

Reproductive Justice Discourse vis-à-vis Abortion Law in India: A Critical Review

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Abstract

The narrative concerning third-world women has long been considered regressive, discriminatory, and monistic. The legal narratives, too, could not escape the traditional trope of identity ascribed to women. Though essentially empowering, the practical realisation of the Medical Termination of Pregnancy (MTP) Act of 1971 could never harness a sense of inclusivity until the amendment of 2021. But the seven categories of women included in the amended Act did not consider the issues of pregnancy arising out of a consensual sexual encounter (contraceptive failure) for an unmarried woman. For the first time, the Supreme Court of India has recognised the concept of agency for all women without any external factor functioning as an influence. The idea of choice has never been celebrated. Thus, in the context of contemporary India, where the idea of the metanarrative of identity appears imminent and the third-world postmodern feminism celebrates the ideals of intersectionality, the legal discourse of deconstructing the difference among women in the name of marital status to strip them of their fundamental rights to bodily autonomy and reproductive justice needs intervention. This review paper intends to diachronically approach the existing data of empirical and critical research on abortion vis-à-vis the human rights discourse in the context of Indian women.

Keywords: Abortion; Reproductive Justice; Women; India

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Introduction

In an iconic judgement in September 2022, the Supreme Court of India gave a verdict that the choice of abortion is central to the bodily autonomy of women. A bench of Justices D. Y. Chandrachud, J. B. Pardiwala, and A. S. Bopanna declared, “[t]he artificial distinction between married and unmarried women cannot be sustained. Women must have the autonomy to have free exercise of these rights. The foetus relies on the woman’s body to sustain. Therefore, the decision to terminate is firmly rooted in their right of bodily autonomy” (Ghosh, 2022). An analysis of this verdict will help contextualise and understand the situation further, as owing to the colonial baggage fused with biblical sentiments, abortion had been considered a criminal offence in India for a long time. It was the Indian Penal Code 1860 and the Code of Criminal Procedure 1898 that criminalised abortion, rendering the country a burgeoning site for illegal and unsafe abortions. The world stands witness to more than 73 million abortions a year. Out of these, 45 % of abortions are unsafe, of which 97 % happen in developing nations (World Health Organization, 2021). It was only in 1964 that the Government of India constituted a committee to investigate this disturbing issue posing a threat to women’s lives. The committee came up with a report stating that in a population of 500 million, the number of abortions recorded yearly was around 6.5 million (Jalnawalla, 1974), which underlined the need for the liberalisation of abortion in India (Hirve, 2004). This resulted in the Medical Termination of Pregnancy (MTP) Act of 1971 (Kumari and Kishore, 2021). The Act decriminalised abortion for a married woman who could opt for it within 12 to 20 weeks of pregnancy. This meant that an abortion by a registered medical practitioner could be done within 12 weeks of gestation. For a period between 12 to 20 weeks, two registered medical practitioners had to approve the abortion (Arnold et al., 2002). An amendment to the MTP Act 1971 was made in 2021, in which the gestation limit was increased from 12 to 20

weeks to now from 20 to 24 weeks. Again, the condition between these two weeks would be decided by consultation with a medical practitioner. Until 20 weeks, one could go ahead with an abortion on the advice of one doctor, but for 24 weeks, a second opinion was mandatory (Kumari & Jugal, 2021). The 24 weeks extension in the MTP Act had an additional clause about specific conditions under which abortion could be performed: pregnancy as a result of sexual abuse, in case of being a minor, etc. (Gaur, 2022).

While India’s abortion laws have changed over the last 50 years to seem more progressive, historians and legal experts claim that they are still not based on the tenets of reproductive justice. The law has not yet advanced enough from its colonial origins, primarily dealing with criminality-related concerns (Singh, 2022). The Supreme Court acknowledged that women’s freedom to choose their reproductive options falls within the purview of the right to life under Article 21 of the Constitution in a landmark decision in the *Suchita Srivastava v. Chandigarh Government* case from 2009. The court reiterated the same comments in its 2017 decision regarding *KS Puttaswamy v. Union of India* (Choudhury, 2021). Moreover, as we previously noted, the SC recently remarked so that unmarried women are also privy to the exceptions. A rights-based strategy necessitates that the state permits women to have abortions on demand. It acknowledges the disparities and requires the state to create policies and legislation that deal with them from the standpoint of human rights (Chabba, 2021). Nevertheless, rather than being founded on women’s rights and reproductive justice, India’s MTP Act has grown to criminalise abortion and constrain reproductive alternatives in an effort to shrink the population:

The Act was not found on the rights-based model of abortion care or the choice of the pregnant women. The idea of reproductive justice, or even a rights-based approach, was absent from the framing of the act. The law found its genesis in the idea of state’s control and

authority over reproduction which finds itself in the larger idea of family planning measures abortion became a corollary for state control by bringing reproductive health care under the family planning policies (Singh, 2022).

