



A Critical Analysis Of Reproductive Rights Of Women In India: Legal Framework, Societal Challenges, And The Way Forward

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Abstract: This paper is aimed to offer a deep examination of women's issues concerning their reproductive rights in India, especially with the use of international framework as benchmarks. Though Indian legislature has attempted to put in place legal framework and policy mechanisms safeguarding reproductive health, autonomy as well as access to abortion, contraception and maternal health but these measures often fall short of the international standards and fail to provide access to the most marginalized populations. This paper discusses the obligation that India has under various international treaties such as CEDAW, ICCPR and ICESCR along with the extent to which these obligations are, in fact, operationalized. Based on the analysis of the legislative framework at the national level, landmark judicial development and the prevailing socio-economic conditions of women; the study has attempted to highlight the striking gaps pertaining to the equity and its implementation. As a matter of policy, the paper recommends to abandon narrow medical based approach to a more holistic and comprehensive reproductive justice framework grounded in rights, dignity and social inclusion.

Key Words - Reproductive Rights, Bodily Autonomy, Maternal Health Rights, Medical Termination of Pregnancy Act (MTP Act), Gender Equality, Forced Sterilization, Socio-Legal Barriers in India.

I. INTRODUCTION

Reproductive rights represent a cornerstone of women's bodily autonomy and integrity, including the right to access reproductive healthcare, make voluntary and conscious decisions about childbirth, contraception, and abortion, and live free from discrimination and coercion in all aspects of reproductive life. In India, the legal recognition of Women's reproductive rights has evolved considerably through various landmark legislations; one of them being the Medical Termination of Pregnancy (MTP) Act, 1971, as amended in 2021, expanding access to safe and legal abortion services and also; extending the gestational limit for certain categories of women from 20 to 24 weeks and allowing termination after 24 weeks in cases of substantial fetal abnormalities diagnosed by a Medical Board and another legislation named as Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, as amended in 2003 to become the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, to address the growing issue of sex determination and female foeticide. Though these rights are enshrined in international human rights frameworks, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and have been increasingly recognized in domestic legal systems worldwide; however, the gap between legal provisions and ground realities remains vast. Despite constitutional guarantees and policy reforms, millions of Indian women continue to face significant barriers in exercising their reproductive choices—especially those from marginalized castes, religious minorities, rural backgrounds, and economically disadvantaged groups. This paper questions whether Indian women truly have control over their reproductive decisions or whether systemic patriarchy, religious orthodoxy, healthcare inequities, and state control over women's bodies

continue to undermine these freedoms. The analysis also situates India within a global context to determine how its reproductive rights policies align with international human rights standards.

II. INTERNATIONAL HUMAN RIGHTS INSTRUMENTS ON REPRODUCTIVE RIGHTS:

Reproductive rights are recognized globally as an integral part of human rights, including the rights to life, health, privacy, equality, and freedom from discrimination. Multiple international conventions and treaties explicitly or implicitly guarantee women's reproductive autonomy areas following:

- 1) **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979:** Often described as the "international bill of rights for women", CEDAW affirms the state's responsibility to eliminate discrimination in all areas of women's lives—including family planning and reproductive health. Its Article 12 mandates that states ensure women receive equal access to healthcare services, including family planning services whereas General Recommendation No. 24 (1999) clarifies that reproductive choice and autonomy are central to gender equality, emphasizing informed consent, confidentiality, and respect for bodily integrity. India also has ratified CEDAW in 1993 while making some reservations, it is still bound by its core provisions.
- 2) **International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966:** Its Article 12 recognizes the right to the highest attainable standard of physical and mental health, which includes sexual and reproductive health and also General Comment No. 22 (2016) explicitly recognizes reproductive autonomy, maternal health, contraception access, and abortion services as part of the right to health. ICESCR also mandates states to eliminate barriers such as financial obstacles, stigma, lack of information, and discriminatory laws that restrict women's control over reproductive choices. India also ratified the ICESCR in 1979, obligating it to progressively realize these rights, especially for vulnerable populations.
- 3) **Universal Declaration of Human Rights (UDHR), 1948:** Though not a treaty, but UDHR forms the foundation of modern international human rights law in many forms such as Article 25 guarantees the right to a standard of living adequate for health and well-being, including medical care and motherhood support. It also supports the idea of voluntary marriage and family formation, a core component of reproductive freedom.
- 4) **International Conference on Population and Development (ICPD), Cairo 1994:** The ICPD marked a shift from population control to a rights-based approach to sexual and reproductive health. It had affirmed reproductive rights as basic human rights and stated that individuals should be able to decide freely and responsibly the number, spacing, and timing of their children, and have the information and means to do so. It called on participating governments of various nations to ensure universal access to sexual and reproductive healthcare, especially for marginalized communities and India being a key participant at ICPD had committed to aligning its national policies accordingly.
- 5) **Sustainable Development Goals (SDG 3 & 5):**

