# INDIAN JOURNAL OF LEGAL REVIEW

VOLUME 6 AND ISSUE 7 OF 2026

INSTITUTE OF LEGAL EDUCATION

**INDIAN JOURNAL OF LEGAL REVIEW**

**APIS – 3920 – 0001 | ISSN - 2583-2344**

**(Open Access Journal)**

**Journal's Home Page – https://ijlr.iledu.in/**

**Journal's Editorial Page - https://ijlr.iledu.in/editorial-board/**

**Volume 6 and Issue 7 of 2026 (Access Full Issue on - https://ijlr.iledu.in/volume-6-and-issue-7-of-2026/)**

**Publisher**

Prasanna S,

Chairman of Institute of Legal Education

No. 08, Arul Nagar, Seera Thoppu,

Maudhanda Kurichi, Srirangam,

Tiruchirappalli – 620102

Phone : +91 73059 14348 - info@iledu.in / Chairman@iledu.in

© Institute of Legal Education

**Copyright Disclaimer:** All rights are reserve with Institute of Legal Education. No part of the material published on this website (Articles or Research Papers including those published in this journal) may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher. For more details refer https://ijlr.iledu.in/terms-and-condition/

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 7 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344

Published by
Institute of Legal Education
https://iledu.in

# CHOICE, CONTROL AND CONFLICT: A CRITICAL STUDY OF WOMEN'S REPRODUCTIVE RIGHTS IN INDIA

**AUTHOR -** ASHMEET KAUR KHANUJA, STUDENT AT UNITEDWORLD SCHOOL OF LAW KARNAVATI UNIVERSITY

**BEST CITATION –** ASHMEET KAUR KHANUJA**,** CHOICE, CONTROL AND CONFLICT: A CRITICAL STUDY OF WOMEN'S REPRODUCTIVE RIGHTS IN INDIA, *INDIAN JOURNAL OF LEGAL REVIEW (IJLR),* 6 (7) OF 2026, PG. 171-177, APIS – 3920 – 0001 & ISSN - 2583-2344.

## INTRODUCTION

Reproductive rights are also a constituent of the human rights of women and are directly connected to the matter of bodily autonomy, dignity, and gender equality. The history of socio-political arguments in India on population control, family planning, and women health in India has influenced these rights. The most notorious in this respect was the mass forced sterilizations of the Emergency period of 1975-77, when state-organized violence of the population control in extreme violation of personal freedom and self-determination was imposed[207]. Even though India has since shifted to a rights-based approach to reproductive health, there are still problems. Women, especially of the marginalized groups, are still under coercion in sterilization camps, inability to use safe methods of contraceptives and inefficiency in appreciating their consent in making decisions about reproduction[208]. Not only are these practices a subject of public health concern and even policy concern, but also they pose significant criminal law issues of consent, bodily injury and state responsibility.

This research paper is aimed at critically examining ways in which criminal law in India has dealt with contravention of women reproductive rights as a part of forced sterilization and birth control controversies. The paper will analyze the presence of sufficient protections against coercion and provision of reproductive freedom to women by the current provisions in the Bharatiya Nyaya Sanhita (previously IPC), constitutional safeguards in Articles 14, 19, and 21, and judicial interpretations. Additionally, the paper considers the intersection of reproductive rights and workplace rights where women might experience indirect discrimination or coercion regarding pregnancy and contraceptives[209]. The paper will attempt to establish whether the law offers adequate protection to women against the infringements of bodily autonomy by placing reproductive rights in the wider context of the criminal law

GRASP - EDUCATE - EVOLVE

[207] Preet K. Dhillon et al., *Correlates of Female Sterilization Regret in the Southern States of India*, 33 J. Biosoc. Sci. 3 (2001).
[208] Mahesh Karra, *Unwanted Family Planning Including Sterilization Regret in India: Evidence from NFHS-5 (2019–2021)*, 55 Stud. Fam. Plann. (2024).
[209] Abhishek Singh, *Sterilization Regret Among Married Women in India: Trends, Patterns and Correlates*, 45 Int'l Persp. on Sexual & Reprod. Health (2019).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 7 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

.