Therefore, the major conflict in this amendment of 2021 was its exclusionary nature, as the categories specifically mention survivors of sexual assault of rape or incest, minors, women whose marital status changes during an ongoing pregnancy (widowhood and divorce), and those with physical disabilities. Considering that the right to abortion became a prerogative only of a married woman or women belonging to specific categories (or subject to certain conditions) was a significant violation of Article 14 (Equality before Law) and Article 15 (Prohibition of discrimination on the grounds of religion, race, caste, sex or place of birth) of the Indian Constitution, clearly ruling out the possibility of any discriminatory practices, especially with an endorsement from the law. Hence, in a democratic country like India, this was sure to be contested. The Supreme Court broadened the definition of reproductive rights by placing abortion in the context of constitutional rights, such as the right to reproductive autonomy, the right to equality, and the right to privacy. According to the verdict, the State deprives women of their freedom to choose the short- and long-term course of their life by compelling them to conceive. As a result, this infringes on their right to dignity as well. The court also identified a definitive liaison between a woman's right over her body and her decision to conceive, either give birth or abort. This assertion on reproductive autonomy was further validated by the court, which attested to the decisional autonomy of a woman stating that the capacity to make judgments regarding personal relationships is an important component of the right to privacy (Karwa, 2023). The court acknowledged that Convention on the Elimination of All Forms of Discrimination against Women's (CEDAW) Article 12 (appropriate measures to eliminate discrimination against women in the healthcare field) required the Indian State to make sure that

appropriate actions were taken against any form of discrimination, including abortion, in the provision of healthcare services (1981). However, it does not address the question of whether the persistent illegality of abortion and the permission-based system from registered medical practitioners serve to reinforce stereotyped ideas about the place of women in society and exacerbate their disadvantage as a whole. The court does not follow the equality argument all the way to the conclusion, even if it calls the difference between married and single women "artificial" and "constitutionally unsustainable."

Given that the performance of equality is still a significant gap area of the court's jurisprudence in this case, both of these principles profoundly affect the idea of reproductive justice, which means women's rights over their bodies, sexuality, and reproductivity. It has still not been questioned what the current abortion restrictions mean for women in general. Several proponents of women's health (for instance, Asian communities for Reproductive Justice) have argued for almost two decades that the reproductive rights movement's rhetoric is culturally confined. They contend that how family planning is framed—as a woman's choice—best reflects the realities of relatively fortunate women living in industrialised, western nations with individualistic cultures (Chrisler, 2012). The framework of choice assumes that every woman can make her own decisions on when and whether to conceive. It also presupposes that all women have the financial means to access and pay for whatever medical care and counselling services they may need in order to complete their family planning. Even more fundamental to this paradigm is the notion that a woman owns, regulates, and makes her own choices about her body, health, and relationship (Lewis, 2019). The framework also mandates that a woman be aware of her legal right to an abortion, that her country and society recognise that right, and that she be able to exercise that right (Ross, 2017). Many women throughout the world—including many in western industrialised countries—do not have access to reproductive rights, which limits their

options or prevents them from making informed decisions. Irrespective of the justification—law, custom, ignorance, or lack of access—it is unethical to deny reproductive rights. The language of choice indicates a “marketplace of options” (Silliman et al., 2004, 5), similar to the assortment of items offered to customers in a shopping centre, where there are many enticing options. In fact, choices on reproduction are often unpleasant and challenging. For instance, does a woman see her option as a choice if she takes contraception or seeks an abortion because she cannot afford to raise a child owing to her own health issues (or a terrible medical condition of the foetus), because of unrest brought on by war or a natural catastrophe, or because of her own insecurity? It is also important to take into account the 27th edition of the World Population Prospects (2022), which predicts that by 2023, India would overtake China as the world’s most populated nation (Basu, 2022). According to the United Nations Population Report (2022), India is responsible for one in seven unintended pregnancies globally, or around 121 million or 12.1 crores. In addition, 61% of unintended pregnancies ended in induced abortions, which are fatal in 67% of circumstances. A rise in unwanted pregnancies over the last five years has led to an estimated 15.6 million abortions that were performed in very risky circumstances (Basu, 2022). In 2018, 13 women died in India due to complications from abortions, and this figure increased with the outbreak of COVID-19 (Kashyap and Tripathi, 2022b). Four million tubal ligations are performed annually. The population of India is gradually stabilising despite the fact that the total fertility rate (TFR), which declined significantly from 3.6 in 1991 to 2.4 in 2012, and 2.17 in 2021, must be at level 2.1. In India, 13% of women want to defer or prevent becoming pregnant but neither use nor have access to an appropriate contraceptive method (Nair, 2021). As a result, in the context of India, the idea of choice is still tenuous:

