

PUBLIC HEALTH OF THE NATION AND REPRODUCTIVE VIOLENCE

INTRODUCTION

Knowledge about the public health of the nation is aimed at improving living conditions, environmental factors of the ontological existence of the community and population, preventing morbidity and counteracting health challenges in the event of crisis threats. This sector is characterized by the need to implement various kinds of guarantees in the field of national health, including institutional, political, ideological, educational, and legal ones.

The current task of the public health sector is to counteract discrimination and inequality in access to various medical services, increase the life expectancy of the public and shape a healthy lifestyle for future generations. Public health includes all areas of the nation's health in the classical WHO approach to understanding the latter, i.e. the physical, psychological and social well-being of an individual, group of individuals, community and nation. Legal and medical measures to ensure public health are specific necessary mechanisms of activity of public authorities, healthcare institutions, civil society institutions, and international organizations to ensure the preservation of the proper functioning of the body.

The public health of the nation is particularly important in the context of global transformations, radical environmental changes, new information approaches and political changes. This applies to all countries and nations, as the global problem of violation of the right to public health is interdisciplinary and transnational. Taken together, the mechanism of ensuring public health includes many factors, including anti-epidemiological measures, hygiene policy, preventive measures against morbidity, information campaigns on healthy lifestyles, stimulating early diagnosis of morbidity, the problem of confidentiality of medical information (see more details [1]) and the implementation of medical services only with the patient's informed consent.

The primary group of institutions specially authorized to ensure public health are bodies and institutions of the public and private health sector. The quality of health care services to ensure the health of the nation is often the subject of scientific research, and in most cases it is stated that states seek to provide sufficient economic resources to solve the problem

of medical staff professionalism [2]. The task of modern legal policy is to develop reliable programs for the development [3] of the nation's public health. Many governments around the world are expanding their focus from primary health care to broader social and economic determinants of health, prevention programs, and education on healthy lifestyles, and legitimate behavior that would ensure a healthy physical and mental environment. Modern governments in democratic countries are beginning to realize that it is not enough to focus on the health care delivery system; a comprehensive public health policy is needed to address all threats to health.

One of the most significant threats to public health is the spread of unlawful policies and practices of violence at the individual and national levels, so this problem should be given special attention.

Given the global nature of the problem and the urgent need to address it, the scientific community has paid attention to certain aspects of its research. In general, we can distinguish two groups of scientific works according to the subject of analysis.

The first group includes current research on the public health of the nation and certain measures of state and social importance used to improve the lives of citizens. Among them, V. Quesada-Cubo, D.S. Damian-Gonzalez, F.G. Prado-Velasco [4] analyzed the problems of improving the public health of Mexican residents, Y. Wang, L. Zhao, L. Gao paid attention to such a policy within the Chinese health care system [5], L. Bovelek pointed out the necessary improvements to national health programs in the United States [6]. Particularly valuable are the works related to global measures to improve the health of the world's inhabitants in the context of achieving sustainable development of mankind [7, 8].

Some of the developments represented in modern medical doctrine relate to reproductive health problems and the protection of human reproductive rights, especially of women and girls. There are also some developments related to the sexual and reproductive health of young people [9, 10] and adolescents [11]. Some measures to ensure reproductive health have been analyzed in such contexts as combating maternal mortality [12], menstrual health [13].

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The issue of violation of reproductive rights and violence in war has been studied by a number of scholars, including many cases of sexual violence, atrocities documented during the Yugoslav wars and the Rwandan genocide [14] and in the context of current military global problems [15]. However, the issue of combating violence in the field of reproductive health as a means of achieving public health of the nation in the context of interdisciplinary analysis of social, legal and jurisprudential sciences has not yet been the subject of research.

Objective of the study: to provide a comprehensive analysis of the nation's reproductive health issues by identifying the methods and means of combating reproductive violence through legal mechanisms. To achieve this goal, the following tasks have been set: to define the concept of reproductive violence and distinguish it from other related concepts, to consider certain forms of reproductive violence and to determine the effectiveness of institutional and judicial mechanisms for combating this type of violence.

