

# AN INSIGHT INTO THE DEVELOPMENT OF REPRODUCTIVE RIGHTS OF WOMEN WITH SPECIAL REFERENCE TO INDIA

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## Abstract

Reproductive rights are rights that governs an individual's right to procreate or not. Under these rights, an individual can decide to plan on having a family, terminate a pregnancy and gain access to reproductive health services. During earlier times, not much importance was given to these rights and many women were unaware of these rights, as a result of which there was a decline in the socio-economic well-being and overall health of women. This paper is tries to lay emphasis on the development of these rights and the relevance they have to the present day. Women began to recognize the importance of these rights in the second wave of feminism through a landmark case of *Roe v. Wade* that introduced the Abortion Bill in the United States and identified the right of choice that women possess while taking decisions with respect to reproduction. This paper also addresses the impact of the global pandemic (COVID-19) on women's reproductive health. It also brings into notice the various issues such as holding of illegal abortion clinics and conducting sex-selective abortion through case laws. The legal stance and legislations passed in India to protect the health of women shall also be focused in the paper. A study of the abortion laws and the reproductive rights that are available to women in India and other countries like United Kingdom and South Africa shall also underline the importance of these rights. Towards the end a conclusion shall be drawn as to the manner in which these rights of women can be secured for improving the health and well-being of every woman in the society.

**Keywords:** abortion, decision, health, reproductive rights, women

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## **Introduction**

Reproductive health becomes a very important aspect of a women's life and it is only in recent times that these rights have been recognized. Before, there was no awareness and women were subject to a lot of discrimination and often lost out a lot with respect to their reproductive health. The recognition of these rights makes a woman aware of the importance of her health and helps her take decisions that benefit her. Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right of all to make decisions concerning reproduction free discrimination, coercion and violence<sup>1</sup>.

Reproductive rights are basic legal rights that allow a woman to take decisions in terms of her sexual and reproductive health. Reproductive rights include:

- The right of women to choose to have children or not;
- The number of children they want;
- When and how to have children;

- The means and methods to exercise their choice regarding fertility management;
- Access to good information on means and methods regarding fertility.<sup>2</sup>;

Thus, reproductive rights is the capability of women to govern her body and to appreciate all other rights including equality of men and women ,right to free choice in issue of procreation, sexuality and health care.

## **Women's fight for Reproductive Rights:**

In the late 19<sup>th</sup> century, abortion in the United States was only permitted till the "quickening" of the fetus it was till the time first movement of the fetus took place. In the 1820's and 1830's there were some regulations enacted for the sale of harmful drugs which women used to induce abortion. But despite the regulation, they were continued to be sold. Later in the 1850's the newly established American Medical Association began criminalizing abortion in order to reduce the competition for doctors by midwives and homeopaths. By 1869, The Catholic Church completely banned abortion at any stage of pregnancy and Congress passed Comstock Law which made the sale of contraceptives and abortion-inducing drugs illegal. Abortion was prohibited in most of the United States by the end of 1880's. In the 1960's there was a Women's Rights Movement that was a part of the second-wave feminism when cases like Roe

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<sup>1</sup>WHO.int.2010-08-29 (1 "Gender and reproductive rights")

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<sup>2</sup>Volume 4 Issue 4, April 2015 ,PP 51-56 ([www.ijhssi.org](http://www.ijhssi.org))

v. Wade came into picture. The U.S. Supreme Court put down the law that banned distribution of birth control to married couples in 1965 because the law infringed their Right to Privacy and by 1972, the Supreme Court even put down the law that prohibited the sale of contraceptives to unmarried couples. Hawaii was the first state to decriminalize abortion but this was only restricted to the residents of the state then came New York that legalized abortion without residential restrictions<sup>3</sup>.

**Roe v. Wade** was a landmark ruling given by the Supreme Court where it guaranteed the abortion rights for women. Jane Roe was an unmarried pregnant woman from Texas who was denied abortion- as Texas laws made abortion illegal. During those times ,abortion was considered illegal unless it was done for the purpose of saving the mother’s life. If it was done for other reasons, it would be considered a crime and the doctor would be held liable. This was challenged as the United States Constitution guarantees the right to privacy through the Fourteenth Amendment. On January 22<sup>nd</sup> 1973 the Supreme Court for the first time recognized the woman’s constitutional Right to Privacy and stated that “the right to privacy provision is broad enough to encompass a woman’s decision of whether or not to terminate the pregnancy”