In a country of 1.36 billion, there are only around 50,000-70,000 OB-GYNs (obstetrician-gynecologists), Dr. Suchitra Dalvie, a gynecologist and co-founder of

the Asia Safe Abortion Partnership, told DW. Most of these are based in cities or towns, and not all of them are either pro-choice or undertaking abortion provision (Singh, 2022).

In light of this, the phrase “Reproductive Justice” places the effort into the framework of the larger social justice movement. The movement-building and organising framework of Reproductive Justice explains how reproductive injustice results from the convergence of many forms of oppression and is inextricably linked to the fight for social justice and human rights. According to reproductive justice, social structures, the environment, economics, and culture, all have an impact on each woman’s ability to procreate (Lewis, 2019). While promoting the march in a 2003 newsletter, the National Organization for Women became the first mainstream women’s group to adopt the term “Reproductive Justice.” In 2005, Asian Communities for Reproductive Justice published a ground-breaking article titled *A New Vision for Reproductive Justice (now Forward Together)*. To encourage politicians not to sacrifice these persons in pursuit of short-term successes that really exacerbate long-term injustice, it was claimed that advocacy and policy work must prioritise the most vulnerable individuals (Smith, 2005). Therefore, this article takes recourse to “Reproductive Justice” to contend that while all individuals own similar rights, not all are oppressed in the same way, at the same time, or by the same forces. The need for abortion services should not be separated from other social justice concerns and should not be referred to as just a “choice,” according to the reproductive justice viewpoint. Otherwise, we would ignore all the factors that affect a person’s decision to have a child. While making her decision, she likely considers her access to economic justice, which includes a sustainable salary, reasonable housing, child care, and a healthy environment. The study aims to conduct an ethical analysis solely on issues pertaining to abortion in all its facets. Using an interdisciplinary research methodology, this article examined literature in the fields of medicine, bioethics, and sociology (socio-

economic and legal). In this regard, the article has used netnographic research and the content analysis method, beginning with a naturalistic approach, to assist in strategically evaluating news material about abortion. Hence, the review in the following section centres on significant research studies that have addressed the abortion issue in India, particularly in relation to the concepts of choice and reproductive justice.

Literature Review

Across the globe, since 1971, the entire issue of abortion has been legalised with certain limitations. Johnston (2002) has outlined a detailed consideration of the legal and social factors associated with abortion cases in the Indian context, particularly the question of care in the post-abortion period. Here, the calculations on morbidity and mortality rates in abortion have also been highlighted. In fact, various working groups in India, including the Gynecological Societies of India, have also focused on the situational exploration of unwanted pregnancies and abortion in the Indian context, which also found reflection in Stillman et al. (2014). In a similar way, Sebastian et al. (2014) focus mainly on the states like Madhya Pradesh, Odisha, and Bihar, providing brief snaps on issues like family planning and abortion services available in the state. Often the safety concerns in abortion lead to morbidity or even death. Here, the lack of proper facilities and service availability results in unsafe abortion, which is examined in cross-sectional research on Bihar and Jharkhand. It considers the perspective of rural women and their accessibility to safe abortion facilities (Banerjee, 2012). The occurrence of abortion in both facility and non-facility settings has been highlighted in a study by Singh et al. (2018) with particular reference to Indian states like Bihar, Gujarat, Madhya Pradesh Assam, Uttar Pradesh, and Tamil Nadu. This study investigates the public and private sector facilities of abortion in the concerned states estimating the level of unintended pregnancy.