MATERIALS AND METHODS

The methodology is determined by the subject of the study and the purpose of the scientific article. The issue of violence is mostly considered within the framework of legal science, while human reproductive functions are analyzed through the application of medical knowledge. In our opinion, such a single-vector analysis of a complex problem involves the application of an intercomplex methodology that absorbs knowledge from several areas of scientific knowledge, mainly medicine, jurisprudence, sociology, political science, and ethics.

The method of dogmatic analysis is appropriate for studying incidents of legal proceedings related to human rights violations and institutional means of their protection. In addition, certain aspects of the legal system and peculiarities of legal regulation apply to different countries, so it is appropriate to use the comparative method in this study, which allows comparing the role of individual means of influencing the country's reproductive and preventive policy.

RESULTS AND DISCUSSION

The concept of reproductive violence

The issue of reproductive violence is an intertwined global phenomenon and is associated with many phenomena, including violence against women and girls, the dominance of patriarchal, heteronormative and racial narratives of women's dependence and sexuality, and creates a discourse around women's autonomy in the realization of their reproductive rights. Gender-based violence is targeted at women and is recognized as a significant obstacle to reproductive health, leading to increased maternal mortality, unsafe abortion, limited access to antenatal care, insufficient maternal weight gain, and increased likelihood of teenage pregnancy [16]. It is also noted that this can lead to unwanted pregnancies, complications, sexually transmitted infections such as human immunodeficiency virus, depression, post-traumatic stress disorder, and, in the most severe cases, death [17].

Reproductive coercion and abuse, like intimate partner violence, is associated with poor mental and sexual health and

violates human reproductive rights, It manifests itself in various forms of health impact, including severe symptoms of post-traumatic stress disorder and depression, as well as deterioration in physical and sexual health indicators, such as sexually transmitted infections, unplanned pregnancy and reduced sexual activity [18]. Survivors of reproductive violence report long-lasting effects on future relationships, including fear and anxiety about the emotional and mental components of sexual health that make up a person's reproductive self-concept [19].

However, in our opinion, the problem should be viewed more broadly than current medical and legal doctrine suggests, as reproductive violence is often socio-group-based and applied to a particular national group (often a national minority), racial group, or ethnic minority.

Scientists emphasize that in times of public health crisis (the latter is related to the COVID-19 pandemic threat), there should be a policy to prevent the undesirable consequences of implementing control measures among vulnerable groups [20] in order to prevent discrimination on the basis of nationality, race, or gender. Discrimination against the latter group in relation to reproductive rights and the realization of health care rights in general is now considered to be particularly vulnerable, according to field experiments by some scientists [21–24].

In the reproductive sphere, many people, especially women and girls, are vulnerable to violence. This is especially true of domestic violence, where sexual violence is one of the forms [25]. However, reproductive violence can also take the form of psychological domestic violence, such as a partner's refusal to have sex or to have children.

We draw attention to the accuracy of the terminology, as the concepts of sexual and reproductive violence should not be taken synonymously. Reproductive violence is often related to sexual violence, but it is also distinguished by the fact that it is "a violation of reproductive autonomy or [...] directed against people because of their reproductive capacity" [26]. In the context of conflict or widespread human rights violations, reproductive violence is more widespread than is generally recognized and includes acts such as forced pregnancy, forced sterilization, forced abortion, and forced contraception [27]. Other scholars add genital mutilation/cutting and child marriage to this list [28, 29].

Sexual violence can be a part of reproductive violence, which has a much wider range of manifestations. Despite the fact that human rights mechanisms have paid some attention to such forms of violence, reproductive violence has been "completely absent" from transitional justice processes, "both as a focus and in the adopted discourse" [30]. Interpretation in some legal cases is rather narrow, and the qualification is mostly limited to sexual violence, so there is a significant gap in both legal regulation and human rights practice in the field of reproductive violence.