Comparatively the international experiences are of value. Reproductive autonomy is recognized in such countries as the United States and Canada as an extension of the right to privacy and liberty, where courts have made a firm position against forced sterilization. Conversely, other countries such as China have had a history of coercive birth control and sterilization measures as a form of population regulation which has been roundly condemned by other countries on the basis of human rights violations. The constitutional framework of South Africa, instead, explicitly insists on reproductive health and autonomy such that it serves as a good example of entrenching these rights in the legal systems[210]. A look at these global viewpoints assists in illuminating the positive and the negative issues of the Indian legal system.

It is against this background that **the major research question of this study** is whether the existing criminal law regime in India is effective in protecting women against forced sterilization and birth control controversies. The hypothesis is that although Indian law offers a conceptual framework of protection against criminal acts and constitutional guarantees, in reality, there is little protection because of entrenched gender discrimination, absence of responsibility and recognition of reproductive autonomy. The study seeks to add to the literature on women and criminal law by assessing how the law can be changed to ensure reproductive rights are enhanced in India and using international cases to inform the change.

## 2. CONCEPTUAL FRAMEWORK OF REPRODUCTIVE RIGHTS

### 2.1 Definition and Scope of Reproductive Rights

Reproductive rights are part of the human rights, which cover the legal and moral standards on the freedom of an individual to make decisions on matters concerning reproduction and family planning[211]. In general, they consist of right to access information and services on contraception, maternal health, abortion, and fertility; right to make personal free and poor choices on how many children to have, their spacing, and the timing of childbirth; and the right to be free of coercion, discrimination, and violence in fertility planning. According to the World Health Organization[212] (WHO), reproductive rights are based on the fact that every couple and individual has the right to make an informed choice on the number of children they have, their spacing and timing, and to be able to have children when they are ready enough, and to the highest standard of sexual and reproductive health. This definition draws two important dimensions namely autonomy in decision-making and availability of the required healthcare facilities and information. The reproductive rights area is not limited to the healthcare provision but also social, cultural, and legal areas of gender justice[213]. It overlaps with the matters of marriage, sexual consent, access to contraception, sterilization, abortion, and equality in the workplace[214]. Reproductive rights, in the Indian case, have progressively been understood as an extension of the basic right to life and individual freedom as found in Article 21 of the Constitution, as a sign of an emerging perception that reproductive freedom is no longer a personal problem but a constitutional right[215].

### 2.2 Reproductive Rights, Bodily Autonomy, and Women's Dignity

The central idea in reproductive rights is the principle of bodily autonomy, the right of people, especially women, to make a choice regarding their own bodies without outside interference. The bodily autonomy will provide

[210] Anita Raj et al., *Revisiting Post-Sterilization Regret in India*, 70 J. Obstetrics & Gynaecology of India (2020).

[211] Abhishek Singh, *Sterilization Regret Among Married Women in India: Trends, Patterns and Correlates*, 45 Int'l Persp. on Sexual & Reprod. Health (2019).

[212] Constitution of the World Health Organization, July 22, 1946, 62 Stat. 2679, 14 U.N.T.S. 185.

[213] Anjali Bansal & Laxmi Kant Dwivedi, *Sterilization Regret in India: Is Quality of Care a Matter of Concern?*, 5 Contraception & Reprod. Med. (2020).

[214] Anita Raj et al., *Revisiting Post-Sterilization Regret in India*, 70 J. Obstetrics & Gynaecology of India (2020).

[215] Preet K. Dhillon et al., *Correlates of Female Sterilization Regret in the Southern States of India*, 33 J. Biosoc. Sci. 3 (2001).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]

