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IN SICKNESS AND HEALTH: THE LEGAL CHALLENGES OF STDs IN MARITAL DISSOLUTIONS IN INDIA

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ABSTRACT

The article critically examines the legal provisions surrounding sexually transmitted diseases (STDs) as grounds for divorce in India, focusing on both secular and various personal laws, including the Indian Divorce Act of 1869, the Dissolution of Muslim Marriages Act of 1939, and the Parsi Marriage and Divorce Act of 1936. It highlights significant issues such as the arbitrary two-year waiting period in the Indian Divorce Act, which is especially problematic for incurable STDs like HIV, arguing that this period is both impractical and unjust. Additionally, the ambiguity of terms like "virulent" in the Dissolution of Muslim Marriages Act leads to inconsistent interpretations and outcomes in the judicial process, creating uncertainty and potential injustice for affected individuals. The Parsi Marriage and Divorce Act's stipulation that the petitioner must contract the disease before seeking divorce is another major concern, as it further exposes individuals to harm and fails to adequately protect their health and rights. These legislative inadequacies hinder the timely and fair resolution of marital disputes and do not sufficiently protect the well-being of individuals in affected marriages. To address these issues, the article proposes targeted reforms. These include eliminating the two-year waiting period for incurable diseases, providing a clear and precise definition of "virulent" in Muslim law, and distinguishing between curable and incurable diseases in all relevant personal laws. These recommendations aim to create a more responsive and equitable legal framework that aligns with contemporary medical knowledge and principles of social justice. The goal is to better protect individuals' rights and health within marital relationships, ensuring a fairer and more compassionate legal approach to divorce on the grounds of STDs.

INTRODUCTION

"Marriage without sex is an anathema. Sex is the foundation of marriage and without a vigorous and harmonious sexual activity, it would be impossible for any marriage to continue for long".¹⁸ This profound observation by Justice T.V.R. Tatachari and Justice Rajindar Sachar underscores the critical role of a healthy sexual relationship in the sustenance of marriage. However, the reality for many couples is far

more complex, especially when sexually transmitted diseases (STDs) come into play.

Sexually transmitted diseases (STDs) are not only a public health concern but also a significant issue within the context of marital relationships and divorce laws. In various legal frameworks, STDs are considered a valid ground for divorce, acknowledging the profound impact these diseases can have on marital life. This article critically examines the provisions related to STDs as grounds for divorce within secular law and different personal laws in India,

¹⁸ *Mrs Rita Nijhawan v Mr Bal Kishan Nijhawan* [1973] AIR (Delhi) 200

focusing on the Indian Divorce Act of 1869 (Christian Law), the Dissolution of Muslim Marriages Act of 1939 (Muslim Law), and the Parsi Marriage and Divorce Act of 1936 (Parsi Law).

This article aims to examine the multifaceted issues stemming from ambiguity and arbitrariness in both personal and secular laws regarding the dissolution of marriage on the grounds of venereal diseases. We will explore the specific provisions within various personal laws that present significant problems, highlighting how these issues impact the lives of affected individuals. In the latter half of this discussion, we will propose both judicial and legislative measures designed to address and mitigate the challenges posed by these unclear and arbitrary provisions, striving for a more just and responsive legal framework.

I. CHALLENGES IN VARIOUS LAWS

A. *Unravelling the Knot: Critiquing the Temporal Constraints in Section 10(1)(v) of the Indian Divorce Act (Christian Law)*

The Indian Divorce Act of 1869, a pivotal legislative framework governing the dissolution of marriages within the Christian community, delineates diverse grounds upon which a marital union may be brought to an end. Within this context, Section 10(1)(v) of the Indian Divorce Act, 1869, provides a statutory framework for the dissolution of Christian marriage, allowing either the husband or the wife to initiate the process by filing a petition in the district court. This provision is predicated on the grounds "that the respondent has suffered from a venereal disease in a communicable form for at least two years immediately prior to the presentation of the petition to the District Court".¹⁹

The arbitrariness of the two-year time period stipulated by Section 10(1)(v) of the Indian Divorce Act, 1869, becomes particularly evident when dealing with sexually transmitted diseases (STDs) that are incurable, such as

herpes (HSV), hepatitis B (HBV), human immunodeficiency virus (HIV), and human papillomavirus (HPV).²⁰ In the context of spouses afflicted with these enduring conditions, the temporal constraint serves no meaningful purpose and results in an unjust denial of the innocent spouse's right to terminate marital obligations due to the incapacity to engage in normal conjugal life.

