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Reproductive rights of women in India: Between legal recognition and social reality

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Abstract

This abstract explores the complex landscape of reproductive rights for women in India, navigating the often-divergent paths of legal recognition and lived social reality. While India boasts progressive legislation safeguarding various aspects of reproductive autonomy, including access to abortion, contraception, and maternal healthcare, significant challenges persist in their practical implementation. Legal frameworks, such as the Medical Termination of Pregnancy Act, 1971 (amended in 2021), and the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994, aim to empower women and combat gender-biased practices. However, deep-seated societal norms, patriarchal structures, low literacy rates, economic disparities, and inadequate healthcare infrastructure often impede women from fully exercising these rights. Issues such as coerced sterilization, lack of awareness about legal provisions, limited access to quality healthcare facilities, particularly in rural areas, and the pervasive stigma surrounding abortion and contraception, continue to undermine women's reproductive agency. Furthermore, the influence of family and community, coupled with gender-based violence, frequently dictates reproductive choices, irrespective of legal entitlements. This abstract argues that bridging the gap between legal pronouncements and social reality necessitates not only robust policy implementation and improved healthcare accessibility but also sustained efforts in public awareness, gender sensitization, and challenging discriminatory social norms. Ultimately, achieving true reproductive justice for women in India requires a multi-faceted approach that addresses both legal lacunae and the entrenched socio-cultural barriers that continue to constrain their reproductive freedom. In a patriarchal society, family, or institution, men have all or most of the authority and significance. for the apparent reasons why women in such a culture end up as the victims. Her choices and rights, ranging from education to reproduction, are stifled, rendered dependent, and left dormant. The conditions in which women live, their capacity to obtain and exercise their rights, their mental, physical, and emotional well-being, and their capacity to influence and govern their own lives and fates, and they heavily depend on their reproductive autonomy and health. Women cannot be fully emancipated unless their reproductive rights are guaranteed.

Women cannot exercise any other rights unless they have control over their bodies. When women can make their own decisions about their bodies, they will be liberated both mentally and physically. Only when women are able to exercise their reproductive rights can they obtain other human rights. The fulfilment of many human rights depends on reproductive rights.

rights: the freedom from torture and cruel treatment; the right to privacy; the right to health; the right to liberty and security; the right to life; and the right to equality and non discrimination. Women have the freedom to decide whether or not to have children, which includes the freedom to carry or end an unintended pregnancy and the freedom to select the family planning and contraception method of their choice. This document covers the judicial aspects of women's reproductive health and abortion rights in India, as well as the human rights that make up the legal foundation of women's reproductive rights in a patriarchal society.

Keywords: Reproductive Rights of Women in India, Legal Recognition, Social Reality

Introduction

The legal basis for putting an end to gender discrimination and abuses of gender-based rights is provided by a number of human rights treaties and international conference agreements that have been negotiated over several decades by countries that have been progressively impacted by the expanding worldwide movement for women's rights. These accords require states to combat discriminatory practices and recognise the equality of men and women. The Declaration and Action Plan of Vienna, International consensus accords that firmly support gender equality and women's empowerment include the Platform for Action agreed at the Fourth World Conference on Women (FWCW) and the Programme of Action of the

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International Conference on Population and Development (ICPD). Therefore, as a subset of human rights, reproductive rights were established at the international summit on human rights held by the UN in 1968. As a signatory to the ICPD Program of Action, India pledged to uphold the idea that free and informed decision-making is crucial to the long-term viability of family planning initiatives in which coercion of any kind is not tolerated^[1].

According to the World Health Organisation, reproductive rights are based on the understanding that every couple and individual has the fundamental right to choose freely and responsibly how many, how far apart, and when to have children, as well as the knowledge necessary to make such decisions, as well as the right to the best possible sexual and reproductive health.