VOLUME 6 AND ISSUE 7 OF 2026

APIS – 3920 - 0001 *(and)* ISSN - 2583-2344

Published by

Institute of Legal Education

https://iledu.in

that women are not exposed to coercive sterilization, forced abortion or contraceptive denial[216]. This autonomy, in the case of women, is inherently connected to dignity and equality, since reproductive control has a direct effect on the participation of women in full social, economic and political life. Indian judiciary has understood this relationship through a number of judgments. As an example, in *Suchita Srivastava v. Chandigarh Administration, 2009*, The Supreme Court who ruled that reproductive rights constituted part of individual freedom under Article 21, stated that the right of a woman to select reproductive modes was inclusive of the right to bear children or to cut off reproduction. The Court reiterated that such a right as reproductive autonomy is an aspect of right to privacy, dignity, and bodily integrity. Similarly, in *K.S. Puttaswamy v. Union of India (2017)*[217]. The historic case of privacy, the Court reiterated that matters related to reproduction are under the jurisdiction of the so-called decisional autonomy and added weight to the constitutional foundations of reproductive rights. So the issue of reproduction rights does not belong to the area of medical or public health; it has a lot to do with the dignity of women. By refusing women agency over their reproductive health, it brings about a cycle of gender inequality and imbues patriarchy with power over the female body[218]. Achievement of substantive equality should therefore focus on ensuring reproductive rights[219].

## 2.3 Recognition under International Human Rights Law

The reproductive rights are given great recognition as the fundamental ones by the international human rights law. India ratified the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979 in 1993* and as a state party, is required to do so through the removal of discrimination against women in the health sector, which includes access to family planning services[220]. Article 16(1)(e)[221] of CEDAW clearly stipulates the right of women to make informed and free choices on the birth of children and their spacing and also access the information, education and means to be able to exercise their rights[222].

On the same note, the right to privacy (under Article 17) and equality before the law (under Article 26[223]) in *the International Covenant on Civil and Political Rights (ICCPR) 1966* has been guarded and interpreted in line with reproductive autonomy. *Article 12[224] of the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966* acknowledges the right to the highest attainable standard of physical and mental health that encompasses sexual and reproductive health. The Committee on Economic, Social and Cultural Rights has explained that this compels the states to make safe, acceptable and affordable reproductive health services available[225].

Further, other documents like the *Programme of Action of the International Conference on Population and Development (ICPD), Cairo 1994*[226] and the *Beijing Platform for Action 1995*[227] have played vital roles in making the reproductive rights an essential component of human rights. Although not binding, they contain valuable normative guidance that has a role to play in the domestic legal systems. Combined, these tools make reproductive rights to be a part of the international human rights

216 Anita Raj et al., *Revisiting Post-Sterilization Regret in India*, 70 J. Obstetrics & Gynaecology of India (2020).
217 (2017) 10 SCC 1
218 Anjali Bansal & Laxmi Kant Dwivedi, *Sterilization Regret in India: Is Quality of Care a Matter of Concern?*, 5 Contraception & Reprod. Med. (2020).
219 Preet K. Dhillon et al., *Correlates of Female Sterilization Regret in the Southern States of India*, 33 J. Biosoc. Sci. 3 (2001).

220 Abhishek Singh, *Sterilization Regret Among Married Women in India: Trends, Patterns and Correlates*, 45 Int'l Persp. on Sexual & Reprod. Health (2019).
221 Convention on the Elimination of All Forms of Discrimination Against Women, Dec. 18, 1979, 1249 U.N.T.S. 13, art. 16(1)(e).
222 Mahesh Karra, *Unwanted Family Planning Including Sterilization Regret in India: Evidence from NFHS-5 (2019–2021)*, 55 Stud. Fam. Plann. (2024).
223 International Covenant on Civil and Political Rights, opened for signature Dec. 19, 1966, 999 U.N.T.S. 171, art. 26, entered into force Mar. 23, 1976.
224 International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3, art. 12.
225 Preet K. Dhillon et al., *Correlates of Female Sterilization Regret in the Southern States of India*, 33 J. Biosoc. Sci. 3 (2001).
226 Programme of Action of the International Conference on Population and Development, U.N. Doc. A/CONF.171/13 (Oct. 18, 1994)
227 Beijing Declaration and Platform for Action, Fourth World Conference on Women, U.N. Doc. A/CONF.177/20 (Sept. 15, 1995), reprinted in 34 I.L.M. 1368 (1995).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 7 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

regime[228]. They also have negative and positive duties against the states to avoid the coercive use of sterilization and the duty to offer sufficient healthcare services and information. As a signatory of these instruments, India has both legal and moral obligations of harmonizing its national legal system to international standards.