During this stipulated two-year period, spouses grappling with an incurable STD encounter a formidable obstacle in fulfilling their marital obligations, particularly the vital aspect of maintaining a physical relationship. The inherent risks associated with such diseases necessitate a refraining from intimate (sexual) relations, thereby impinging upon the right of the non-suffering spouse to partake in a normal, healthy conjugal life. This deprivation of the ability to engage in the essential components of marital cohabitation underscores the inherent injustice perpetuated by the inflexible temporal constraint.

It is imperative to recognize the paramount importance of a normal and healthy sexual relationship within the institution of marriage, a principle underscored by various landmark decisions of the court.

In the case of "Mrs. Rita Nijhawan v. Mr. Bal Kishan Nijhawan"²¹, a Division Bench comprising Justice T.V.R. Tatachari and Justice Rajindar Sachar underscored the significance of a normal and healthy sexual relationship within the institution of marriage. The court aptly noted that "Marriage without sex is an anathema. Sex is the foundation of marriage and without a vigorous and harmonious sexual activity it would be impossible for any marriage to continue for long." emphasizing that the foundation of marriage rests upon a robust and harmonious sexual activity.

The denial of the innocent spouse's right to dissolve the marriage in a timely manner, particularly when confronted with the harsh

¹⁹ Indian Divorce Act 1869, s 10(1)(v)

²⁰ Ibid

²¹ [1973] AIR (Delhi) 200

realities of incurable STDs, not only jeopardizes the health and safety of the non-suffering spouse but also leads to a protracted denial of justice. This runs counter to the well-established legal recognition of the significance of conjugal relations in the marital context.

For further clarity, let's delve into a hypothetical scenario involving a Christian couple, Mr. X and Ms. Y, who entered into matrimony through Christian rituals. One year into their marriage, Mr. X unfortunately contracted the human immunodeficiency virus (HIV), an incurable STD, through the use of a contaminated blade. In light of this life-altering development, Ms. Y, also a devout Christian, finds herself confronted with the distressing reality that their conjugal life can no longer be normal or healthy.

The inherent incurability of HIV creates an urgent and unique situation for Ms. Y, who seeks to terminate the marital bond to protect her health. However, under the current legal framework, she is compelled to endure a two-year waiting period before being eligible to file for divorce. This waiting period not only poses a potential threat to Ms. Y's well-being but also places an undue burden on her, denying her the prompt recourse she needs to extricate herself from a marriage that can no longer fulfill the expectations of a normal conjugal life.

In this context, the application of the two-year waiting period appears not only impractical but also fundamentally unjust, given the irreversible nature of HIV and its immediate impact on the health and well-being of the non-suffering spouse.

Furthermore, even in instances where a spouse is grappling with a curable venereal disease, the imposition of a two-year time period under Section 10(1)(v) of the Indian Divorce Act, 1869, appears arbitrary, lacking a discernible medical rationale²². The seemingly arbitrary nature of this temporal constraint raises questions about its necessity and efficacy in the context of medically treatable conditions. Unlike chronic or

incurable ailments, the medical landscape for treatable conditions is characterized by rapid advancements and varying response times to therapeutic interventions. Consequently, a standardized two-year duration may fail to align with the evolving medical understanding of recovery periods associated with different venereal diseases.

The imposition of a rigid time constraint appears arbitrary, lacking a rational basis, and may operate to the detriment of the parties involved, failing to align with the nuanced realities of health conditions and their impact on marital relationships.

B. Deciphering the Ambiguity: Addressing the Conundrum of 'Virulent Venereal Disease' in Dissolution of Muslim Marriage Act, 1939

The Dissolution of Muslim Marriages Act, 1939, represents a significant legal framework providing Muslim women with the right to seek the dissolution of their marriages under specified grounds. Among these grounds is the provision outlined in Section 2(vi), which allows for the dissolution of a marriage where "the husband has been insane for a continuous period of two years or is suffering from a virulent venereal disease".²³

While the intent behind such legal provisions is to address valid concerns related to public health and marital well-being, the term "virulent" is left undefined in the statute, thereby introducing an element of ambiguity that could lead to confusion and inconsistent application.