Goal 3.7: By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning and education.

Goal 5.6: Ensure universal access to sexual and reproductive health and rights as agreed in ICPD and Beijing Platforms for Action.

India is a signatory to the 2030 Agenda and thus has a global responsibility to fulfill these targets domestically.

Despite progressive treaty commitments, India's domestic policies often lag behind these standards. Restrictions on abortion, lack of universal contraceptive access, discrimination against LGBTQ+ and single women, and inadequate reproductive education contradict the non-negotiable standards set by these instruments. Closing this gap requires translating international legal norms into enforceable national laws with a human-rights based approach.

III. INDIA'S LEGAL FRAMEWORK ON REPRODUCTIVE RIGHTS:

Some Key Legislations on Reproductive Rights of Women:

1. **Medical Termination of Pregnancy (MTP) Act, 1971 (Amended 2021):**
This Act legalized abortion under specific conditions, primarily focusing on the woman's physical and mental health. The 2021 amendment:
 - Increased the upper gestation limit from 20 to 24 weeks for specific categories (e.g., rape survivors, minors).
 - Allowed unmarried women to access abortion under similar terms as married women.
 - Introduced the concept of a Medical Board for cases beyond 24 weeks.
 - **Criticism:** Access to abortion is still conditional, not available *on demand*, and requires physician approval, thus limiting autonomy.
2. Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, as amended in **2003** to become the **Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act**, to prohibit sex determination and address the problem of female foeticide. The Act regulates the use of pre-natal diagnostic techniques like ultrasound and amniocentesis, allowing their use only for detecting: Genetic abnormalities, metabolic disorders, Chromosomal abnormalities, certain congenital malformations, Haemoglobinopathies, Sex-linked disorders etc. The Act provides for the suspension or cancellation of registration of clinics and laboratories that violate the provisions; and also the stringent imprisonment along with heavy fines for the violation of the provisions of the act.
3. The **Protection of Women from Domestic Violence Act, 2005** provides protection for women from domestic violence, which includes reproductive violence, such as forced pregnancies or abortions, and denial of contraceptives by an abusive partner and thus recognizes a woman's right to make independent decisions about reproduction and family planning.
4. **Assisted Reproductive Technology (ART) Act, 2021 & Surrogacy (Regulation) Act, 2021:**
These laws regulate IVF clinics and surrogacy.
 - Only allows altruistic surrogacy for Indian heterosexual married couples.
 - **Criticism:** Excludes same-sex couples, single parents, and foreigners—raising questions about **inclusivity and equality**.

A COMPARATIVE ANALYSIS OF ABOVE-MENTIONED LEGISLATIONS WITH THAT OF INTERNATIONAL INSTRUMENTS:

India's reproductive rights regime lags behind global best practices by treating women as *subjects of regulation* rather than *rights-holders*. A shift is urgently needed toward a **dignity-based and inclusive legal approach**, grounded in international human rights principles.

Aspect	Indian Legal Framework	International Best Practices / Instruments	Critique / Gap
Right to Abortion	<i>Medical Termination of Pregnancy Act, 1971 (amended 2021)</i> – abortion conditional and doctor-approved	WHO Guidelines (2022) support abortion on demand, especially up to 12 weeks; Canada allows abortion without restriction	India lacks a woman's right to abortion on demand; medical gatekeeping limits autonomy
Gestational Limit	Up to 24 weeks for specific categories; others capped at 20 weeks	Most rights-based frameworks (e.g., South Africa) allow abortion up to 12 weeks on demand and later on broader grounds	Discriminatory limits in India restrict access for single, trans, or marginalized women
Consent and Autonomy	Requires medical practitioner approval; minors and mentally ill need guardian consent	UNFPA and WHO emphasize informed consent as central; autonomy is a core principle	Legal paternalism undermines personal autonomy and informed choice
Surrogacy	<i>Surrogacy (Regulation) Act, 2021</i> – only altruistic surrogacy allowed; excludes singles, LGBTQIA+	ICPD Cairo Programme (1994) and ECHR support inclusive access to ARTs	Indian laws are exclusionary, promote heteronormative family structures