## 3. HISTORICAL AND LEGAL CONTEXT IN INDIA

### 3.1 Family Planning Policies and the Emergency Sterilization Campaign (1975–77)

In 1952, the national family planning program was launched by India with the aim of controlling the increase in population as well as enhance maternal and child health. Gradually, this program was developed into more forceful tactics, which resulted in the unpopular sterilization drives of the Emergency period (1975-77)[229]. Millions of men and women, mostly belonging to the disadvantaged groups, were involuntarily sterilized by the state orders. There was the wide usage of coercion, misinformation, and monetary incentives to achieve government-mandated sterilization goals and resulted in violation of human rights, deaths and severe physical and psychological damage[230].

Some of these violations have been resolved in later litigation in courts. In *Poonam Verma v. Union of India (1996)*[231].The Supreme Court case of addressed problems that were caused by forcefully sterilized women especially on informed consent and medical negligence in sterilization procedures. The Court underlined that forced sterilization without freely-consented actions is a measure of infringement of basic rights in Articles 14, 19, and 21. On the same note, in *Laxmi Kant Pandey v. Union of India (1984)*[232] The Court noted that coercive population control action could not even dominate constitutional guarantees of individual freedom and bodily integrity. These determinations highlight the fact that the sterilization campaign of the Emergency period not only contravened ethics, but also the law, which also set the precedence of assessing reproductive rights by commissioning crime and constitutional law[233].

### 3.2 Evolution of Reproductive Rights Jurisprudence in India

The post Emergency Indian courts slowly took an approach of rights approach to the issue of reproductive autonomy. In *Suchita Srivastava v. Chandigarh Administration (2009)* the Supreme Court decision, the right to reproductive rights was clearly stipulated as being inseparable in the right to life in Article 21[234]. The Court acknowledged the right of a woman to make reproductive choices such as making decisions about contraception, sterilization, and abortion without coercion. This case established the basis of interpreting reproductive autonomy as a constitutional right and made it clear that insufficiency of informed consent in sterilization procedures might have legal implications[235].

*Devika Biswas v. Union of India (2016)* comes into play as another related case that discussed the problem of sterilization camp and the absence of informed consent. Here, the Supreme Court ordered the central government to terminate all sterilization camps in a time span of three years and also stated that it was important to have good infrastructure, informed consent along with accountability in sterilization operations. The Court realized that such practices undermined the reproductive rights of women and their personal liberty as stipulated under Article 21. All these cases have contributed to the jurisprudence where reproductive rights are considered fundamental and safeguard women against coercion,

[228] Anjali Bansal & Laxmi Kant Dwivedi, *Sterilization Regret in India: Is Quality of Care a Matter of Concern?*, 5 Contraception & Reprod. Med. (2020).
[229] Preet K. Dhillon et al., *Correlates of Female Sterilization Regret in the Southern States of India*, 33 J. Biosoc. Sci. 3 (2001).
[230] Abhishek Singh, *Sterilization Regret Among Married Women in India: Trends, Patterns and Correlates*, 45 Int'l Persp. on Sexual & Reprod. Health (2019).
[231] Poonam Verma v. Union of India, (1996) 4 SCC 1 (India).
[232] Laxmi Kant Pandey v. Union of India, (1984) 4 SCC 1 (India).
[233] Mahesh Karra, *Unwanted Family Planning Including Sterilization Regret in India: Evidence from NFHS-5 (2019–2021)*, 55 Stud. Fam. Plann. (2024).
[234] Anjali Bansal & Laxmi Kant Dwivedi, *Sterilization Regret in India: Is Quality of Care a Matter of Concern?*, 5 Contraception & Reprod. Med. (2020).
[235] Abhishek Singh, *Sterilization Regret Among Married Women in India: Trends, Patterns and Correlates*, 45 Int'l Persp. on Sexual & Reprod. Health (2019).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]

VOLUME 6 AND ISSUE 7 OF 2026

APIS – 3920 - 0001 *(and)* ISSN - 2583-2344

Published by

Institute of Legal Education

https://iledu.in

discrimination, and violation in both the state and personal settings.