Reproductive health needs to be differentiated from another form of violence - gender-based violence. When there is no clear and stable conceptual framework for the category under study, gender-based violence is interpreted at the highest legal level. Thus, according to the United Nations, violence against women and girls includes any act of violence that "results or is likely to result in physical, sexual or psycho-

logical harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty" [31], thus gender-based violence can take the form of reproductive violence against members of the same sex. Researchers point out that reproductive coercion and violence is a hidden form of violence against women and includes behavior aimed at controlling or dictating a woman's reproductive autonomy in order to prevent or promote pregnancy [32].

Therefore, in a broad sense, in our opinion, reproductive violence should be understood as any intentional attempt to influence or control a person's reproductive choices or interfere with their reproductive autonomy. Manifestations of violence are usually positioned through physical impact, but for legal qualification it is important to understand that they can take other forms and include a wide range of behaviors on the part of the perpetrator, such as pressure, manipulation, emotional blackmail, deception, threats and the use of information and virtual violence.

Scholars have shown that reproductive violence takes three main forms: coercion to become pregnant (when a woman is pressured or forced to become pregnant against her will); contraceptive sabotage (intentional damage, concealment or other interference with birth control); and control over the outcome of pregnancy (forcing a woman to terminate or continue a pregnancy against her will) [33].

The mechanism of legal support for combating reproductive violence

Legal regulation of the problem is essential, as gaps or conflicts in the legal system distort the reality of bringing perpetrators to justice and are a significant obstacle to preventing such violence. In our opinion, the mechanism of counteracting reproductive health should address three areas of legal policy: the existence of administrative, legal and criminal provisions to counteract violence; a comprehensive policy of ensuring the reproductive health of the nation; and a set of punitive measures in case of violent acts. Let us consider the elements of such a mechanism in more detail. First, a state that declares it to be a state governed by the rule of law should develop, implement and specially systematize norms prohibiting violence in the reproductive sphere. It is appropriate that such a policy reflects humanistic ideology and establishes the principles of the rule of law. Human rights should be the basis for regulation in any area, because, as some authors rightly point out, for example, in the administration of justice, procedural values (principles of pre-trial and trial proceedings, value of evidence, value of reasonableness of decisions, etc.), value of quality of law, value of balance in conflicts of interest (proportionality and appropriateness of legal restrictions, value of legal restrictions, value of legal restrictions) and value of context for interpreting legal norms are important [34–36].

In most cases, such norms are represented in three groups (table 1): internationally ratified; criminal; and special. Not every state has such a comprehensive representation, although law-making practice proves that the effectiveness is presented within a certain set of norms. Also, the analysis of the data presented in Table 1 shows that the problem can be revealed at the

normative level within the framework of aggregate legal and praxeology phenomena, in particular domestic violence, gender-based violence, violence against human life and health.

The second element of the mechanism should be a comprehensive policy related to the reproductive health of the nation as a whole, including educational, medical, organizational, and political guarantees that would form not only sanctions for non-compliance with the law, but also address the primary level – prevention in the reproductive sphere.

Table 2 provides a comparative analysis of the specialization of legislation related to the reproductive health of the nation, which is often focused on the problems of legal regulation of abortion (France, the Netherlands, Belgium, Luxembourg, and Spain). However, such regulation has a very narrow focus on the problems of social relations in the field of reproduction, so we cannot classify most EU states as specifically regulating reproductive issues in public life. Also, this author's analysis makes it possible to determine that reproductive health issues in states often remain outside the scope of substantive attention, and the list of such countries is quite wide (Sweden, Austria, Ukraine, Ireland, Malta, Portugal). A small number of developed countries have specialized legislation regulating reproductive health issues (USA, Sweden, partly Germany).

The existence of regulatory acts does not indicate the effectiveness of their application in practice. There are cases when the state regulation declares legal norms, but there is no sufficient capacity to protect and enforce them.

We can distinguish such factors that create obstacles to the effectiveness of the norms into separate groups. For each state, they may have a significant or insignificant impact, but it is important that in combination they create enforcement difficulties for the implementation of state legal policy. They are described in table 3 and are generally represented by social, historical, religious, economic and political factors.