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<sup>3</sup>Roe v. Wade is decided ,History.com Editors,20 August 2020,A&E Television Networks (<https://www.history.com/this-day-in-history/roe-v-wade>)

and struck down the abortion laws in Texas. This judgement was 7-2 decision that gave women a right to choose on having an abortion<sup>4</sup>. The court based its decision on various case laws that gave ruling that the government should not intervene with certain personal decisions about procreation, marriage and other aspects of family life. While deciding the case in hand, the jurists looked into aspects like- forcing a woman to continue with the pregnancy wouldput her through a lot of risks to physical health, mental health, and issues of financial burden and social stigma. The Court was of the opinion that The Constitution by itself does not guarantee an absolute right to abortion and the Right to Privacy allows states to impose regulations on abortions. The court also created a framework by dividing the pregnancy into three trimesters:

- During the first trimester, the State cannot regulate a woman’s right to abortion beyond requiring that the procedure to be performed by a licensed doctor in medically safe conditions.
- In the second trimester the state can regulate abortion if the regulations are related to reasonably the health of the woman.

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<sup>4</sup>The Editors of Encyclopaedia Britannica, Roe v. Wade, Encyclopædia Britannica, June 29, 2020 (<https://www.britannica.com/event/Roe-v-Wade>)

- Amid the third trimester, if the state's interest outweighs the woman's right to privacy, the state may prohibit abortions unless abortion is necessary to save the life or health of the mother<sup>5</sup>.

The 1985 case of **Griswold v. Connecticut**, it was established that right to privacy involving medical procedures as well. This served as a legal precedent while deciding *Roe v. Wade*<sup>6</sup>.

### **Reproductive Rights – An Indian Perspective**

Reproductive rights are an important feature of any feminist movement and tackle the questions of choice, agency and basic freedoms of women against the omnipresent setup of patriarchy in India. These rights become important as it addresses the concerns of difficulty in exercising body autonomy due to the prevalent social structure in India. However the efforts to make reproductive rights in India to be seen as basic human rights is very scattered and hasn't reached the masses to the extent it should have. India in the earlier times, has had a rough history in attempting to secure the reproductive rights of women. The Janani Suraksha Yojana was an important scheme which financially incentivized

institutional deliveries – was aimed to decrease the maternal mortality rate. India has considered the issue of gender biased sex selection seriously, but the steps taken to address this needs revamping<sup>7</sup>.

### **Sex-selective Abortions In India:**

The Indian society has been framed in such a manner that there exists a belief that a son or a boy is going to carry forward the legacy of the family and there is a lot of preference laid on a son more than a daughter by a lot of parents which leads to sex-selective abortions. The parents would want to learn about the gender of the fetus and will most likely terminate it if it's a female fetus this procedure not only affects the family structure of the society but also leads to a decrease in sex ratio at birth that can affect the Nation politically and economically. Every five years approximately 10.6 million female fetuses take place and the main cause for this is prenatal sex-determination. The ideal male to female ratio should be 100 females to 105 males but this ratio has been severely distorted in India. In order to prevent this, India found it necessary to pass a legislation in order to tackle this issue which was having an adverse impact on the society as a whole. Therefore, the

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<sup>5</sup>Roe v. Wade Case Summary: What You Need to Know, (<https://supreme.findlaw.com/supreme-court-insights/roe-v--wade-case-summary--what-you-need-to-know.html>)

<sup>6</sup>Roe v. Wade :The Constitutional Right to access safe and Legal Abortion (<https://www.plannedparenthoodaction.org/issues/abortion/roe-v-wade>)

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<sup>7</sup> Why Reproductive Rights must be taken seriously in India ,Rohitha Naraharisetty ,July 30<sup>th</sup> 2019,(<https://feminisminindia.com/2019/07/30/why-reproductive-rights-must-be-taken-more-seriously-in-india/>)

parliament passed the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT)<sup>8</sup>.

The PNDT Act was passed in 1994 and was later amended in the year 2002, the act was passed with an objective as stated in the preamble “to provide for the prohibition of sex selection, before or after conception, and for regulation of pre-natal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female feticide and for matters connected therewith or incidental thereto”<sup>9</sup>.

Under Section 3, 4, and 5 of the PNDT Act a complete ban imposed on sex-selective abortions in India. It is legally permissible to abort the fetus only at the stage where fetus is suffering from severe physical and mental disabilities but not permissible to select a fetus that is suffering from a sex-linked disease.