<u>Aspect</u>	<u>Indian Legal Framework</u>	<u>International Best Practices / Instruments</u>	<u>Critique / Gap</u>
Sex-Selective Abortions	<i>PCPNDT Act, 1994</i> – penalizes use of sex-detection technology	International norms focus on gender equality through empowerment, not just legal bans	Act addresses method, not root causes like dowry, son preference, or economic pressures
Sterilization Practices	State programs continue to incentivize or coerce sterilization, especially for Dalit, tribal, and poor women	<i>CEDAW</i> and <i>UN Human Rights Council</i> condemn forced/coerced sterilization	Indian law lacks robust safeguards against coercion or informed consent violations
Sexuality Education	No national law mandates Comprehensive Sexuality Education (CSE)	<i>UNESCO International Technical Guidance (2021)</i> recommends CSE in all schools	Absence of CSE contributes to myths, unsafe practices, and violations of reproductive rights
LGBTQIA+ Reproductive Access	No recognition in ART or MTP laws	<i>Yogyakarta Principles</i> and global best practices ensure non-discrimination based on gender identity or sexual orientation	Indian law excludes queer, trans, and non-binary persons from reproductive services
Menstrual Health Rights	No dedicated legal framework; policies vary by state	<i>UN Human Rights Council</i> considers menstrual hygiene part of the right to health and dignity	Lack of a rights-based, national policy disproportionately impacts rural and adolescent girls
Judicial Relief in Abortion Cases	Women beyond gestation limit often need to petition High Courts/Supreme Court	<i>UN HRC</i> suggests judicial delays are a violation of dignity and bodily autonomy	Indian judicial interventions often delay or deny access to safe abortions

IV. JUDICIAL APPROACHES TO REPRODUCTIVE RIGHTS IN INDIA

India's legal system recognizes reproductive rights under a combination of statutory law, constitutional guarantees, and judicial interpretations. While not explicitly mentioned in the Constitution, the right to reproductive autonomy has been read into **Article 21—the Right to Life and Personal Liberty** along with **Right to Equality (Article 14), Article 15 that Prohibits Discrimination** based on sex and promotes **reservation and schemes in favour of women** and children and **Article 19 Right to Freedom**—through a series of landmark judgments. The Indian judiciary has expanded the scope of Article 21 to include the right to privacy, bodily integrity, and dignity, forming the bedrock of reproductive freedoms through these various judicial decisions:

1. Suchita Srivastava v. Chandigarh Administration (2009) 9 SCC 1

Key Principle:

- The Supreme Court emphasized that a woman's right to make reproductive choices is a dimension of personal liberty under Article 21.
- Recognized bodily autonomy and mental integrity as central to reproductive freedom.

Impact: Set a foundational precedent treating reproductive rights as a fundamental right.

2. Laxmi Mandal v. Deen Dayal Harinagar Hospital W.P. (C) Nos. 8853 of 2008

Delhi High Court in its judgment held that denial of maternal healthcare services to poor pregnant women violates Articles 21 and 14 (Right to Equality).

Impact: Linked public health failures with constitutional violations of reproductive rights.

3. Devika Biswas v. Union of India (2016) 10 SCC 726

Issue: Mass forced sterilizations in Bihar and Chhattisgarh.

Court Ruling:

- Condemned coercive sterilization camps and violations of informed consent.
- Directed the state to enforce sterilization guidelines and respect reproductive rights.

Impact: Affirmed state accountability in providing safe and voluntary reproductive health services.

4. Justice K.S. Puttaswamy v. Union of India (2017) 10 SCC 1 (*Right to Privacy Case*)

Significance: The landmark 9-judge bench declared privacy as a fundamental right, which includes decisional autonomy, bodily integrity, and reproductive choices.