3.3. Criminal Law Dimensions of Forced Sterilization and Birth Control Disputes

In India, criminal law system, which is largely based on the Bharatiya Nyaya Sanhita (formerly, Indian Penal Code), offers some criminal laws that would be applicable in the context of forced sterilization and conflicts arising in the context of birth control. Coercion, assault, or bringing about grievous injury in the course of performing sterilization surgery may come under the vagina of Section 319-320[236] (hurt and grievous hurt), Section 312[237] (causing miscarriage without consent), and Section 375[238] (sexual assault, when applicable, as violation of bodily autonomy). The issue of consent is key in differentiating between legal medical practices and criminal activities the lack of informed and willing consent would make sterilization or contraceptive medical procedures illegal and possibly criminal acts[239]. In this respect, medical negligence is a very important factor since healthcare workers performing a sterilization or abortion procedure have a duty of care and following the existing medical standards. Cases like *Poonam Verma v. Union of India (1996)* and *Devika Biswas v. Union of India (2016).* Are some examples provided demonstrate that the lack of attention, misuse of sterilization techniques, or the lack of the informed consent may be discussed as the criminal liability[240], and both the state and the doctors have to bear responsibility also the Court stressed that consent must be explicit, informed, and free from coercion, particularly in government-run sterilization programs. Courts treat lack of consent as a serious infringement, attracting both criminal liability for medical practitioners and state accountability[241]. The legal environment has additionally evolved alongside the changing abortion legislation: *the Medical Termination of Pregnancy (MTP) Act, 2021*[242], allowed more women to receive safe abortion care until 24 weeks old in specific categories, created more rigorous requirements of informed consent, and provided more accountability to the medical practitioners than the previous version, which was the 1971 Act, which had stricter and less patient-centered conditions. The other important dimension is state accountability. The courts have always believed that the state ought never to leave its role in providing safe reproductive healthcare. Forcible sterilization drives or practices with lax supervision are an indication of violation of constitutional obligations and the duty of care provision of the criminal law[243]. The custodial responsibility occurs whereas sterilization or contraceptive interventions are done in institutions run by the state or as a component of government directed programs and the liability falls on officials and administrators in the event of violation of rights. Besides, the overlapping with the rights in the workplace highlights the more extensive social and legal impact of reproductive coercion. Women can also experience indirect coercion over sterilization or use of contraceptives to retain their jobs, promotions, or benefits and it creates the problem of discrimination and violation of labor rights as well as criminal responsibility[244]. Any of the sections pertaining to coercion, harassment, or infringement of bodily integrity can, thus, be relevant in workplace situations and criminal and employment law issues can be intertwined. Altogether, the criminal law framework, though logically sound, is challenged by the issues of enforcement, especially the informed consent, the accountability of medical staff, and the gender biases inherent in the system, highlighting the

[236] The Bharatiya Nyaya Sanhita, No. 45 of 2023, §§ 319–320 (India).
[237] The Bharatiya Nyaya Sanhita, No. 45 of 2023, § 312 (India).
[238] The Bharatiya Nyaya Sanhita, No. 45 of 2023, § 63 (India).
[239] Anita Raj et al., *Revisiting Post-Sterilization Regret in India*, 70 J. Obstetrics & Gynaecology of India (2020).
[240] Mahesh Karra, *Unwanted Family Planning Including Sterilization Regret in India: Evidence from NFHS-5 (2019–2021)*, 55 Stud. Fam. Plann. (2024).
[241] Mahesh Karra, *Unwanted Family Planning Including Sterilization Regret in India: Evidence from NFHS-5 (2019–2021)*, 55 Stud. Fam. Plann. (2024).
[242] The Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021, as enacted on March 25, 2021, and published in The Gazette of India (Extraordinary), Part II, Section 1 (Mar. 25, 2021).
[243] Abhishek Singh, *Sterilization Regret Among Married Women in India: Trends, Patterns and Correlates*, 45 Int'l Persp. on Sexual & Reprod. Health (2019).
[244] Anjali Bansal & Laxmi Kant Dwivedi, *Sterilization Regret in India: Is Quality of Care a Matter of Concern?*, 5 Contraception & Reprod. Med. (2020).