The salient features of the Act include:

- Prohibit sex selection, before and after conception.
- Regulation of prenatal diagnostic techniques (e.g., amniocentesis and ultrasonography)

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<sup>8</sup>Sex Selection & Abortion: India (<https://www.loc.gov/law/help/sex-selection/india.php>)

<sup>9</sup>Ibid

for the detection of genetic abnormalities, by restricting their use to registered institutions. The Act only permits the use of these techniques only at a registered place, for a specified purpose, and by a qualified person who is registered for the purpose.

- Prevention of the misuse of such techniques for sex selection, before or after conception.
- Prohibition of the advertisement of any techniques used for sex selection as well as those used for sex determination.
- Prohibition on the sale of ultrasound machines to persons not registered under this Act.
- Violation of the terms quoted in the Act will result in five-year imprisonment and fine of the medical practitioner and the offences are cognizable and non-bailable<sup>10</sup>.

### **Medical Termination of Pregnancy**

The Medical Termination of Pregnancy (1971) legalized abortions in India, allowing a 20 week time period for such abortions. But because of legal limitations of this Act, the rights of a minor rape survivor was tragically crushed. When her petition reached court, the 20 week time limit was crossed and abortion couldn't be granted. Even in case of fetal abnormalities, due to the 20 week mark being breached, MTP couldn't be granted. Hence the very law that was aimed to

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<sup>10</sup>Ibid

protect the reproductive rights of women couldn't provide her with any protection.

In a study 2015, the Indian Journal Of Medical Ethics tells us that unsafe abortions is the cause for 10-13% of Maternal deaths in India<sup>11</sup>. The mothers that survive such abortions are forced into a painful life due to sepsis, infertility and other injuries. This also affects the mental well being of such women. Studies have also proved that the prescribed 20 week window on abortion is based on outdated medical literature from the 1970s.

The provision for access to safe abortion has been established as a basic human right by various international regulations; WHO passed guidelines to help different governments pass progressive guidelines for abortion laws. Despite such efforts being done in the International field, changes weren't profound in the Indian laws. Finally in 2004 the MTP(Amendment Act) was passed which eliminated abortion in unhygienic conditions and by untrained persons , thus reducing the maternal mortality rate. The definite highlight is the cabinet's decision to approve the MTP(Amendment) Bill of 2020 which will truly address the glaring needs of

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<sup>11</sup>It's gender justice: Amendment to MTP Act will align the reproductive rights of women with 21st century medicine, Smriti Irani, January 31<sup>st</sup> 2020(<https://timesofindia.indiatimes.com/blogs/toi-edit-page/its-gender-justice-amendment-to-mtp-act-will-align-the-reproductive-rights-of-women-with-21st-century-medicine/>)

gender justice seen through the glass of reproductive rights of women and provide women with the solution that they have been fighting for years. This Bill extends the time period of abortion to 24 weeks for the category of women that are vulnerable and there is no limit whatsoever for pregnancies having abnormalities (diagnosed by a professional medical board). Women will now have easy access to medico-legal services and maternal mortality and morbidity arising due to unsafe abortions will be come down. This bill will aim to strengthen provisions to safeguard the privacy and dignity of women while being exposed with such life altering decisions. This amendment will allow greater autonomy to women and ensure greater clarity to the medical practitioners who had shown inhibition towards termination to pregnancy.

Worldwide, abortion is seen as an important aspect reproductive health of women. 26 countries including Egypt, Iran do not permit abortion and 39 countries including Mexico, Sri Lanka, Brazil allow abortion when there is a risk to women's health. And some countries like Russia, China will allow abortion up to 12 weeks if requested. In such a scenario, India has a highly progressive law allowing abortion on humanitarian, social and therapeutic grounds. The new MTP Bill is a milestone in trying to achieve the reproductive rights of women.

In the case of **Suchita Srivastava v. Chandigarh Administration**, the Supreme Court held

that it was no doubt that the women's right to make reproductive choices is a dimension of personal liberty as understood under article 21 of the constitution<sup>12</sup>. In the case of **Nidhi Singh v. State of Chhattisgarh**, women are also free to choose birth control measures (which includes sterilization procedures. Also includes the entitlement to carry the pregnancy to its full term, to give birth and to subsequently raise children<sup>13</sup>.