Impact: Created the constitutional foundation for all personal and reproductive rights, including abortion, contraception, and surrogacy.

5. Murugan Nayakkar v. Union of India 2017 SCC Online SC 1092

Facts: A 13-year-old rape survivor sought abortion beyond the legal 20-week limit.

Outcome: The Supreme Court allowed abortion at 32 weeks, prioritizing the girl's mental trauma and bodily autonomy.

Impact: Opened the door for judicial flexibility in extending abortion rights in exceptional cases.

6. X v. Union of India 2022 INSC 740– Supreme Court of India

Facts: A single woman sought an abortion at 24 weeks but was excluded under MTP Rules, 2021.

Judgment:

- SC held that marital status cannot determine access to abortion.
- Expanded Rule 3B of MTP Rules to include unmarried women, ensuring equality and non-discrimination.

Impact: One of the most progressive recent decisions recognizing reproductive autonomy for all women whether married or unmarried.

7. Ashaben v. State of Gujarat (2020 Gujarat HC)

Issue: Petition filed for abortion at 26 weeks for a minor rape victim.

Judgment: Court allowed abortion despite delay, emphasizing that mental trauma of pregnancy due to rape outweighs fetal rights.

8. Sneha v. State of Maharashtra (2022 Bombay HC)

Facts: Reproductive rights of a disabled minor rape survivor.

Ruling: The High Court permitted termination and stressed that special care must be given to vulnerable groups, reaffirming dignity and privacy.

9. XYZ v. State of Kerala 2023 SC 680

Context: Surrogacy and ART rights for a single woman.

Held: Right to family formation includes use of ART by unmarried women, challenging the narrow definitions under Surrogacy (Regulation) Act, 2021.

10. Supreme Court (2023): Petition on Safe and Legal Abortions for Trans Persons

- Ongoing petition filed to include Trans men and non-binary people in abortion frameworks under MTP Act.
- Early proceedings show judicial openness to gender-inclusive reproductive rights.

Year	Case Name	Significance
2009	<i>Suchita Srivastava v. Chandigarh Administration</i>	Recognized reproductive choice as a fundamental right under Article 21
2010	<i>Laxmi Mandal v. Deen Dayal Hospital</i>	Linked maternal health failures to violations of constitutional rights
2016	<i>Devika Biswas v. Union of India</i>	Condemned coerced sterilization , emphasized voluntary informed consent
2017	<i>Justice K.S. Puttaswamy v. Union of India</i>	Declared privacy as a fundamental right, foundational to bodily autonomy
2017	<i>Murugan Nayakkar v. Union of India</i>	Allowed abortion beyond 20 weeks, considering trauma of minor rape survivor
2020	<i>Ashaben v. State of Gujarat</i>	Emphasized mental trauma in permitting late-term abortion
2022	<i>Sneha v. State of Maharashtra</i>	Protected rights of disabled rape survivors
2022	<i>X v. Union of India</i>	Allowed abortion for unmarried woman; struck down marital-status barrier
2023	<i>XYZ v. State of Kerala</i>	Recognized single women's access to ART , challenged restrictive surrogacy laws
2023	<i>Pending SC Petition on Trans Abortion Rights</i>	Ongoing push for gender-inclusive abortion rights under MTP Act

V. SOCIETAL CHALLENGES AND BARRIERS TO REPRODUCTIVE RIGHTS:

While India's legal framework offers partial recognition of reproductive rights, deeply entrenched socio-cultural norms and structural inequalities continue to act as invisible but powerful barriers to women's reproductive autonomy which are discussed as below:

1. Patriarchy and Gender Norms

Indian society, predominantly patriarchal in structure, treats women's bodies as sites of family honour and social control. This leads to:

- Limited decision-making power over contraception and childbirth.
- Pressure to bear male children, driven by patrilineal inheritance and dowry practices.
- Social expectations that marriage legitimizes sexuality, leaving unmarried or divorced women without societal or medical support in reproductive matters.

As documented by Human Rights Watch (2022), many women are denied contraceptives or are forced into sterilization without informed consent—particularly in states with aggressive population control policies.

