereignty of postcolonial states to define health priorities.

To adequately respond to the scale and complexity of the current backlash requires decolonizing SRHR discourse and practice.[18] This involves recognizing and dismantling colonial power dynamics within global health governance, legal frameworks, and advocacy agendas while centering Indigenous, feminist, and Global South perspectives.[19] A decolonial approach complements the human rights framework and expands its potential for transformation by addressing the historical and structural roots of reproductive oppression.

For example, civil society organizations have been at the forefront of responding to anti-LGBTQIA+ laws rooted in colonial ideologies that institutionalize homophobia and negatively affect health outcomes in Africa. In Uganda, civil society responded to the passage of the Anti-Homosexuality Act by working in partnership with UNAIDS and government ministries to develop an "adaptation plan" that included the creation of safe drop-in centers to allow access to HIV care and services and by engaging law enforcement officials to emphasize the importance of protecting access to HIV prevention and treatment for LGBTQIA+ people.[20]

Using a decolonial lens in human rights

Human rights-based approaches have played a foundational role in advancing sexual and reproductive health by securing legal protections, affirming bodily autonomy, and challenging discriminatory laws. For its part, the reproductive justice framework, rooted in Black feminist organizing in the United States, highlights the intersections of race, class, gender, and reproductive freedom.[21] Together, these frameworks create a powerful foundation—but to advance SRHR in an inclusive and transformative way, we must go further.

Progress demands a systemic approach that moves from individual-level advocacy and interrogates the broader architecture of power rooted in colonial legacies, geopolitical dominance, patriarchy, and structural racism. These systems continue to determine whose bodies are controlled, whose voices are amplified, and whose reproductive autonomy is recognized.

The decolonial power lens offers the systemic perspective we need. It reveals that reproductive oppression is not merely the result of individual rights violations but of entrenched systems of control. It calls for the deconstruction and decolonization of power structures—such as global financial structures, donor conditionalities, and epistemic exclusion—that continue to shape global health systems.

Scholars have emphasized that adopting a decolonial lens can lead to better health outcomes and greater equity.[22] But adopting this lens involves going beyond simply being "decolonial" in name—it requires challenging traditional approaches and working toward the genuine sharing of power. It also means shifting where we seek knowledge and leadership, recognizing the value of Black, feminist, and Global South movements, and rethinking the types of knowledge we prioritize.

A decolonial lens is not a rejection of human rights or reproductive justice frameworks but a complement to them. Combining these three frameworks offers a way to transform the institutions, narratives, and power relations that continue to shape who has access to health, and on what terms. It confronts the historical and structural forces that shape reproductive experiences and disparities across contexts and calls for health policies and systems to actively dismantle these structures, not merely treat their symptoms.

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