The absence of a clear definition for the term "virulent" in the Act raises questions about the precision and predictability of its application. Without a specific definition, the determination of what qualifies as a "virulent" venereal disease is left to subjective interpretation, potentially leading to inconsistencies in legal decisions. This ambiguity may lead to inconsistent judicial interpretations, as different courts may define

²² Indian Divorce Act 1869, s 10(1)(v)

²³ Dissolution of Muslim Marriages Act 1939, s 2(vi)

the term differently. Such ambiguity is inherently problematic in a legal context, as it fails to provide clear guidance to the concerned parties, legal practitioners, and the judiciary, potentially resulting in disparate outcomes in similar cases. Without a standardized understanding of what constitutes a "virulent" venereal disease, the application of this provision becomes subjective and may result in unequal treatment for Muslim women seeking dissolution on these grounds.

To illustrate this concern, consider a hypothetical scenario involving a Muslim couple, Mr. Ahmed and Ms. Fatima. In this case, Mr. Ahmed is diagnosed with a venereal disease, but the ambiguity surrounding the term "virulent" leaves the court with discretion in determining the severity of the disease. Depending on the interpretation of "virulent," the court may arrive at different conclusions, leading to inconsistent outcomes in similar cases. This lack of clarity not only hampers the uniform application of the law but also introduces an element of uncertainty for individuals seeking dissolution based on this provision.

Moreover, the absence of a well-defined criterion for determining the severity or virulence of a venereal disease can lead to challenges in establishing the grounds for dissolution. Parties involved may find it difficult to ascertain whether a specific medical condition qualifies as "virulent" under the Act, potentially prolonging legal proceedings and causing unnecessary stress for the individuals seeking relief.

Even upon a literal interpretation of the term "virulent," which generally conveys a highly infectious and severe nature of diseases, the lack of a clear and reasonable explanation within Section 2(vi) of The Dissolution of Muslim Marriages Act, 1939 raises concerns.²⁴ Even if a disease does not manifest as highly infectious or in its severe form, the provision seems to imply that it should not be considered a valid

ground for divorce. This interpretation poses a challenge, as it may inadvertently exclude certain valid instances where the nature of the disease, while not highly infectious or severe, still warrants the dissolution of the marriage.

There appears to be no justifiable rationale for excluding conditions that, while not highly infectious or in their most severe form, may still significantly impact the well-being and conjugal life of the parties involved. This ambiguity creates an unnecessary restriction that potentially denies individuals a valid ground for seeking a divorce based on the gravity of the disease's impact rather than its infectiousness or severity alone.

Consider a hypothetical scenario where a Muslim woman, seeking the dissolution of her marriage, asserts that her husband is suffering from a venereal disease. In this case, the disease may not be highly infectious or in its most severe form, but it still significantly impacts the conjugal relationship, affecting the overall well-being of the parties involved. This hypothetical situation illustrates how the ambiguity surrounding the term can lead to injustices where the impact of the disease on the marriage is not adequately considered.

This inconsistency in the interpretation of "virulent" may lead to situations where spouses, grappling with the impact of less severe yet consequential venereal diseases, are unable to avail themselves of the legal remedy provided by the Act.

C. Navigating Time Constraints and Legal Anomalies: Challenges in the Venereal Disease Clause of the Parsi Marriage and Divorce Act, 1936

Let us now talk about the situation under the Parsi Marriage and Divorce Act, 1936 which lists the grounds for divorce under section 32 of the Act. Section 32(e) of the act allows the court to grant divorce if *"the defendant has since the marriage voluntarily caused grievous hurt to the plaintiff or has infected the plaintiff with venereal disease or, where the defendant is the*

²⁴ Dissolution of Muslim Marriages Act 1939, s 2(vi)

husband, has compelled the wife to submit herself to prostitution:

*Provided that divorce shall not be granted on this ground, if the suit has been filed more than two years (i) after the infliction of the grievous hurt, or (ii) after the plaintiff came to know of the infection, or (iii) after the last act of compulsory prostitution”.*²⁵

The inclusion of venereal diseases as a specific ground for divorce under Section 32(e) reflects a legal acknowledgment of the serious impact such conditions can have on the physical, emotional, and psychological well-being of individuals within a marriage.²⁶ It underscores the need for legal protection when one spouse has been infected with a venereal disease by the other. However, it has some major flaws that end up nullifying the very intent of that section with respect to protection of individuals within a marriage.

Since the section explicitly includes the infection of the plaintiff with venereal disease as one of the grounds for divorce. It is essential to scrutinize the associated time limitations and potential flaws arising from requiring a person to file for divorce only after getting infected.

The section specifies that an individual within a marriage whose spouse is suffering from a communicable venereal disease can only file for divorce when he or she has been infected with that disease. What this implies is that the divorce granted under this provision is not meant to protect the individual within that union from infection by a potentially dangerous disease but exists as a legal recourse to be exercised only after that person has contracted the disease.