2. Caste and Class-Based Disparities

Educationally and socially backward sections of society such as Dalits, Adivasis, and economically marginalized women are disproportionately affected in following ways:

- Lower access to quality reproductive healthcare due to spatial, financial, and systemic discrimination.
- Greater exposure to forced or incentivized sterilization programs, often in unsafe conditions.
- Lack of privacy or informed consent is a recurring concern, particularly in rural public health facilities.

As emphasized by Kaley Mumma (2023) in *The Personal is Political*, reproductive injustice in India is not only about access but about how the state and healthcare systems regulate marginalized bodies differently.

3. Religion and Morality Policing

Religious and moral codes often override legal rights. Muslim, Christian, and tribal communities may face cultural resistance to contraception or abortion. Conservative interpretations of religious texts are used to:

- Deny sexual education to girls.
- Discourage access to abortion even in cases of marital rape or incest.

- Promote shame and silence around menstruation and reproductive health.

4. Marriage and Marital Status

The stigmatization of unmarried women and the near-total invisibility of LGBTQ+ individuals in public health policies further restrict reproductive access. Until the 2021 MTP amendment, abortion was legally accessible only to "married women", reflecting a narrow, heteronormative approach. Infact India is still amongst those 63 countries which hasn't criminalized marital rape yet.

Even now, judicial ambiguity persists regarding the autonomy of single or queer individuals seeking reproductive care, making them reliant on physician discretion and family consent.

5. Rural–Urban Divide

Women in rural areas face severe challenges due to:

- Shortage of female medical professionals.
- Cultural taboos surrounding gynecological consultations.
- Distance from hospitals offering abortion services or contraception.
- High levels of illiteracy, limiting awareness of rights and available services.

NFHS-5 (National Family Health Survey) data reveals that rural women are far less likely to receive institutional care for childbirth or abortion, and far more likely to rely on unsafe, traditional practices.

6. Public Healthcare Infrastructure Deficiencies

India's reproductive health system suffers from chronic underfunding and systemic neglect. According to the National Health Profile (2021):

- The doctor-to-patient ratio remains critically low in rural areas e.i. around 1 doctor per 10 lakhs of population.
- Primary Health Centres (PHCs) are often understaffed and lack gynaecologists or trained abortion providers.
- ASHA health workers too face many difficulties whether it is related to irregular payment, social taboo, insufficient training etc.
- Stock-outs of contraceptives and essential reproductive medicines are frequent.

This has a disproportionate impact on SC/ST women, migrants, and those in conflict-affected zones who rely almost entirely on public health facilities.

7. Population Control vs. Reproductive Rights

Many states, such as Uttar Pradesh and Assam, have introduced population control measures that incentivize sterilization or penalize parents with more than two children (e.g., in job eligibility, local elections). These policies, critics argue, conflict with reproductive autonomy and disproportionately affect poor women, especially from backward castes.

As noted in Sama Resource Group's Report (2022), coercive sterilization drives continue in various parts of India under the guise of "family planning camps," violating basic principles of informed consent.

8. Policy Blind Spots

- Sexual and Reproductive Health Education (SRHE): While adolescence is a crucial period for reproductive health, comprehensive SRHE remains absent from school curricula in most Indian states. The taboo around sexual health limits awareness, especially among young women.
- Invisibility of LGBTQ+ and Disabled Individuals: Policies like the National Health Policy (2017) and the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) program rarely include non-heteronormative or disabled perspectives—perpetuating exclusion.
- Privatization of Care: Rising privatization of reproductive healthcare means better services are often unaffordable to the poor, pushing them into unsafe or unregulated practices.

9. Lack of Accountability Mechanisms

A significant challenge in policy implementation is the lack of monitoring and redressal mechanism. Many women in India:

- Face disrespect or violence during childbirth in public hospitals.
- Are denied abortion services due to provider bias or institutional delays.
- Cannot access grievance mechanisms due to bureaucratic complexity and illiteracy.

Judgments like *Devika Biswas v. Union of India* (2016) highlight the gross violations of human rights in sterilization camps, but implementation of court directions remains sporadic and ineffective.