1. Asfia Khatun(2023) reproductive rights of women in india: a new perspective | volume 8, issue 12 december 2023 | issn: 2456-4184 | ijnrd.org

They also include everyone's freedom to decide how to reproduce without violence, coercion, and discrimination^[2]. The woman is the mother of Earth (Dharti Mata), who is also known as the "Supreme Being and Guru." She began human and social life and assumes the roles of mother, sister, and daughter. Half of the nation's women are mistresses. They are man's co-travelers and life partners in the formation of life. In India, women's sexual and reproductive rights are still not widely acknowledged, and no particular legislation addresses them. concerning the reproductive and sexual rights of women. The scope of sexual and reproductive rights is very broad, yet in India, they are only recognised in relation to certain issues.

Women's autonomy and dignity are given priority in several Supreme Court and High Court rulings, both past and present. Public interest lawsuits, special leave petitions, and judicial activism all significantly contribute to bringing women's sexual and reproductive rights to Parliament's notice. Reproductive health and sexual health have different components. But they frequently overlap. Information and Education Access, HIV/AIDS and ST Prevention, Medical Services, Sexual Violence Prevention, and The two main pillars of sexual health are awareness programs and the regulation of sexual autonomy. The main elements of reproductive health are family planning, maternal health, preventing complications after abortion, and preventing infections of the reproductive tract.

Reproductive rights in India: The current situation:

Even though India was one of the first nations in the world to create legislative and policy frameworks that ensure access to contraception and abortion, women and girls still face major obstacles to fully exercising their reproductive rights, such as subpar health care and a lack of decision-making authority. Historically, laws and regulations pertaining to reproductive health in India has not adopted a women's rights-based strategy, preferring to concentrate on demographic goals like population control while also subverting women's reproductive autonomy through discriminatory laws like those requiring spousal consent to access reproductive health services.

Despite a national law penalizing marriages of girls below 18 years of age and policies and schemes guaranteeing women maternal healthcare, in practice India continues to account for the highest number of child marriages and 20% of all maternal deaths globally. Although India's National

Population Policy guarantees women voluntary access to the full range of contraceptive methods, in practice state governments continue to introduce schemes promoting female sterilization, including through targets, leading to coercion, risky substandard sterilization procedures, and denial of access to non-permanent methods. In addition, although abortion is legal on multiple grounds until 20 weeks of gestation and throughout pregnancy where necessary to save the life of the pregnant woman under the Medical Termination of Pregnancy Act (MTP Act), 56% of the 6.4 million abortions estimated to occur in India annually are unsafe and result in 9% of all maternal deaths. A number of reproductive rights issues, such as maternal mortality and morbidity, unsafe abortion and subpar post-abortion care, lack of access to the full range of contraceptive methods and reliance on coercive and substandard female sterilisation, child marriage, and ignorance, have prompted U.N. human rights experts and bodies to express concerns to the Indian government about human rights violations.

Providing instruction on sexual and reproductive health. India has been urged to rectify these violations and inequalities in access to reproductive health care by various experts and organisations. In India, courts play a crucial role in protecting women's reproductive rights, which are protected by both their human and constitutional rights^[3]. Significant legal developments and court rulings that have increased a woman's reproductive autonomy characterise the current state of reproductive rights in India. The actual application of these rights, particularly with regard to access to safe and high-quality healthcare, is nevertheless fraught with difficulties.

Here is a breakdown of the key aspects:

The Medical Termination of Pregnancy (MTP) Act provides the legal framework.

- **MTP Act, 1971:** This historic law allowed abortion in India under certain restrictions and exempted it from the Indian Penal Code's criminalisation of the procedure.
- **MTP (revision) Act, 2021:** This revision resulted in significant advancements, such as:
- **Extended Gestational Limit:** For "special categories of women," such as women with impairments, minors, and survivors of sexual assault or rape, the abortion window was extended from 20 weeks to 24 weeks.

2-Asfia Khatun(2023) reproductive rights of women in india: a new perspective | volume 8, issue 12 december 2023 | issn: 2456-4184 | ijnrd.org
3-ibid.