The provision can be better understood with the help of an example. Consider a case where ‘A’ and ‘B’ are married under Parsi law. After some time, ‘A’ contracts a venereal disease. ‘B’ discovers that ‘A’ is suffering from that disease and wants to divorce ‘A’. Here, we must note

that ‘B’ is not infected with the disease but it is certain that he will contract it as soon as he has sexual intercourse with ‘A’. ‘B’, under the Parsi Marriage and Divorce Act, 1936 cannot legally divorce ‘A’ with venereal disease as a ground since ‘B’ himself has not contracted the disease.

Conversely, let’s consider that ‘B’ has contracted the disease after having sexual intercourse with ‘A’. Only now can the court allow ‘B’ to divorce ‘A’ with venereal disease as a ground. This conclusively proves that the provision fails to protect individuals in marriage from contracting potentially harmful diseases. A person who hasn’t been infected by the disease from which he is trying to protect himself does not have a legal recourse under the provision to do so.

This provision then proves itself to be an anomaly when compared to the standard practices followed in other personal laws while granting divorce on the grounds of venereal disease. The Hindu Marriage Act, 1955, The Dissolution of Muslim Marriage Act, 1939, The Indian Divorce Act, 1869 as well as the Special Marriage Act, 1954 all allow divorce or dissolution of marriage to be granted to the plaintiff even when he or she has not been infected with the disease. This shows a clear intent of the legislators to protect individuals within a marriage from infection from potentially harmful sexually transmitted diseases.

There is another major consideration that relates to the fact that when infected diseases do not manifest themselves immediately and since the act only allows the aggrieved party to file for divorce after becoming aware of the disease this could lead to more unforeseen consequences for the aggrieved party.

We must also contend with the problem relating to the time limit for filing a suit of divorce which is according to the act “two years... (ii) after the plaintiff came to know of the infection...”.²⁷ After the expiry of this period, a suit for divorce on the

²⁵ Parsi Marriage and Divorce Act 1936, s 32(e)
²⁶Ibid

²⁷ Parsi Marriage and Divorce Act 1936, s 32(e)

grounds of venereal disease cannot be granted by the court. It is very much evident from this provision the problems that might arise for the plaintiff when seeking divorce.

Ending a marriage is a very difficult decision for individuals to make and this coupled with the realization that they have been infected with a disease that could potentially be very harmful or life-threatening can take a heavy toll on the mental state of the petitioner who might be reluctant to take any action immediately. This creates a problem for the aggrieved party by imposing a time limitation on when they can take action and sue for divorce.

Let's understand the problem with the help of an example. Consider that A and B are a couple married under the Parsi Marriage and Divorce Act, 1936. A contract a venereal disease from B. After showing symptoms of the disease A gets diagnosed with the disease which leads to excessive mental stress and trauma. His health also continues to deteriorate and it takes more than 3 years for A to get back into a stable mental and physical state. During this period the time limit of two years for filing a suit expires. Here, A cannot file for divorce using venereal disease as a ground.

D. Addressing Ambiguity: Lack of Differentiation Between Curable and Incurable Venereal Diseases as Divorce Grounds in Existing Legislations

In Hindu personal law, the lack of a clear distinction between curable and incurable venereal diseases as grounds for divorce can pose challenges. The Hindu Marriage Act, 1955, provides grounds for divorce, including the spouse suffering from a communicable disease.²⁸ However, the Act doesn't explicitly differentiate between curable and incurable diseases, leading to potential ambiguity.

In Muslim Law, section 2 (iv) of the Dissolution of Muslim Marriages Act, 1939 specifies that the

disease must be 'virulent'.²⁹ However, it does not proceed further in specifying which diseases are to be considered 'virulent'. The problems with this provision become apparent when it is up to the courts to decide which diseases are to be considered virulent. The court can choose to interpret the provision very liberally by encompassing almost all venereal diseases or very conservatively by not allowing most venereal diseases to come under the provision's ambit.

A similar situation can be seen in the case of both Christian and Parsi laws where there exists no distinction between curable and incurable diseases. The Parsi Marriage and Divorce Act as well as the Indian Divorce Act both allow divorce on the grounds of venereal disease. However, the question of which diseases are to be considered serious enough to warrant a dissolution or divorce is still ambiguous. In individual cases, it is up to the courts to analyze the situation and decide accordingly. This undoubtedly leaves room for error.