VI. SUGGESTIONS AND WAY FORWARD:

Recognizing reproductive rights as non-negotiable human rights means India must take urgent and holistic steps to move from mere policy frameworks to tangible change on the ground. Some key recommendations aimed at legislators, the judiciary, healthcare providers, and civil society are discussed as follows:

1. Legal and Policy Reforms:

- Recognize **Reproductive Rights as Fundamental Rights under Article 21** explicitly through legislation.
- **Amend** the Medical Termination of Pregnancy (MTP) Act to:
 - **Treat abortion as a right-based decision, not a state-controlled medical exception.**
 - Eliminate gestational limits where mental or physical health is at risk, similar to provisions in South Africa and Colombia.
 - Allow self-managed abortion up to a reasonable point with telemedicine support, per WHO guidelines.
- **Criminalize marital rape** to ensure legal coherence between abortion law, criminal law, and bodily autonomy.
- **Pass a Comprehensive Reproductive Justice Bill**, inclusive of:
 - Rights of **unmarried women, disabled persons, and queer individuals.**
 - Informed consent protocols and strong anti-coercion provisions.

2. Strengthening Healthcare Systems

- **Expand** reproductive health services in **rural and remote areas** with proper infrastructure, trained professionals, and mobile clinics.
- Provide **free or subsidized contraception and abortion** services in public facilities.
- Mandate confidentiality and non-discrimination in all reproductive health settings.
- **Train all healthcare workers** on gender sensitivity, human rights, and cultural competence.

3. Education and Social Awareness

- Integrate **comprehensive sexuality education (CSE)** into **school curriculum** in alignment with UNESCO standards.
- Launch nationwide **campaigns** on reproductive rights awareness, involving religious leaders, educators, and youth.
- Encourage community-based participatory programs to combat stigma around menstruation, contraception, and abortions.

4. Inclusion of Marginalized Identities

- Frame reproductive health policies that **explicitly include:**
 - **LGBTQIA+ persons** (right to fertility, surrogacy, and adoption).
 - **Persons with disabilities** (with safeguards against forced sterilization).
 - **Sex workers, refugees, and religious minorities.**
- Set up **autonomous complaint redressal bodies** within hospitals and public institutions to address violations.

5. Align with International Best Practices

India should:

- **Ratify the Optional Protocol to CEDAW** to enable individual complaints and inquiry procedures applicable to Indian domestic laws.
- Harmonize domestic laws with **General Comment No. 22 (CESCR)** and **General Recommendation No. 24 (CEDAW).**
- **Collaborate with UNFPA and WHO** to adopt global best practices in reproductive health policy design and implementation.

6. Center a Reproductive Justice Framework

Coined by Black feminists in the U.S., **reproductive justice goes beyond legal rights to include social, economic, and political conditions necessary for full autonomy.**

India must adopt this lens to ensure that:

“The right to have a child, the right not to have a child, and the right to parent in safe and sustainable environments”

— are all protected for every individual, regardless of gender, caste, class, religion, or identity.

VII. CONCLUSION:

The reproductive rights of women in India sit at the intersection of law, health, autonomy, and social justice. While India has made significant legal and policy advancements—from the Medical Termination of Pregnancy Act to Assisted Reproductive Technology (ART) Act, 2021 & Surrogacy (Regulation) Act, 2021 to progressive Supreme Court judgments—realizing these rights as lived realities for all women remains a formidable challenge. Through an attempt made by this paper, we have seen how international human rights frameworks like CEDAW, ICCPR, ICESCR, and interpretations from bodies like the UN Human Rights Committee and Committee on Economic, Social and Cultural Rights consistently affirm that reproductive autonomy is a non-negotiable part of bodily integrity, dignity, and equality and India being signatory to these instruments, bears a legal and moral obligation to harmonize domestic law with international standards.

However, the implementation landscape is marred by structural inequalities, entrenched patriarchy, caste and religious hierarchies, and a healthcare system that continues to stigmatize and restrict access to reproductive services. The jurisprudence, while expanding, often fails to reflect the intersectional realities of Indian women—particularly Dalit, Adivasi, disabled, queer, and unmarried women, who face compounded marginalization. Lastly to secure reproductive rights in India is not merely to make abortion legal or contraception available. It is to create a society where every woman—regardless of identity, geography or status of being married or not—has the information, freedom, resources, and dignity to make choices about her body. This requires an urgent shift from a medicalized and paternalistic framework toward a rights-based approach pushed by people-centric reproductive justice paradigm.

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