- **Inclusion of Unmarried Women:** The modification reflected a more inclusive view of reproductive rights by extending the provision for abortion due to contraceptive failure to all women, regardless of their marital status.
- **Opinion of One Doctor:** To streamline the procedure, the requirement that two registered medical practitioners (RMPs) provide their opinions for abortions performed between 12 and 20 weeks was lowered to the opinion of a single RMP.
- **Confidentiality:** Under the law, a woman seeking an abortion must keep her identity and personal information private.

2. Judicial Interpretation and Rights-Based Approach

- **Constitutional freedom to Reproductive Autonomy**
The Supreme Court of India has repeatedly held that a woman's freedom to make her own reproductive decisions is part of her right to life and personal liberty.
- Under Article 21, of the Constitution. Reproductive rights have been established as a basic component of personal privacy and dignity, which has been a significant advancement.
- **Abortion and Marital Rape:** The Supreme Court made it clear in a historic decision that marital rape committed with the intention of getting an abortion is included in the definition of "rape" under the MTP Act. Given that marital rape is not yet illegal in India, this is a good step.
- **Increasing Everyone's Access:** In order to guarantee that all women, regardless of marital status, benefit from the MTP Act, the judiciary has been essential. Judges have stressed that separating married women from single women is "artificial and constitutionally unsustainable."

3. Challenges and Gaps in Implementation

The complete realisation of reproductive rights in India is hampered by a number of issues, despite a robust legislative framework:

- **Access to Healthcare:** In rural areas, there is a severe lack of authorised facilities and trained medical personnel, especially obstetrician-gynecologists. Due to this, a large number of women are compelled to seek unsafe abortions, which continue to be a major cause of maternal death in India.
- **Social shame:** One of the biggest obstacles is still the social shame associated with abortion and premarital sex. Due to a lack of secrecy and fear of being judged, many women—especially single women—delay seeking care, which might cause them to miss the legally mandated safe procedure deadlines.
- **Provider-Centric Law:** Despite its amendments, the MTP Act remains primarily provider-centric. A woman's autonomy may occasionally be restricted since the doctor has the final say over whether to allow an abortion rather than just the expectant mother.
- **Financial Barriers:** While government centres provide more economical options, they frequently struggle with accessibility and care quality. The cost of abortion in private clinics can be prohibitive.
- **The necessity of education and contraception:** There is still an unmet need for family planning and contraception despite the legal improvements in abortion. Additionally, there is a dearth of sexual and reproductive health education, which results in a lack of knowledge about services and rights.

Reasons for the slow growth and development of reproductive rights: The undervaluation of women's reproductive rights in India can be attributed to a number of social, cultural, and economic causes. A few of these elements are highlighted below:

1. **Gender Discrimination:** In every community, gender is ingrained in the social and cultural fabric. It is evident from examining demographic data that women are primarily regarded as childbearing in terms of

fertility, death, and migration. Women have very few options when it comes to having children in a patriarchal nation like India. Because reproduction is closely linked to social, cultural, and political contexts, women cannot enjoy and benefit from gender equality without exercise your right to procreate. Without a question, women are society's silent victims. The overall devaluation of women is reflected in the percentage of our nation that exhibits an unequal sex ratio and a greater female newborn mortality rate. In most states, women's literacy rates are significantly lower than men's^[4].

4-Asfia Khatun(2023) reproductive rights of women in india: a new perspective | volume 8, issue 12 december 2023 | issn: 2456-4184 | ijnrd.org

There is no doubting that gender is a contributing factor to Indian women's poor reproductive health prejudice. The causes of gender discrimination are numerous and varied, including cultural norms, low educational attainment, low familial status of women, attitudes of others, and restricted access to resources.