Within and beyond the service availability of abortion, the legal complications in the Indian context have been extensively pointed out in a

recent study by Chandra et al. (2021). Interrogating the factual and normative Indian contexts, this research sought to provide a wider depiction of legal barriers to abortion that often, in contemporary times, women, as well as girls, encounter. The legal complications usually draw a binary between the ideological construction of abortion and the context of practicability within the Indian socio-cultural fabric. The profound interest of women activists, women, and medical practitioners have been addressed in a book by S G Kabra (2013). Within the contested dyad of medical, legal, and social aspects induced in abortion, this book refers to a critical commercialised consideration of this issue. In their book, Visaria and Ramachandran (2007) seemingly have interrogated the legal contours of abortion while putting forth the ground realities in the Indian context. It reflects an evidence-based understanding of abortion, expanding on quantitative and qualitative research methods. In fact, this study considers the situational factors leading women to seek abortion as a solution. In a similar way, Patel (2018) examines the legal resistance to abortion in India and the question of gender autonomy in this regard. Raising concerns on the autonomy of choice, Patel (2018) inculcates dimensions like gender, ethics, and health infused in abortion that are alarmingly emerging presently in the feminist consciousness of India. The gendered question of abortion in the Indian context also finds reflection in Krishna's (2022) article titled *Abortion in India: Legal, but not a woman's right*. It explores the hidden factors influencing women from safe access to abortion, although the Indian abortion law is considered one of the most progressive abortion laws in the world.

The question of gendered rights, abortion, and its legal context is connected with the broader spectrum of reproductive justice. Sister Song Women of Color Reproductive Health Collective, in their "Reproductive Justice" paradigm, prioritise three fundamental rights: the right to conceive, the right to abort, and the right to raise children in a secure and healthy setting (Bailey, 2011). Malhotra et al. (2003), in their research, have focused on the liminal positionality of legal rights of abortion for women, where Indian

women rarely have choices and reproductive rights when it comes to the actual reality. Before diving into the debate over the right to choose, Ross and Solinger (2017) urge us first to acquire a critical grasp on power and powerlessness. Reproductive justice, being a power framework, not only aids in examining how intersectional factors hinder our human rights but also helps us strategise how to operate together over obstacles to attain and uphold our human rights (Kashyap and Tripathi, 2022a). Even though individuals are powerless to solve systemic reproductive injustice, they must develop effective alliances that prioritise their lives as the compass by which we assess, perform, and organise. The lack of improper contraception methods has been invoked in this study as a strong barrier to reproductive rights and the choice of abortion. According to Loretta Ross et al. (2016), when a social justice issue is simply labelled “choice,” we frequently disregard the factors that determine a person’s decisions from a reproductive justice standpoint. Combellick-Bidney (2017) has addressed the heightened question of invisible human rights, specifically reproductive rights, in the advocacy of abortion in a transnational context. Accounting for the personal narratives of women, this study has destigmatised reproductive issues and the safe choice of abortion. In comparative research between India and Nepal, the role of the intersectionality of domestic inequalities in reproductive rights and abortion has been examined by Malagodi (2020). Here crucial importance has been given to the issues like caste, ethnicity, class, religion, and specifically gender for reproductive justice. Further, in the Indian context, both abortion and surrogacy have been interrogated regarding reproductive autonomy by Ghosh and Khaitan (2017). It further introspects the privacy judgement as a much-needed legislative impetus. The article calls for a shift from reproductive rights to reproductive justice and aligns with Ross' notion (2017) because it is necessary for real health care for women to encompass a complete spectrum of reproductive health treatments. Although abortion is one of the major health concerns, abortion advocacy alone falls short of addressing

the intersectional oppressions of neoliberalism, white supremacy, and sexism. The following section describes how, despite the fact that the *Roe v. Wade* judgement announced on January 22, 1973, upheld women’s right to abortion without undue government intervention (Khullar, 2022). Even in 2023, however, not all women may exercise this freedom. The article asserts that the establishment of regulatory frameworks and the emphasis on non-state authorities, such as medical boards and courts, making decisions on abortion-related matters are essentially an indirect increase of state control over women’s bodily autonomy.