**Cry For Life society v. Union Of India** was a case decided in 2020, where the petitioner argued for a writ to be passed declaring article 3(2)(ii) of the Medical termination Of Pregnancy Act unconstitutional as it violated article 21 of the constitution. The court assured her that it was the choice of the women to protect her body integrity and have privacy which are conferred to her under section 21 of the constitution<sup>14</sup>. The provisions of the Prohibition Of Sex Selection act of 1994 makes it punishable for any MTP sought on the basis of Sex, determination and selection. Therefore sufficient safety measures

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<sup>12</sup>A Womb of One's Own: Privacy and Reproductive Right Abhijeet Ghosh NitikaKhaitan, Vol.52 Issue no.52-53,31<sup>st</sup> October 2017 (<https://www.epw.in/engage/article/womb-ones-own-privacy-and-reproductive-rights>)

<sup>13</sup>Nidhi Singh v. State of Chhattisgarh Chhattisgarh High Court 21<sup>st</sup> June,2019 (<https://www.casemine.com/judgement/in/5d22302e714d587dc6a8c060>)

<sup>14</sup> Cry For Life society v. Union Of India ,Kerala High Court,9<sup>th</sup> June (<https://www.casemine.com/judgement/in/5ef3652c9fca194e08e08380>)

have been taken in this regard to ensure that unnecessary MTPs aren't conducted. Therefore the said section of the MTP Act is in no way illegal.

### **International Conference on Population and Development**

The ICPD (International Conference on population and Development) met in Cairo, Egypt on September 1994 with over 20000 delegates from around the world. The issues relating to abortion was most discussed and debated about; issues of immigration policy, reproductive health, urbanization, empowerment of women and access to health care were the other topics that were discussed. Thousands of delegates agreed that the conference was a success.(ICPD+25) conference was recently concluded in Nairobi<sup>15</sup>.

The biggest point of gain from the conference was the change in how people thought about family planning, population, child bearing and contraception. It is important to note that before the Cairo ICPD, whenever population conferences took place, there would be no mention of reproduction or sex. The change came about by putting women at the centre of development and population; it was women themselves that put

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<sup>15</sup>Reproductive Rights of women are not up for negotiation: Gita Sen, Swapna Majumdar, February 28<sup>th</sup> 2020 (<https://www.thehindu.com/society/reproductive-rights-of-women-are-not-up-for-negotiation-gita-sen/article30941969.ece>)

women in this important position. Another benefit was that the Indian Government signed up for this. After this conference, the government decided that it would get rid of population targets- this gave a different point of view to the population policy itself.

Post ICPD+25 , the Indian Government needs to constitute an advisory group of academicians, researchers, both young and old, both men and women to sketch out a strategy to bring about a change to the system. Women's groups will have to pressurize and hold the government responsible to bringing about this change. Pressure groups like the disability and LGBTQIA are willing to work together to bring back the momentum.

### **Covid-19 and Woman's Reproductive Rights**

With the breakout of the corona virus pandemic, many countries diverted their public health infrastructure to combating the corona virus. Beneath all this, there exists a global human rights problem in the form of there being a threat to woman's reproductive rights. Warnings have been given by the UN population fund. The Human Rights has warned about the impact that the ongoing crisis can have over maternal care and abortion access. Access to this has become increasingly problematic in states that have gone under lockdown or have travel restrictions. This is particularly problematic to women that are residing in states (foreign) where abortion is illegal and have to travel abroad to get an abortion. A study conducted by the Ipas

Development Foundation shows that – In India, of the 3.9 million abortions that would have usually taken place in 3 months, the access to almost 1.85 million was compromised due to COVID-19<sup>16</sup>.

In line with the Ministry of Health and family welfare, public facilities have suspended the provisions of intra uterine contraceptive devices (IUD) and sterilization during the lockdown. Curbs issued by the government have made access to „over the counter contraceptives“, oral contraceptives, condoms and emergency contraceptives difficult<sup>17</sup>. Access to contraceptives is essential for women for them to exercise their right of autonomous decisions regarding their bodies and lives and cannot wait for the pandemic to subside to avail access. The Guttmacher Institute located in the United States said- “10% proportional decline in use of different contraceptive methods in low-and middle-income countries due to reduced access would result in an additional 49 million women with unmet need for modern contraceptives and an additional 15 million unintended pregnancies

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<sup>16</sup>The impact of COVID-19 on reproductive health services, Renuka Motihar, June 25<sup>th</sup> 2020 (<https://idronline.org/the-impact-of-covid-19-on-reproductive-health-services/>)

<sup>17</sup>COVID-19: Ensure women's access to sexual and reproductive health and rights ,STRASBOURG 07/05/2020 (<https://www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights>)



over the course of a year”<sup>18</sup>. Previous epidemics like Sars , Ebola have provided overwhelming evidence of the negatives of reproductive and sexual health.