INDIAN JOURNAL OF LEGAL REVIEW [IJLR – IF SCORE – 7.58]
VOLUME 6 AND ISSUE 7 OF 2026
APIS – 3920 - 0001 *(and)* ISSN - 2583-2344
Published by
Institute of Legal Education
https://iledu.in

necessity of establishing a more powerful system of oversight to guard the reproductive autonomy of women.

## 4. COMPARATIVE PERSPECTIVE

United States and Canada: Reproductive Autonomy as Part of Privacy and Liberty-

In the US, the constitutional right to privacy and liberty has been a historical basis of the right to reproductive autonomy. The landmark case *Griswold v. Connecticut*[245], in 1965 defined the right of married couples to use contraception, and *Roe v. Wade (1973)*[246], this right was expanded to abortion by who realized it was a basic right entitlement through the Due Process Clause of the Fourteenth Amendment. Nonetheless, the *Dobbs v. Jackson*[247] overruling of Roe by the Supreme Court in 2022. The landscape has changed greatly in response to Women Health Organization where individual states have been able to control the access of abortion that has resulted to a patchwork in the entire country[248]. After that, Canada is more effectively protecting reproductive rights. Federal restrictions on abortion were not made since the 1988 Supreme Court ruling on R. v. Morgentaler[249] that invalidated the Canadian abortion statute. This has made Canada a pioneer in the rights of reproduction whereby abortion services are regularly accessible in all parts of the country.

China: State-Controlled Sterilization and International Criticism

The state control in China has defined its approach to reproductive rights and especially took place through the period of the one-child policy (19792015). The policy resulted in the abuses of human rights in large scale such as forced abortions and sterilizations, particularly amongst the ethnic minority such as the Uyghurs. It has been reported that these actions were included in a larger plan which was to control the population and ensure social order. These practices have been criticized by international human rights bodies as a reproductive rights and body control in addition to ethnic oppression and demographic control.

South Africa: Constitutional Guarantee of Reproductive Health

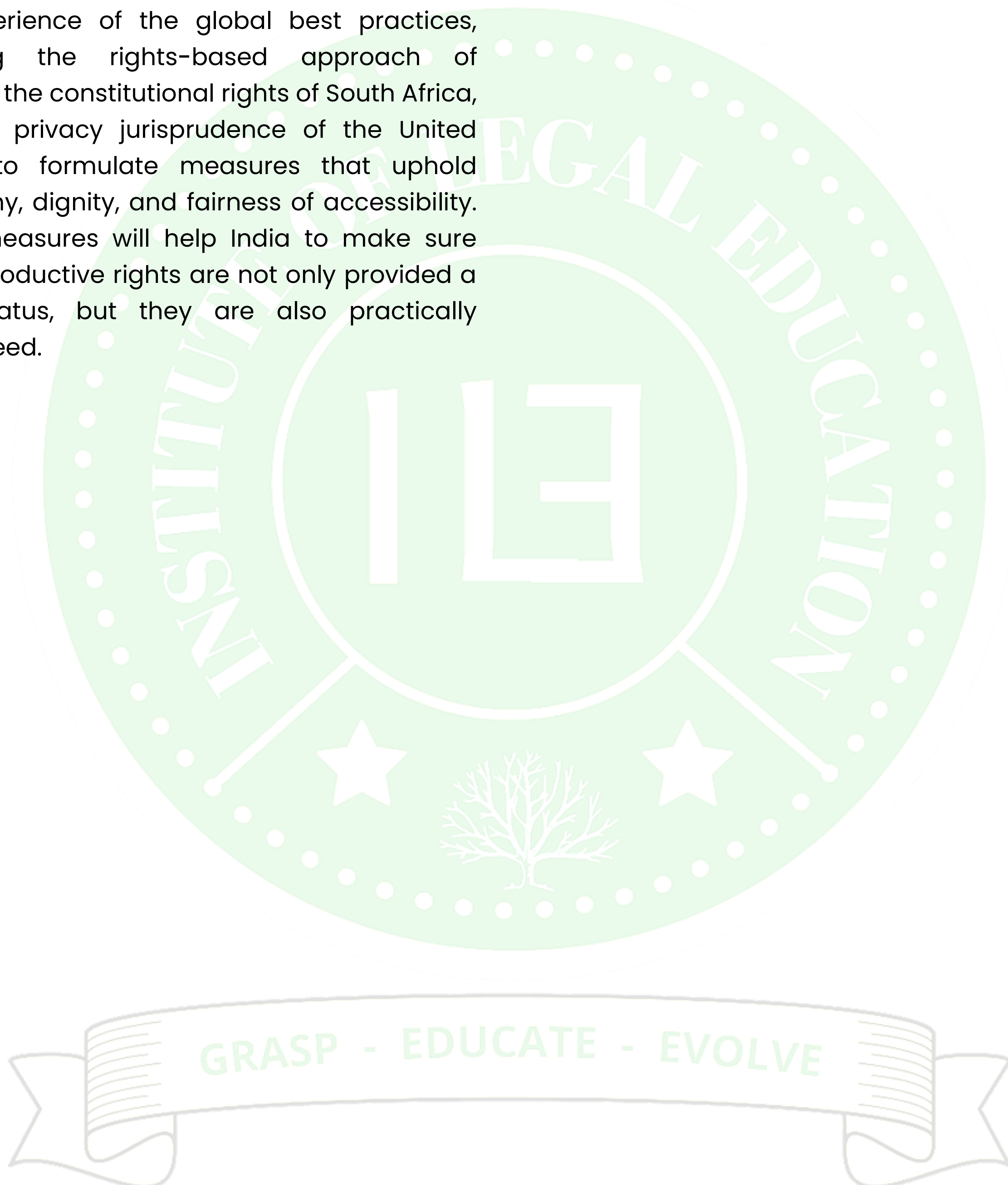
South Africa is a good example to follow regarding the rights to reproductive health as it has defined them in their Constitution. Section 27(1) in subdivision (a) ensures that everyone is entitled to access health care services including reproductive health care. Such constitutional protection has been achieved via the operationalization of the Choice on Termination of Pregnancy Act (1996) that gives women the right to receive abortion services on demand until 12 weeks of pregnancy or within some circumstances until 20 weeks[250]. This reproductive health approach is based on rights and focuses on informed consent, confidentiality and services provided by the trained professionals, as highlighted in the law.