Certain forms of reproductive violence

Forced sterilization is the involuntary or coercive deprivation of a person's ability to reproduce, often through a surgical procedure called tubal ligation. Forced sterilization is a violation of human rights and may constitute an act of genocide, gender-based violence, discrimination, and torture. When carried out without informed consent, sterilization violates the human rights to dignity, humane treatment, health, family, information, privacy, and the right to freely decide the number and spacing of children, among other rights.

Forced sterilization, with the aim of improving the genetic constitution of the human species, became a tool of population control and public health during the heyday of eugenics, between 1870 and 1945. In the early 20th century, many countries passed laws allowing and encouraging forced sterilization, including Germany, Japan, and the United States. Many hundreds of thousands of people, especially those with disabilities or from ethnic, religious, and other minorities, were sterilized without their consent. In the years following World War II, most countries reformed their laws and practices, abandoning eugenic sterilization and strengthening informed consent requirements.

МІЖДИСЦИПЛІНАРНІ ПРОБЛЕМИ

Table 1. Legal regulation of reproductive violence in selected countries (based on the author's analysis of state legislation, 2025)

International	Criminal	Special
USA		
Not ratified by the state	There is no comprehensive regulation, individual state codes generally regulate sexual crimes	Violence Against Women Act
Canada		
UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	Criminal Code, sections 271–273	Missing
India		
CEDAW, but with significant reservations about opposing gender equality	Criminal Code (Articles 312, 320–326)	Law against forced abortions (Medical Termination of Pregnancy Act, 1971)
Spain		
CEDAW, Istanbul Convention	Criminal Code (Art. 144, 149, 173)	Law on Sexual and Reproductive Health and Voluntary Abortion (Ley Orgánica 2/2010); Law on the Protection of Persons with Disabilities (2020) which prohibits the previously widespread practice of sterilization of this group of persons
Germany		
CEDAW, Istanbul Convention (ratified only in 2018)	Criminal Code (§ 218, 226, 240)	Pregnancy and Conflict Act (1992); Violence Protection Act (2002)
Poland		
CEDAW, Istanbul Convention	Criminal Code (Art. 155, 189, 190, 193)	The Law on Family Planning, Protection of the Human Fetus and Conditions for Permissibility of Abortion, but the Constitutional Court in 2020 effectively banned all types of abortion
Ukraine		
CEDAW, Istanbul Convention	Criminal Code of Ukraine (Articles 145, 156, 343)	Missing

Table 2. Legislation regulating the nation's reproductive health (based on the author's analysis of state legislation, 2025)

Existing special legislation		Missing	Partially available (there is a law on abortion)
USA	Women's Reproductive Health Act (Reproductive Health Act)	Sweden, Austria, Ukraine, Ireland, Malta, Portugal	France, Netherlands, Canada, Belgium, Luxembourg, Spain, India, Mexico, Brazil
Sweden	Reproductive Health Law		
Germany	Maternity Protection Act (Mutterschutzgesetz)		

Table 3. Factors that serve as obstacles to the proper implementation of legal norms (based on the author's analysis of social practice, 2025)

Social consciousness	Historical stereotypes	Religious practices	Economic problems	Political factors
Little attention to the role of men in reproductive health, prevalence of domestic violence, societal pressure to shame childlessness, condemnation of abortion	Gender stereotypes, dominance of patriarchal rules, pressure on intimate partners, ideology according to which a woman should give birth to many children, tradition of early motherhood and child marriages	The influence of religious organizations on the implementation of reproductive policy, condemnation of contraception, religious doctrines of lack of autonomy in decisions about reproduction	Lack of financial support for families with children, high cost of medical services, economic dependence of women, labor market problems, high cost of contraceptives	Populist movements, military threats, lack of awareness about reproductive rights and contraception, misinformation about reproductive health and medical services, discrimination on various grounds, especially on the basis of nationality and gender

However, in some countries, such policies have been in place for a long time, for example, in Japan, only in 2019 did the government officially apologize for the policy of forced sterilization of people with disabilities, people with psychological problems and socially vulnerable groups. In the Czech Republic and Slovakia, even after they gained independence and the fall of the communist regime, the practice of sterilizing Roma women continued, as evidenced by numerous ECHR (European Convention on Human Rights) decisions.