Hence, a lack of clarity and ambiguity in personal laws has resulted in no clear jurisprudence about curable and non-curable venereal diseases in almost all personal laws in India. It is most certainly up to the higher courts or legislature to come up with clear and precise laws and provisions and end the apparent ambiguity in this situation.

II. RECOMMENDATIONS

A. In Indian Divorce Act, 1869 (Christian law)

To rectify the inadequacies in Section 10(1)(v) of the Indian Divorce Act, 1869, several targeted recommendations are proposed.³⁰ Firstly, there is a pressing need to reevaluate and potentially eliminate the two-year waiting period, especially in cases involving incurable STDs like HIV. This reform acknowledges the immediate and irreversible impact on the health and well-

²⁸ Hindu Marriage Act 1955, s 13(1)(v)

²⁹ Dissolution of Muslim Marriages Act 1939, s 2(vi)

³⁰ Indian Divorce Act 1869, s 10(1)(v)

being of the non-suffering spouse, offering a more compassionate and timely recourse.

Moreover, a differentiated approach based on the nature of the venereal disease is essential. For diseases with no cure, such as HIV, waiving the waiting period entirely is suggested to align legal provisions with the urgent nature of these cases.

Instead of a standardized two-year duration, empower the courts to consider the specific circumstances of each case, taking into account the rapidly evolving medical landscape and the varying response times to therapeutic interventions. This adaptive approach ensures that the waiting period aligns with the contemporary understanding of recovery periods associated with different venereal diseases.

By providing this flexibility, the legal framework becomes more responsive to medical advancements, ensuring that individuals dealing with curable venereal diseases are not subject to an arbitrary time constraint that may not reflect the current state of medical knowledge. This legislative amendment promotes a more just and medically informed approach to divorce proceedings in cases involving treatable conditions, acknowledging the intricacies of individual health situations.

B. In Dissolution of Muslim Marriages Act, 1939 (Muslim law)

To address the ambiguity surrounding the term "virulent" in Section 2(vi) of The Dissolution of Muslim Marriages Act, 1939, it is imperative to introduce a clear and comprehensive definition within the legislation.³¹ A recommended legislative amendment should explicitly incorporate a well-defined and comprehensive definition of "virulent". This definition should extend beyond merely encompassing highly infectious or severe diseases; it should explicitly recognize diseases that, while not fitting the traditional criteria, exert a substantial and

adverse impact on the well-being and conjugal life of the parties involved.

By embracing a nuanced definition, the legislative amendment aims to rectify the existing ambiguity, providing a more equitable and just foundation for the application of this provision. The proposed clarity ensures that the legal remedy for dissolution based on a spouse's venereal disease considers a broader spectrum of conditions, acknowledging the varied ways in which diseases can detrimentally affect marital relationships. This refined and inclusive approach aligns the law with contemporary understanding and ensures that individuals seeking dissolution under this provision are not unduly restricted by a narrow interpretation of the term "virulent."

Moreover, legislative reforms should include a provision for periodic reviews and updates to the definition of "virulent" in alignment with advancements in medical science and evolving societal perspectives on public health. This adaptive approach ensures that the law remains responsive to changing circumstances and scientific understanding, avoiding outdated interpretations that may hinder the efficacy of the legal remedy. By incorporating these recommendations, the legislation can promote consistency, clarity, and fairness in its application, safeguarding the rights of Muslim women seeking dissolution on grounds of a spouse's venereal disease.

C. In the Parsi Marriage and Divorce Act, 1936 (Parsi law)

In Parsi law, we must deal with the two major problems. One relates to the time limit of two years after getting infected and the other relates to the fact that one can only sue for divorce after getting infected.

The time limitation of two years is not adequate when dealing with the problem of divorce on the grounds of venereal disease. Taking into account various factors such as emotional and physical pain and suffering as well as social

³¹ Dissolution of Muslim Marriages Act 1939, s 2(vi)

repercussions the time limitation should at least be increased or removed altogether.

Removing or increasing the time limit will inevitably result in better conditions for the affected party in the marriage. Having a lot more time to think about such a crucial decision will be a lot more beneficial for the party.

The second bigger issue which relates to the fact that a person must be infected with the venereal disease before filing for divorce can be addressed by simply changing the provision and allowing people to file for divorce even before getting infected. This would not only make the provision consistent with other personal laws but would also make it possible for the uninfected partner to protect themselves from a potentially harmful disease. Amending this provision would also make the time limitation of two years a non-issue allowing legislators to kill two birds with one stone.