## 5. RECOMMEDATIONS-

To enhance the defense against women reproduction in India, a number of actions are required. To begin with, legal provisions should be strengthened to make sure that all reproductive health procedures such as sterilization and abortion should only be performed with informed and free consent. The Bharatiya Nyaya Sanhita and associated medical laws should include clear rules and penalties of being caught violating them. Second, the medical practitioners and the state authorities should be made more accountable. There should be monitoring of hospitals, doctors and government agencies dealing with reproductive health services and non adherence to consent and negligence should be met with criminal and civil liability. Third, they should carry out awareness and education activities to educate women regarding their reproductive rights, the existing healthcare

[245] Griswold v. Connecticut, 381 U.S. 479 (1965).
[246] Roe v. Wade, 410 U.S. 113 (1973).
[247] Dobbs v. Jackson Women's Health Organization, 597 U.S. 215 (2022).
[248] Anita Raj et al., *Revisiting Post-Sterilization Regret in India*, 70 J. Obstetrics & Gynaecology of India (2020).
[249] R. v. Morgentaler, 1 S.C.R. 30.
[250] Mahesh Karra, *Unwanted Family Planning Including Sterilization Regret in India: Evidence from NFHS-5 (2019–2021)*, 55 Stud. Fam. Plann. (2024).

services and the legal redress in instances of coercion or malpractice. Fourth, the policies in the workplace should safeguard women against indirect coercion on issues of reproductive choice that employment or benefits should not be withheld based on adherence to sterilization and birth control measures. Lastly, India ought to learn through the experience of the global best practices, including the rights-based approach of Canada, the constitutional rights of South Africa, and the privacy jurisprudence of the United States, to formulate measures that uphold autonomy, dignity, and fairness of accessibility. These measures will help India to make sure that reproductive rights are not only provided a legal status, but they are also practically guaranteed.



**INSTITUTE OF LEGAL EDUCATION**

*(Managed by L TO J LAW ASSOCIATES)*

NO. 08, ARUL NAGAR, SEERA THOPPU,
MARUDHAANDA KURICHI, SRIRANGAM - 620102,
TAMILNADU, INDIA.