In our time, in some cases, such violence is also possible, although it is mostly not discriminatory on the basis of nationality. According to the Center for Investigative Reporting, doctors contracted by the California Department of Corrections and Rehabilitation sterilized nearly 150 female inmates from 2006 to 2010 without proper state authorization. At least 148 women had their fallopian tubes tied in violation of prison rules during those five years [37]. Most of the prisoners claimed that this was done without their consent. There are

also reports that also in the United States in 2020, immigrants held at the U.S. Immigration and Customs Enforcement office in Georgia were subjected to FGM (Female Genital Mutilation). The media reported an alarmingly high rate of hysterectomies, a surgery that removes part or whole uterus, among Hispanic immigrants [38]. So far, the results of the legal procedure have not been announced.

Forced abortions are medical procedures performed without the woman's free, informed consent, or where consent is obtained under duress. Most often, the coercion comes from the woman's intimate partner or family members, but there are also cases where a woman is used by terrorist, military, or other groups for a specific purpose, and her pregnancy is contrary to the group's plans. Ling Ma continues the list of subjects involved in forced abortions, drawing on Chinese court cases to show that some pregnant women, faced with domestic violence or conflict, have used the law against forced abortion to secure state intervention, but the unwillingness or inability of the judiciary to oppose patriarchal interests has reduced women's leverage in criminalizing abortion [39].

This type of abortion is characterized by increased risk. If performed in safe conditions, with the woman's voluntary, autonomous consent, it is an effective and relatively safe procedure. The WHO defines unsafe abortion as "a procedure for terminating a pregnancy that is performed by persons who lack the necessary skills or in an environment that does not meet minimum medical standards, or both." Worldwide, unsafe abortion is a leading cause of maternal mortality and morbidity due to hemorrhage, infection, sepsis, genital trauma, and necrotizing enter colitis [40]. According to some estimates, about 21 million unsafe abortions are performed worldwide each year.

It should be noted that violence in the reproductive sphere can also manifest itself in the opposite way, such as the prohibition of abortion. According to international norms, a person has the right to decide independently on the right to have a number of children or not. However, certain legal prohibitions caused by religious and moral and ethical motives determine the legal regulation of this right in the direction of prohibition of abortion. In some countries (Poland), such a ban is particularly strict, while in others (e.g., the United States) it applies to abortions at certain stages of pregnancy. However, such a ban causes complications in a person's life, indicating the impossibility of personal decision-making regarding reproduction. Researchers in the field of medical well-being in the UK explain that reproductive violence in the case of abortion bans occurs throughout life, as women who have tried to have an abortion are rejected and forced to carry an unwanted pregnancy to term. They are then subjected to ongoing discrimination, forced motherhood, and abandonment [41].

The Supreme Court's June 2022 decision in the Women's Health Organization case *Dobbs v. Jackson* overturned the precedent-setting 1973 *Roe v. Wade* decision guaranteeing the right to abortion, prompting a rapid and diverse response in the United States with far-reaching consequences. Twelve states have already passed laws that effectively ban abortions, with very limited exceptions. Another 14 states are in the process of enacting legislation that would contain strict prohibitions that would re-

strict abortions as early as 6 weeks after conception [42]. Field experiments conducted after the introduction of such legal restrictions have shown that emergency surgeons are now faced with an increased likelihood of presenting with patients with complications from both self-administered medical abortions without a doctor's prescription and from induced pregnancies. Experts add another problem – women travel to obtain the desired reproductive outcome if certain medical services are prohibited in their area of residence, this is a kind of "abortion" tourism. For example, people seeking abortion care after the end of pregnancy must travel to facilities, often out of state, with later restrictions. From September 1, 2021, the state of Texas banned abortions after the detection of fetal heartbeat, which occurs during pregnancy approximately six weeks after the last menstrual period, which sharply increased the number of people who have to travel outside Texas to obtain abortion care [43]. In the pre-war period, this type of travel was also observed in the border areas of our state with the Republic of Poland.