2. **Health Care Programme:** Only the Primary Health Care approach is used in the health care program. Maternal and child health services, the reproductive and child health project, and the family welfare program are the health care initiatives designed specifically for women. These initiatives seek to improve reproductive services by promoting institutional births and child spacing. Additionally, these programs take the initiative to offer health instruction. Nevertheless, the sex ratio has decreased in spite of these initiatives. Services related to health and family planning have not been considerate of women's circumstances or issues. It is accurate to say that women encounter difficulties in identifying and communicating their health care concerns. The primary issue in India is that the family planning program lacks health care services and health education and is focused on the population. the reality that India is the world's second most populous nation. The nation's progress is being hampered by an unchecked population growth. The government completely disregarded the significance of the population growth since it was so preoccupied with maternal health in order to ensure the infant's health.

3. **Pre-natal and post-natal care:** In India, particularly in rural areas, unsafe motherhood is a reality. During pregnancy and delivery, few women have access to amenities. Inadequate care during pregnancy and childbirth, encompassing obstetric and gynaecological disorders, is not unusual in this area. Of the approximately 92% of women who experience gynaecological diseases, such as urinary tract infections and genital tract infections, just 8% go through Gynaecological assessment and care. Pregnant women have limited access to prenatal care, high-risk cases are often overlooked, anaemia is severe, and little is known about the health and nutritional requirements of expectant mothers and new mothers. The average person cannot afford the current medical services.

4. **Medical facilities and health care:** In India, medical facilities are ill-equipped to handle issues related to reproductive health. Instead than focussing on providing women with ongoing care during pregnancy and after delivery, it only addressed immunisation and

iron and folic acid supplies. There is no justification in conventional family for women. To provide financial assistance for the family, they must handle household chores and occasionally even go out to work in the field.

5. **Population Explosion:** Between 1991 and 2001, estimates place the percentage of population increase owing to population momentum at over 70%, while couples' desire for more children was responsible for roughly 25% of the population expansion. Because there are so many young people, this trend will likely continue in the future as well. 19. Behavioural issues, such as a lack of autonomy, unequal gender relations, a lack of medical facilities, insufficient health programs and policies, etc., are a component of women's poor reproductive health. In essence, sociocultural factors like gender inequity are the main source of the barriers women face in achieving optimal reproductive health.

Legal provision in India: The Medical Termination of Pregnancy Act was passed by the Indian parliament in 1971. The 1967 Abortion Act, which was passed by the UK Parliament, served as the model for the Act. The fundamental guidelines and requirements for abortion are outlined in Section 3 of the Act.

1. Pre-1971 position: The B.N.S forbids "miscarriage" in India. Following Victorian customs, Macaulay's law forbids doing anything to an unborn child unless the mother's life is in jeopardy. Section 88-92: In accordance with B.N.S it is illegal to induce abortion or cause "a woman having a child to miscarry," unless it is carried out in "good faith to save the woman's life. Therefore, since 2023 it has been permitted in India to cause an abortion when the mother's life is in danger due to the pregnancy's continuation and when ending the pregnancy is deemed necessary to save the mother's life. This was, and still is, a blanket provision for the therapeutic abortion without any stipulation as to who can do it, where it can be done or up to what stage of pregnancy it can be done. The sole requirement is that it must be done in order to "save the woman's life." These omitted requirements are now included under MTP Act, Section 5.

2. Reproductive rights of mentally retarded women

In India, disabled girls are frequently the targets of discrimination, maltreatment, and persistent denial of their rights. In March 2009, the security guards at Nari Niketan, Chandigarh, a government facility for impoverished women, sexually assaulted a 19-year-old mentally challenged orphan girl. May 2009 saw the Pregnancy was found. A psychiatrist was one of four medical professionals from the Multi-Disciplinary Medical Board (MDMB) who indicated that a woman "has the adequate physical capacity to bear and raise the child but that the stress of bearing and raising her child can further affect her mental health."