India’s lockdown, in an attempt to flatten the COVID-19 curve has been followed with reports and complaints of domestic violence. Hence women are placed in a cruel position of increased risk of unwanted pregnancies, with the lockdown hindering their attempts to assert body autonomy. There are pre-existing issues related to availability of contraceptives and medical abortion drugs in rural areas in India. This access could be further hampered as those responsible for distribution of contraceptives are involved with pandemic related work.

Mathematical models tell that the Global financing brief reports show that the service disruptions that are prevalent in India have the power to leave almost 4 million women without access to facilities of delivery. Hence the child mortality could increase to a whopping 40 percent and maternal mortality to almost 52 percent by next year. There have been newspaper citings regarding the deaths of pregnant women as they were denied access to health care- particularly the death of a woman in her 8<sup>th</sup> month of pregnancy due to almost 8 hospitals referring her elsewhere as she showed

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<sup>18</sup>The Pandemic Can't Be an Excuse to Overlook Women's Reproductive Rights, Rupavardhini B.R., Vrinda Agarwal  
(<https://thewire.in/author/rupavardhinibr-vagarwal>)

symptoms of COVID19. There is lack of information and confusion among pregnant woman and their families on where to go for health services as many hospitals are being dedicated to tackling the Corona Virus.

The Telemedicine Practice Guidelines given by the Indian Council of medical Research doesn’t mention reproductive health services. In this pandemic, when travelling has been restricted, telecommunication options can be explored to improve the access to medical abortion and contraceptive services<sup>19</sup>. Along with this, the helpline intervention model for women in case of domestic violence will ensure the expansion of abortion services. The provider base in first trimester medical abortions could be expanded to tackle the shortage of gynaecologists, nurses and obstetricians in this pandemic. In the case of **Sama – Resource group for women and health v Union Of India and others** about a deficiency in service faced by women particularly in this pandemic of COVID-19<sup>20</sup>. The matter had been taken up through video conferencing. The ministry of health and family welfare issued certain guidelines for enabling delivery of essential health services during the pandemic which includes neonatal and reproductive healthcare services to the pregnant women along with the prevention and

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<sup>19</sup>Ibid

<sup>20</sup>Sama – Resource group for women and health v Union Of India and others, Delhi High Court ,22<sup>nd</sup> April 2020  
(<https://www.casemine.com/judgement/in/5ea5d8ed9fca196690d3cbdc>)

management of communicable diseases, treatment of diseases to avoid complications and also to address the other emergencies. Part 2 specifically looks into the continuation of care during pregnancy and childbirth. The UOI had specifically directed that a list of people requiring essential life services to be maintained (includes infants below 5 years, pregnant women, recently delivered women. Asha workers had to make sure that the pregnant women entering into their last trimester had to be monitored of their situation. There was however no coordination between the different departments giving these services which resulted in deficiency of service provided because of the pandemic; petitioner argued that due to covid19, the Auxiliary Nursing Midwives (ANM) have been directed to covid related work and not available to assistance where required. The respondents assured the court that the necessary compliances shall be made and there will be coordination between the ANMs and the Asha workers. A helpline number would also be made available to take care and assist the pregnant ladies.

Even after the lifting of the lockdown, returning to normalcy will take some time. With restrictions in movement, norms of physical distancing, the burden placed on the public health systems and the supply chains will continue. Hence, ensuring the sexual and reproductive health of the citizens (especially women) is important for that the government include in its response strategy.

### **Abortion Laws in other Countries:**

#### **United Kingdom:**

England, Scotland and Wales:

In the United Kingdom, the Parliament passed the Abortion Act which was later amended by Human Fertilization and Embryology Act. This act was only applicable to England, Wales and Scotland. This act instead of making abortion legal, makes exceptions to Offences against the Person Act, 1861- that made abortion an offence punishable by life in prison. Under this Abortion Act, a doctor could perform the abortion which has been authorised by two doctors, up to 23 weeks and 6 days of pregnancy. If continuing the pregnancy would involve risk, greater than if the pregnancy was terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family<sup>21</sup>.