D. A Clear Distinction between Curable and Incurable Diseases

To rectify the ambiguity surrounding curable and incurable venereal diseases as grounds for divorce across Hindu, Muslim, Christian, and Parsi personal laws, it is crucial to introduce clear and precise definitions within the respective legislations.

Example:

Under the Hindu Marriage Act, 1955, an amendment should be made to explicitly differentiate between curable and incurable venereal diseases.³² This can be achieved by introducing a clause that specifies the criteria for classifying a disease as curable or incurable, considering factors such as medical consensus, treatment availability, and potential for relapse.

In the Dissolution of Muslim Marriages Act, 1939, Section 2 (iv) should be amended to provide a comprehensive list or definition of diseases considered 'virulent'.³³ This list could be periodically updated based on expert medical

advice to reflect advancements in medical science and evolving public health concerns. Additionally, the amendment should outline the criteria for determining the virulence of a disease, taking into account factors such as transmission rates, severity of symptoms, and potential for long-term health consequences.

Similarly, in Christian and Parsi personal laws, provisions should be introduced to distinguish between curable and incurable venereal diseases. This can be achieved through legislative amendments that define clear criteria for categorizing diseases based on their treatability and long-term implications for marital relationships.

Curable diseases could be defined as those for which medical treatment exists that can effectively eliminate the infection, while incurable diseases could be those for which no known cure exists, or treatment only manages symptoms without eradicating the underlying infection.

By introducing these legislative reforms, clarity and consistency can be established across personal laws in India regarding the grounds for divorce related to venereal diseases. This will provide legal practitioners, courts, and individuals seeking divorce with clear guidance on the eligibility criteria for dissolution of marriage based on health grounds, thereby ensuring fairness and justice in the application of these provisions.

CONCLUSION

Examination of personal laws as well as the secular Indian Divorce Act, 1925 relating to divorce in India, particularly in cases involving sexually transmitted diseases reveals several critical flaws that hinder the fair and timely resolution of marital disputes. These legislative shortcomings, marked by arbitrary time constraints and ambiguous provisions, fail to adequately protect the health and well-being of individuals in affected marriages. Addressing these gaps is essential to ensure that personal

³² Hindu Marriage Act 1955, s 13(1)(v)

³³ Dissolution of Muslim Marriages Act 1939, s 2(vi)

laws are just, responsive, and aligned with contemporary medical and social realities.

The analysis of the temporal constraints and ambiguous provisions within the Indian Divorce Act, 1869, the Dissolution of Muslim Marriages Act, 1939, and the Parsi Marriage and Divorce Act, 1936, highlights significant legislative shortcomings that impede the delivery of justice and protection for individuals in marital relationships. The arbitrary two-year waiting period in Section 10(1)(v) of the Indian Divorce Act, 1869, fails to address the realities of incurable STDs, thereby necessitating an urgent re-evaluation to offer timely relief to the non-suffering spouse. Similarly, the ambiguous term "virulent" in the Dissolution of Muslim Marriages Act, 1939, introduces inconsistency and unpredictability in judicial decisions, calling for a clear and inclusive definition to ensure equitable treatment. The Parsi Marriage and Divorce Act, 1936, restricts the ability to seek divorce only after infection, a provision that compromises the health and well-being of individuals, highlighting the need for a more proactive and protective legal approach. Furthermore, The Hindu Marriage Act, Dissolution of Muslim Marriages Act, Indian Divorce Act, and Parsi Marriage and Divorce Act all fail to specify which diseases are serious enough to warrant a divorce, leaving it to the court's discretion. This results in varied outcomes and potential errors in judicial decisions.

To foster a more just and responsive legal framework, targeted reforms are essential. Revising the Indian Divorce Act to eliminate or adapt the waiting period for incurable diseases aligns the law with contemporary medical understanding and the urgency of such conditions. Clarifying the term "virulent" in the Dissolution of Muslim Marriages Act ensures consistency and fairness in judicial applications while removing the infection prerequisite in the Parsi Marriage and Divorce Act provides necessary protection and aligns with broader legal principles. Moreover, the legislature should amend these personal laws to clearly define

and distinguish between curable and incurable venereal diseases, providing precise guidelines to ensure consistent and fair application across all cases.

These reforms, grounded in medical advancements and social justice, will enhance the legal protection of individuals within marital relationships, ensuring that personal laws evolve to meet the changing needs of society. By addressing these legislative gaps, the Indian legal system can better uphold the rights and well-being of all individuals, fostering a more equitable and humane approach to marriage dissolution.