Discussion

Contextualising the practices of abortion as a common health intervention in India invites a comprehensive global understanding. To summarise the data and legal statements within the limited corpora of the article is challenging, but a few pieces of information might aid the comprehension on a metaphorical level. The 2022 verdict of the Supreme Court of India, in contention, is radical, non-conformist, and progressive regarding women's reproductive rights. However, there are still issues that remain to be addressed. One such issue is creating “improved, and safer abortion practices brought about through research and continuously evolving reproductive technology” (Hirve, 2004). Another pertinent issue is dealing with the stigma associated with unmarried women getting pregnant. Even with the law ensuring that an unmarried woman can abort on the advice of a medical practitioner, “social attitudes show that terminating an unwanted pregnancy is still a fraught experience for a woman” (Raman, 2022). The article develops on the fact that even in individualistic nations such as the United States, where personal agency and autonomy are anticipated, reproductive rights can be evasive, and decisions are not always recognised as such. Reproductive justice is also a “dream deferred” (Hughes, 1951) in collectivist societies, particularly in impoverished developing nations where women have limited opportunities to govern their lives or bodies (Ross et al., 2016). The article continues by

claiming that the legislation establishes an exception-based system and is unfounded in the concepts of reproductive justice or equity. In this scenario, motherhood becomes the natural practice, and abortion becomes the aberration. It only permits abortion if the expectant mother falls under one of the listed exclusions or if all of the requirements are met, and only for a limited period of time. One of the exceptions allowed for a late abortion is a foetus with congenital abnormalities, and this also raises the spectre of eugenics, an ideology that seeks to regulate human reproduction for homogenous breeding. Also, the abortion discourse, when viewed through the lens of reproductive justice, challenges the dictum of power and control in the family, as well as sexual and procreative relationships. The essay asserts that these control mechanisms about who may get abortions and when inevitably emerge in a nation like India where abortion treatment is not based on human rights. Thus, the regulatory framework exceeds what is mandated by law or the courts. For instance, the approval of medical professionals or boards in and of itself poses a barrier, which is made more challenging by the potential for preconceptions and morality to influence their judgements on an individual basis (Singh, 2021). In India, the liberal legal approach to abortion appears antithetical to these predominant sociocultural discourses (Nagpal, 2013). Within a capitalist, neo-colonial space, where the global south (especially the developing countries of Asia, Africa, Latin America) falls prey to the religious diktats, personhood debate, or moral ambiguity as witnessed in the recent overturning of *Roe vs. Wade* (1973) judgement by the Supreme Court in the USA, the 2022 judgement resulting in the acceptance of unmarried women within the fold of abortion law in India depicts progression, unlearning and development (Khullar, 2022).

The study also reveals that despite having the most liberal laws related to abortion in India, women still face structural and cultural barriers to accessing safe abortion services. In such a stifling context, it is challenging to seek legal assistance to enforce one's right to an abortion. This scenario is considerably more critical

because the meaning of the right to abortion is distorted by the pro-life ideology dominating most Indian judicial proceedings (Arathi, 2022). The question of whether India now has scientific proof for treating abortions, therefore, still exists. Is India in a position to claim that healthcare includes abortion and that access to healthcare is a fundamental human right? Is the right to the best possible state of health, including the right to sexual and reproductive health, recognised as a basic human right by the progressive legal underpinning of the MTP Act? Does the woman's capacity to choose whether and when to have children, as well as her access to safe, prompt, affordable, dignified, and tailored abortion treatment, including post-abortion care, enhance as a result of this court's interpretation?

A Step Forward

The most notable points of this verdict include the inclusivity quotient, where the word 'ALL' was emphasised in the verdict, clearly indicating that when it comes to the issue of abortion, the distinction between married and unmarried is not only "artificial" but also "unconstitutional" (Indian Penal Code, 1860). While the feminist concerns in a third-world country like India, with its variegated notions of plurality (caste, class, language, ethnicity, and more), calls for separate identification of individuals and groups to understand and locate their plights better, the legal framework of bodily rights demands a homogenization of "women" as a group.

Another landmark that the verdict sets is regarding the long-awaited demand for the criminalisation of marital rape in India. The definition of rape in Section 375 of the Indian Penal Code (IPC, 1860) excludes "rape" by the husband. Exception 2 in the same section reads, "Sexual intercourse or sexual acts by a man with his own wife, the wife not being under eighteen years of age, is not rape" (Indian Penal Code, 1860, p.85). This Exception is based on the "artificial" construction of differences in narratives for married and unmarried women in Indian legal procedures. The verdict is momentous as it identifies that the "[M]arried women may also form the part of the class of