Psychological and physical violence is manifested in the coercion to travel to receive health services. K. Kimport identifies that people who have to travel for an abortion experience financial, logistical, and emotional burdens [44], and N. Murray and N. Hack add that such travel caused additional feelings of shame and stigma [45]. Another type that can be appropriately attributed to reproductive violence is the exploitation of reproductive capacities. The list of such activities includes coercion to surrogacy, coercion to donate eggs, and the use of procedures using the latest reproductive technologies without proper training.

Court procedures in the field of reproductive human rights violations

Modern legal practice has a fairly wide range of cases related to reproductive violence, but prosecution is mostly at the initial stages of the institutional mechanism, and there are currently not enough international court decisions that would establish the illegality of such an act and bring to justice.

Let us turn to those incidents that have already been legitimized.

The judicial authorities of national states usually oppose a fair investigation of cases of a massive nature and involving unlawful ideological policies in the field of reproduction due to political and ideological reasons. The practice of Colombia followed a different path, where the case of reproductive violence by the Revolutionary Armed Forces of Colombia (FARC) in the Constitutional Court received wide, even worldwide publicity. The case concerned the fact that the armed forces used forced contraception and forced abortions against women soldiers and generally illegally restricted women's reproductive autonomy. In a military camp, the plaintiff was forced to inject herself with a hormonal contraceptive. In 2007, the plaintiff became pregnant, which she found out when she was already six months pregnant. The leaders of this guerrilla movement informed her that they had decided to abort her. The case file contains the following: "Against her consent, they injected her with a drug by force, then forced her to take some pills and finally applied Cytotec vaginally. When she woke up, the doctor told her that the

fetus was dead and that they had performed a cesarean section to remove it" [46]. Subsequently, the surgical scar caused her pain for the rest of her life.

In the context of international legal interpretation, such behavior by representatives of the state's military authorities can be interpreted not only as a violation of human rights and a crime of a general criminal nature, but also as violence that has a separate aspect of violence against a particular gender - women. Therefore, it is also appropriate to interpret such actions in the context of the spread of gender-based violence.

In 2019, the Constitutional Court of Colombia issued a final decision at the national level in the case of Helena SU 599 – 2019 [47], which stated that the FARC had violated the applicant's fundamental rights to health, personal integrity and full reparation as a victim of armed attacks. However, referring to domestic law (the "Victims Law", which states that "members of organized armed groups are not considered victims), the court refused to recognize the plaintiff as a victim of forced recruitment, forced abortion and displacement. In this case, we see legal conflicts and national practice generated by the ideological outlook of the state, which makes it impossible to obtain compensation and prosecution, but the court recognized the fact of forced abortion, which in the context of the general doctrine of the rule of law should be interpreted (in the absence of national legal restrictions) as a violation of reproductive human rights and gender-based violence.

Another incident concerns the international recognition of forced pregnancy as a war crime. In 2021, the International Criminal Court (ICC) made a historic decision to convict Ugandan Lord's Resistance Army commander Dominic Ongwen of crimes against humanity. In total, he was found guilty of 61 crimes, which, among other things, had manifestations of a reproductive nature - sexual crimes, forced marriages, and forcing children to have children, which were then used for military purposes. The ICC sentenced D. Ongwen to 25 years in prison. On December 15, 2022, the Appeals Chamber affirmed the decision of Trial Chamber IX on the guilt and sentence of Dominic Ongwen. The judgment and sentence entered into force. On December 18, 2023, Mr. Ongwen was transferred to Norway to serve his sentence in prison [48]. However, from the point of view of legal doctrine, this decision was not only a restoration of justice, but also became a precedent for similar cases, as it was the first time a war criminal was prosecuted in accordance with the provisions of the Rome Criminal Court Statute.