An abortion can be carried out timelessly under the following conditions:

- If the termination is necessary to prevent severe injury to the physical and mental health of the mother
- There is a risk to life of the pregnant woman

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<sup>21</sup>ABORTION LAW  
([HTTPS://WWW.FPA.ORG.UK/SEXUAL-AND-REPRODUCTIVE-RIGHTS/ABORTION-RIGHTS/ABORTION-LAW](https://www.fpa.org.uk/sexual-and-reproductive-rights/abortion-rights/abortion-law))

- There is sufficient risk involved when the child is born it may suffer from certain physical and mental abnormalities<sup>22</sup>.

Until recently all abortion in England, Scotland and Wales were required to take place in a NHS hospital or a place approved by the Secretary of State for example a registered clinic. Wales and Scotland recently updated their laws on early medical abortion with woman now available to take second stage of medication at home.

Northern Ireland:

The Abortion Act,1967 did not apply to Northern Ireland as it followed a separate set of laws with regard to abortion. The reproductive rights in Ireland are defined under Section 58 and 59 of the Offences Against a Person Act,1861 and Section 25 of the Criminal Justice Act (Northern Ireland) 1945. Section 5 of the Criminal Law Act (Northern Ireland) 1967 made it an offence if a person withholds or hides any information with respect to an offence committed and hence put the doctors in the risk of prosecution if they tried to perform illegal abortions which prevents a woman from seeking medical help. To get an abortion done, women from Ireland need to travel to the U.K. and in the 2016-17 there have been only 13 abortions performed in Northern Irish Hospitals. Therefore, Ireland has not legalized abortion as yet<sup>23</sup>.

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<sup>22</sup>Ibid

<sup>23</sup>Ibid

### South Africa:

South Africa is one of the very few countries to have given women the freedom of choice in regard to abortion. The country was facing a high maternal mortality rate with respect to the number of people in Africa therefore, the country found it necessary that they pass a legislation by providing rights of choice to women and bodily integrity. The Choice on Termination of Pregnancy Act,1994 was passed in order improve the reproductive health and prevent the deaths among women<sup>24</sup>. The Act also suggests that there must full information provided with regard to alternatives available to a woman with respect to an unwanted pregnancy. It also widens the conditions under which a pregnancy can be terminated and divides the gestation period into three parts:

1. Up to and including 12 weeks gestation by dates.
2. Above 12 weeks up to and including 20 weeks gestation by dates.
3. Above 20 weeks gestation by dates<sup>25</sup>.

The Doctors and midwives can terminate pregnancies until 12 weeks but after 12 weeks only doctors can terminate pregnancies until 20 weeks. The upper limit for the termination of pregnancy is 20 weeks beyond which it will be seen and considered as a viable pregnancy.

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<sup>24</sup>Abortion: developments and impact in South Africa ,RE)

<sup>25</sup>Ibid

Other features of the act include in the case of minor's pregnancy, that the girl has been given the right whether or not to inform her parents or guardian ; and in case if she chooses the latter, the access to termination will not be denied to her. There also exists a provision for counselling before going ahead with termination however this is optional for the women.

### **Conclusion:**

In a country like India where they are many social factors that impact a woman's health like early marriage ,nutritional footing and child bearing reproductive health becomes a very serious concern that needs to be addressed. There is a necessity for a separate legislation that protects reproductive health of women and there must more awareness that must be spread throughout the country about the importance of reproductive and sexual health. In India the urban strata of the society is far better compared to the rural as factors like education, poverty and literacy gives people a perspective and awareness on the issue of reproductive health. There is an urgent need that the government make reproductive rights as a primary concern in the health policies since reproductive rights acts as an indicator to show the footing of women in society. There must also be sufficient access to apt, affordable and standard health care and related facilities available for women. Necessary awareness must be spread in the rural areas in terms of family planning, abortion and diseases that are transmitted sexually like HIV AIDS that

deeply have an impact on the women's reproductive health. In the present situation like the pandemic it becomes very important for women to protect their reproductive health as they cannot readily access medical services or facilities in hospitals and they must safeguard themselves from illegal abortions that take place.

Taking a look at the International sphere, countries like United States, United Kingdom and South Africa have recognized the general importance of reproductive rights and passed several legislations and guidelines to see to that these rights have not been violated whatsoever. Hence, reproductive health is a matter that has to be addressed if we want to improve the overall health conditions in the country.