Based on these suggestions, the Punjab and Haryana High Court decision authorised medical termination of pregnancy. In response to the NGO's appeal against the High Court's ruling, the Indian Supreme Court rendered a historic ruling permitting a 19-year-old orphan girl with mental disabilities to continue her pregnancy after being sexually assaulted. Thus, this instance brought forth important questions about consent. and to the assistance needed in determining

consent. This issue was not about abortion in and of itself; rather, it was about whether or not this nation's laws acknowledge and uphold a woman's autonomy to make decisions regarding her life and body, including all of its complexities whether the woman has mental retardation or another impairment.

Legally speaking, the MTP Act does not address women with mental retardation's access to abortions, and it incorrectly makes a distinction between those who have mental illness and those who have mental retardation, completely ignoring the former. Additionally, the Act fails to recognise that both of these women are more likely than not to be impoverished, in which case guardianship is more complicated. This The case persuasively demonstrates that significant strengthening of the Indian legal system is necessary to align it with international law. It also calls into question if the structures of our country are secure enough to safeguard women, and especially those with disabilities.

3. Termination of pregnancy resulting from rape

Many rape victims wait until their pregnancy is discovered through medical testing or made public before coming forward to obtain an abortion, either personally or through their parents, due to shame and personal risks. Due to a lack of knowledge about the signs of pregnancy or the potential for rape, minors do not even recognise they are pregnant until after 20 weeks. Additionally, in states where pregnancy detection is delayed, Authorities do not adequately address and look into rape charges; they do not provide pregnancy testing kits to victims of rape as mandated by national regulations; or they do not enquire into petitioners' claims of rape.

In instances requesting permission for abortions beyond 20 weeks, a number of petitioners have highlighted the psychological anguish and distress—including thoughts of suicide—caused by being compelled to carry their pregnancy to term. The serious risks that pregnancy poses to women's and girls' physical and mental health have been acknowledged by Indian courts.

Reproductive Rights Under Indian Constitution: The freedoms or rights that an individual is entitled to in regard to reproduction and reproductive health are known as reproductive rights. "The recognition of the fundamental right of all couples and individuals to freely and responsibly decide the number, spacing, and timing of their children, as well as to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health," states the World Health Organisation (WHO). Therefore, the achievement of all human rights is significantly impacted by reproductive rights.

The inclusion of reproductive rights in many constitutions and international protocols may be interpreted as a step towards recognising women's liberty in relation to these decisions. The Indian Constitution recognises a significant number of these rights as Fundamental Rights that the government is required to provide, including the right to equality and non-discrimination (Articles 14 and 15) and the right to life (Article 21), which, according to judicial interpretations, includes the rights to health, dignity, freedom from torture and ill treatment, and privacy.

Furthermore, India is a signatory to a number of international conventions, including the International Covenant on Civil and Political Rights (ICCPR), the

International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), all of which recognise reproductive rights. Furthermore, Article 51(c) of the Indian Constitution requires the state to respect its treaty responsibilities.

In recent years, Indian courts have issued a few landmark decisions that view women's reproductive rights as a component of the innate survival rights implicitly protected by the fundamental right to life. The global evolution of jurisprudence on the Reproductive Rights Framework is built on two important principles: (a) the right to reproductive healthcare, and (b) the right to reproductive autonomy^[5].

Reproductive Rights under Statutes-In India, women's reproductive rights are protected by two major pieces of legislation: The Prevention of Child Marriage Act of 2006 (PCMA) and the Medical Termination of Pregnancy Act of 1971. The PCMA was designed to outlaw the solemnisation of child weddings in India and all matters related to them. The Act establishes the legal marriage age for girls and boys as 18 and 21, respectively.

5-<https://www.tsclcd.com>

6-Ayush Kumar (2024)- Reproductive Rights Under Indian Constitution, Hidayatullah National Law University

Thus, the PCMA was enacted to safeguard girls from the dangers of underage marriage. Similarly, the MTP Act includes provisions on abortion. It provides certain grounds on why abortion is permitted in India.