Especially many cases that can be qualified as a form of domestic violence are presented in the decisions of the European Convention on Human Rights. They relate to the following unlawful actions by states or the lack of a proper mechanism for protecting these rights at the country level:

- opposition to a person's right to an abortion is recognized as violence (the case of *Tysiak v. Poland* [49], where the Court determined that refusal to have an abortion on medical grounds (severe myopia), which caused disability after the birth of a child, is interpreted as a violation of the human right to respect for private and family life; the case of *A., V. and S. v. Ireland* [50], which concerned the prohibition of the right to abortion in the country, so the applicants were forced to go to the UK);

- refusal to undergo timely tests, which had serious consequences and did not allow for a timely decision to continue the pregnancy (*R.R. v. Poland* [51], where the applicant was deliberately prevented from undergoing genetic tests, resulting in the birth of a child with Turner syndrome; *A.K. v. Latvia*, where the applicant was denied an antenatal screening test, which resulted in the birth of a child with genetic disorders);

- sterilization surgery without the patient's informed voluntary consent (*K.H. and others v. Slovakia* [52]; *V.S. v. Slovakia* [53], *I.G., M.K. and R.H. v. Slovakia* [54] – cases concerned the forced sterilization of women from the Roma national minority in state hospitals, *G.M. and Others v. the Republic of Moldova* [55]).

CONCLUSIONIS

Reproductive violence is an unlawful behavior that includes individual, group or state activities that significantly affect the reproductive health of the nation. The issue of reproductive violence is intertwined with other phenomena. In the study, reproductive violence is represented more broadly than sexual violence, as it additionally includes violations of reproductive autonomy or reproductive capacity and is represented by such forms as forced pregnancy, forced sterilization, forced abortion, forced contraception, genital mutilation/cutting, child marriage, and control over pregnancy outcomes. It is argued that since reproductive violence is most often perpetrated against women and girls, reproductive violence is a form of gender-based violence. In the actor's interpretation, reproductive violence should be understood as any intentional attempt to influence or control a person's reproductive choices or interfere with their reproductive autonomy.

The article presents the mechanism of counteracting reproductive health: the existence of administrative, legal and criminal norms to counteract violence (in most legal systems, such norms are presented in three groups: international; criminal; special); a comprehensive policy of ensuring the reproductive health of the nation and a set of punitive measures in case of violent acts. The author identifies social, historical, religious, economic and political factors that serve as obstacles to the proper legal implementation of reproductive policy. An analysis of the legislation and practice of a number of countries (the USA, India, Sweden, Austria, Ukraine, Ireland, France, the Netherlands, Germany, Canada, Belgium, Luxembourg, Spain, Mexico, Brazil, Malta, Portugal, etc.) has made it possible to state that reproductive health issues in the states often remain outside the focus of lawmakers and the mechanisms for protecting legal entities from reproductive violence are insufficient. Modern legal practice has a fairly wide range of cases, related to reproductive violence, but prosecution is mostly at the initial stages of the institutional mechanism, and there are currently not enough international court decisions that would establish the illegality of such an act and bring to justice.

Conflict of interest

The authors declare no conflict of interest.

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PUBLIC HEALTH OF THE NATION AND REPRODUCTIVE VIOLENCE

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Background. The article examines a separate area of ensuring the reproductive health of the nation – protection of society from reproductive violence, which is broadly understood to include not only manifestations of sexual violence, but also aspects related to forced abortion, forced sterilization, legal prohibition of contraception, etc. The legal mechanism for combating reproductive violence, including public health regulations, prohibition of violence and a set of guarantees that form law-respectful behavior in the reproductive sphere, is defined.

Objective of the study: comprehensive analysis of the nation's reproductive health problems by identifying methods and means of combating reproductive violence through legal mechanisms.

