



Situating Sex, Gender, and Health in South Asia

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Abstract

This first chapter of the handbook begins with a brief account of the beginnings of scholarship and activism on sex, gender, and health, including in South Asia. It introduces key sex/gender concepts before contextualizing them in the varied histories and politics of the region while highlighting recent advances in sexual rights amidst the backlash. Subsequently, the authors provide a road map of approaches to integrating a sex/gender lens into understandings of health and illness, focusing on intersectionality, socioecological approaches, social and structural determinants, and rights-based approaches. While not an exhaustive review, the road map offers a foundational understanding to contextualize the content of the subsequent chapters and sections in this handbook.

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The chapter then provides an overview of what this handbook offers, highlighting what a regional perspective brings to discussions on health disparities arising from sex/gender differences, gender issues within health systems, gender and equity analyses of policies and programs, and the role of advocacy, movements, and social action. The diverse collection of chapters, authored primarily by individuals from South Asia, emphasizes the intricate relationship between gender, sex, and health in diverse settings while illustrating how gender is contextual, intertwined with power, and intersects with various identities and inequalities, influenced by historical, political, geographical, governmental, and legal/regulatory factors, as well as global influences. The authors suggest that the handbook provides space for alternative narratives and theories that challenge accepted yet unexamined assumptions about sex/gender in much public health research while centering voices and evidence that have been overlooked or underrepresented.

Keywords

Gender · South Asia · Health · Intersectionality · Social determinants · Socioecological · Human rights

Introduction

Background

The significance of investigating sex and gender within health research has been widely acknowledged, and considerable progress has been achieved in generating evidence globally. Scholarly interest in sex, gender, and health has emerged in different forms across contexts. For example, the women's health movement in Europe and America in the 1970s rallied around access to birth control and abortion (Arber & Thomas, 2001; Connell, 2012), while Indian activists organized around violence against women and issues related to women's livelihoods and health (Kumar, 1993). In Bangladesh, women activists and BRAC, Grameen Bank, and other women's coalitions and groups rallied around women's health, education, and empowerment in the early 1980s and 1990s (Rashid, 2024). There was an increasing recognition of gender as a significant factor influencing women's health outcomes. Over time, men emerged, as evidenced in writings by Macintyre et al. (1996), Sen et al. (2002), and the Women and Health Initiative (Khanna et al., 2002). The 1970s and 1980s witnessed an expansion of discussions on health disparities, moving beyond solely focusing on socioeconomic status to encompass considerations of gender, caste, class, race, and, later, sexual orientation and gender identity (Hankivsky et al., 2010).

In the global health space, the links between sex, gender, and health remain relatively neglected (Clark & Horton, 2019), with greater emphasis placed on women's health and maternal health. In the post-Second World War period, the