Reproductive Rights under Article 21: -Despite India being one of the first countries to establish a legislative framework to ensure access to abortion and contraception, women continue to face impediments that prevent them from fully expressing their reproductive rights. However, the courts in India have taken a progressive stance, recognised the following reproductive rights as part of the Right to Life:

1. Maternal Health: In 2008, the Human Right Law Network in India began tracking a series of petitions filed in high courts across India seeking accountability for pregnancy-related deaths and wounds. This led in the first legal recognition of women's rights to survive pregnancy and childbirth as fundamental rights. The Delhi High Court issued a landmark verdict in the cases of Jaitun v. Maternity Home, MCD, Jangpura & Ors. and Laxmi Mandal v. Deen Dayal Harinagar Hospital & Ors. about denials of maternal health treatment to two women living below the poverty line.

2. Access to Contraception: In 2016, the Supreme Court of India issued a historic decision in the case of Devika Biswas v. Union of India & Ors., which went beyond the reproductive health framework and established autonomy and gender equality as components of women's constitutionally protected reproductive rights. The issue originated as a consequence of a petition submitted by a social activist challenging the state's sterilisation program, which resulted in fatalities and serious injuries. The court found that these regulations violated women's fundamental right to life under Article 21, which encompasses a person's reproductive rights.

3. Child Marriage: Child marriage was not considered a violation of women's fundamental rights until the Delhi High Court's decision in Association for Social Justice & Research v. Union of India & Others, in which the court ruled that child marriage exposes vulnerable and young girls to domestic violence, social isolation, and sexual abuse, thus violating the fundamental right to live a dignified life^[7].

4. Abortion and Reproductive Autonomy: Until 2008, India's judicial precedence on abortion was regressive, claiming that a woman's decision to terminate without her husband's consent constituted mental cruelty. However, in 2009, the Supreme Court ruled in Suchita Srivastava & Anr v. Chandigarh^[8].

7- <https://www.tsclcd.com>

8- AIR 2010 supreme court 235

Administration that the right to reproductive autonomy is a fundamental right. In Puttaswamy, the Supreme Court emphasised women's fundamental freedom to make reproductive decisions while upholding the ruling in Suchita.

International Framework: Many international accords and charters include clauses that recognise reproductive rights as fundamental human rights for all individuals. According to the Preamble to the World Health Organization's (WHO) Constitution, one of each person's fundamental rights is to experience the highest possible standard of well-being. The phrase 'wellbeing' refers to women's reproductive rights. A comparable idea is also stated in Article 16(1) of the Universal Declaration of Human Rights (UDHR) Charter, which can be interpreted to include reproductive rights as a fundamental human right.

Furthermore, the CEDAW's Articles 11, 12, and 14 mandate that states take the required steps to end all forms of discrimination against women in the healthcare industry in order to guarantee that they have access to family planning information and counselling. In order to guarantee that the convention is properly implemented, the CEDAW committee has consistently called out abusive state actions and shown progress. In the case of L.C. v. Peru, for instance, the committee determined that the Peruvian government violated CEDAW Article 5 by engaging in unfair gender stereotypes and failing to stop L.C. from receiving basic health care. a thirteen-year-old girl who tried suicide after becoming pregnant after being sexually assaulted.

In a same vein, member states have agreed to grant everyone the right to obtain sufficient levels of physical and mental health under Article 12(1) of the ICESCR. Furthermore, some reproductive rights are recognised by Clause (2). As a result, advancements in the international framework concerning reproductive rights are also strengthening local legal norms about these rights^[9].

Reproductive rights of women in India: A key element of women's human rights are reproductive rights, which include a variety of options and privileges pertaining to personal autonomy and reproductive health. Women's empowerment, equality, and general well-being depend on these rights. States are required to uphold, defend, and fulfil women's sexual and reproductive health rights.