Materials and methods. The disclosure of the subject of the study requires the use of an intercomplex approach that absorbs knowledge from several areas of scientific knowledge – medicine, jurisprudence, sociology, political science, and ethics. The method of dogmatic analysis was used to study the incidents of legal proceedings related to human rights violations and institutional means of their protection; the comparative method was used to compare the role of individual means of influence on the country's reproductive and preventive policies.

Results. The concept of reproductive violence is defined and distinguished from other related concepts; the state mechanism for combating reproductive violence as devaluing behavior that affects the reproductive health of the nation is formed; certain forms of reproductive violence are considered and the effectiveness of institutional and judicial mechanisms for combating this type of violence is determined.

Conclusions. Reproductive violence is broader than sexual violence, as it additionally includes violations of reproductive autonomy or reproductive capacity and is represented by such forms as forced pregnancy, forced sterilization, forced abortion, forced contraception, genital mutilation/circumcision, child marriage, and control over pregnancy outcomes. The analysis of the legislation and practice of a number of countries (the USA, India, Sweden, Austria, Ukraine, Ireland, France, the Netherlands, Germany, Canada, Belgium, Luxembourg, Spain, Mexico, Brazil, Malta, Portugal, etc.) has made it possible to state that reproductive health issues in the states often remain outside the focus of the lawmaker and the mechanisms for protecting human rights subjects from reproductive violence are insufficient.

Keywords: public health, human rights, human rights violations, judicial protection mechanism, forced abortion, forced sterilization.

ГРОМАДСЬКЕ ЗДОРОВ'Я НАЦІЇ ТА РЕПРОДУКТИВНЕ НАСИЛЬСТВО

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Обґрунтування. У статті досліджується окрема сфера репродуктивного здоров'я нації – забезпечення суспільства від репродуктивного насильства, яке розуміється широко через включення в нього не тільки проявів сексуального насильства, але й аспектів, що стосуються примусових абортів, примусової стерилізації, нормативної заборони на контрацепцію тощо. Визначено правовий механізм протидії репродуктивному насильству, що передбачає унормування у сфері громадського здоров'я, заборони насильства та запровадження комплексу гарантій, що формують правоповажну поведінку в репродуктивній сфері.

Мета дослідження: комплексний аналіз проблем репродуктивного здоров'я нації та визначення методів і засобів протидії репродуктивному насильству через правові механізми.

Матеріали та методи: розкриття предмета дослідження потребує використання міжкомплементарного підходу, який охоплює знання кількох галузей науки – медицини, правознавства, соціології, політології, етики. Метод догматичного аналізу використано в процесі дослідження казусів юридичного розгляду справ, що стосуються порушення прав людини та інституційних засобів їхнього захисту; компаративістський метод застосовано для порівняння ролі окремих засобів впливу на репродуктивну та превентивну політику країни.

Результати. Визначено поняття репродуктивного насильства та проведено відмежування його від інших суміжних понять; розроблено державний механізм протидії репродуктивному насильству як девальваційній поведінці, що впливає на репродуктивне здоров'я нації; розглянуто окремі форми репродуктивного насильства та визначено ефективність інституційно-судових механізмів протидії йому.

Висновки. Репродуктивне насильство є ширшим поняттям, ніж сексуальне насильство, оскільки додатково охоплює порушення репродуктивної автономії чи репродуктивної здатності, репрезентоване такими формами, як примусова вагітність, примусова стерилізація, примусові аборти, примусова контрацепція, калічення / обрізання статевих органів, дитячі шлюби, контроль за результатами вагітності. Аналіз законодавства та практики низки держав (США, Індії, Швеції, Австрії, України, Ірландії, Франції, Нідерландів, Німеччини, Канади, Бельгії, Люксембургу, Іспанії, Мексики, Бразилії, Мальти, Португалії тощо) дав змогу констатувати, що питання репродуктивного здоров'я в багатьох країнах часто залишаються поза предметною увагою нормотворця та механізми захисту суб'єктів права від репродуктивного насильства є недостатніми.

Ключові слова: громадське здоров'я, права людини, обмеження прав людини, механізм судового захисту, примусовий аборт, примусова стерилізація.