9- <https://www.tsclcd.com>

1. **Right to Bodily Autonomy:** Women are entitled to make choices regarding their bodies, such as when and whether to become parents. This covers the rights to obtain contraception, to end a pregnancy (if permitted), and to decide how and when to have children.
2. **Access to Contraception:** In order to make educated decisions regarding family planning, women should have the ability to get a variety of safe and efficient contraceptive methods. This includes having inexpensive, barrier-free access to contraception as well as knowledge about available contraceptive methods.
3. **Safe and Legal Abortion:** Women have the right to obtain safe and legal abortion services in states where the procedure is permitted. Restrictive abortion regulations can have detrimental effects on women's autonomy and health, and access to abortion is an essential part of reproductive rights.
4. **Maternal & Prenatal Care:** Women are entitled to safe, high-quality prenatal care, as well as postpartum care. For the health of the mother and her unborn child, access to quality healthcare during pregnancy and childbirth is essential.
5. **Freedom from Discrimination and Coercion:** Women are entitled to make reproductive decisions free from violence, discrimination, and coercion. This includes the freedom to decline medical treatments related to reproduction, such as abortion or sterilisation, without giving their informed consent ^[10].
6. **Information and Education:** Women are entitled to thorough, accurate, and impartial information regarding their reproductive health. This involves sex education that gives people the power to make wise decisions.
7. **Access to Assisted Reproductive Technologies:** Women have the right to make decisions regarding their reproductive future and to get assisted reproductive technologies, such as surrogacy or *in vitro* fertilisation (IVF), if they choose to become parents.
8. **Protection from Harmful Practices:** Women are entitled to protection from practices that might seriously affect their reproductive rights and health, such as child marriage, forced marriage, and female genital mutilation (FGM) ^[11].
9. **Reproductive Healthcare Services:** Women are entitled to full access to reproductive healthcare services, which include access to qualified medical personnel, treatment for reproductive health disorders, and screening for sexually transmitted infections.
10- <https://www.clearias.com>
11- <https://www.clearias.com>
10. **Privacy and Confidentiality:** When obtaining reproductive healthcare treatments, women are entitled to privacy and confidentiality. Unless the lady decides to share it, medical information should be kept private.
11. **Support for Parenting:** Women who decide to have children are entitled to resources and assistance to protect their own and their children's welfare. This covers childcare, parental leave, and assistance for working women.
12. **Advocacy and Legal Protection:** Governments must pass and implement laws and policies that safeguard and advance women's reproductive rights. Women have the right to advocate for these rights.

Conclusion

Even though India has made great progress in recognising women's reproductive rights, there are still many obstacles in the way of a legal declaration becoming a lived social reality. The Medical Termination of Pregnancy (MTP) Act of 1971 and its 2021 modification are examples of progressive legal frameworks that have upheld a woman's right to bodily autonomy and broadened the legal grounds for abortion. These rights have been further upheld by significant court rulings that acknowledge them as essential components of the constitutional protection of life and personal freedom. These legislative accomplishments constitute a significant win, creating a theoretical basis of rights that are critical to women's empowerment. But there is a deep and enduring divide between the law and reality. Gender-based discrimination, deeply ingrained patriarchal societal norms, and ignorance of legal rights remain significant obstacles. Without access to adequate healthcare facilities, a supportive family, or the financial means to seek assistance, many women—particularly those in rural and marginalised communities—find that their legal right to choose is useless. The whole goal of progressive laws is undermined when women are forced to use risky, covert methods due to the shame attached to premarital sex and abortion.

Therefore, a multifaceted strategy that goes beyond legal reform would be needed to fully realise reproductive rights in India. It calls for the development of accessible and reasonably priced healthcare infrastructure, extensive education to break down social taboos, and comprehensive public health programs. In order to guarantee that every Indian woman has the agency and means to govern her own body and future, closing the gap between legal recognition and social reality is ultimately a basic social endeavour rather than merely a legal one.

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