survivors of sexual assault or rape. The ordinary meaning of the word rape is sexual intercourse with a person without consent or against their will. Regardless of whether such forced intercourse occurs in the context of matrimony, a woman may become pregnant due to non-consensual sexual intercourse performed upon her by her husband” (SC grants abortion right to unmarried women, acknowledges marital rape, 2022). Previously bodily integrity was addressed in 2017 by the Apex Court in the context of sexual abuse of girls below 18 years of age, which was inconsistent with the provisions of the Protection of Children from Sexual Offences Act (POCSO). The Act defines anyone below 18 as a child, and sexual intercourse with any child is considered rape. In the *Independent Thought v. Union of India* case (Supreme Court, 2017), the court found that Exception 2 to Section 375 is inconsistent with the introductory constitutional provisions as it involves a girl child below 18 years and violates her rights under Articles 14 (Equality before law), 15 (Prohibition of discrimination on the grounds of religion, race, caste, sex or place of birth) and 21 (Protection of life and personal liberty) of the Constitution and vehemently against the provisions of POCSO Act, 2012 (Surana, 2022). The verdict of September 2022 addresses this gap and questions the impunity given to husbands within the institution of marriage beyond the age question.

Considering the patriarchal monopoly in the family setup and, in particular, in the community set up at large, spousal sexual violence and impunity to the husband is a normal phenomenon in India (Garodia, 2021). Marital rape remains a rampant practice in the context of India; because of the absence of concrete backing from the law. According to a study, only 32 countries worldwide abstain from punishing spouses for marital rape. India is one of those countries, including Bangladesh, Pakistan, the Republic of Congo, and so on (Bhattacharyya, n.d). This judgment also pitched in the direction, making way for women who had the right to abort if the pregnancy resulted from non-consensual coitus or marital rape. The verdict said that the meaning of rape must include the dimension of marital rape within the ambit of

the Medical Termination of Pregnancy Act (Choudhary, 2022). This clearly meant that it also included the pregnancies resulting from marital rape.

In Indian constitutional democracy, where individual rights are of supreme concern in all contexts: spoken or written, one cannot refrain from considering women’s bodily integrity, autonomy, reproductive rights, and entitlement to making choices and decisions. Hence, offering constitutional protection to their choices becomes mandatory for the Indian legal system. However, this often takes a contradictory position against the politics of exclusion, which originated from patriarchal sexual relations within the sanctity of marriage.

Conclusion

The spectrum of abortion and its nonlinearity in the Indian context invites issues beyond bodily agency and reproductive justice. Within the context of South Asia vis-à-vis India, the practice of sex-selective abortion runs common. This heinous practice shapes the preference for a male heir, patriarchal hegemonic structure, and socio-economic liabilities. While the MTP ensures a safe structure for abortion, the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT), 1994, and its amendment in 2003, targets eradicating gender bias in its implementation. As an independent nation where India started with the endowment of a sense of equality through constitutional rights for both men and women, it appeared distant on several occasions of gender-based violence and injustice. The dichotomy between the nuances of an adapted western legal model and a recurrent struggle to preserve traditional values finds a resolve through the introduction of personal laws and consistent amendments to the State laws.

Since 1971, several aspects of the abortion question for married women have legally been addressed. Still, the implementation faced hindrances due to social stigma, financial imbalance, urban/rural divide, and more. The practicability of the process invites government initiatives concerning the availability and accessibility of medical resources with a drive to

sensitise and eradicate blemishes. The implementation of the changes and their ability to close access gaps will be the actual tests of their effectiveness. Just legalising abortion does not always equate to access or even guaranteeing it. In terms of access, establishing a rights-based strategy, telemedicine, and task sharing, more work still has to be done. In some way, the campaign against gender-biased sex selection has been muddled up with women's rights and access to abortion, which the MTP Act permits. As a consequence, pharmacists assert that carrying medical abortion medicines exposes them to further scrutiny. The MTP Act, which protects women's privacy, is clearly violated when women are ordered by the law not to sell such medications, to store copies of prescriptions, and in some instances, to record the purchaser's identity. Research indicates that medical abortion pills are subject to more regulations than any other Schedule-H medicine (a subset of prescription drugs in India). This is primarily due to perceptions of sex selection discrimination based on gender (Choudhuri, 2021). It is urgently necessary to dispel the widespread misconception among drug regulators and health professionals regarding medical abortion medications and sex selection so that they are handled equally to other Schedule-H pharmaceuticals and do not get special attention. The most current modifications, guidelines, and rules must be adequately explained and extensively distributed to all relevant parties, including service providers, programme administrators, non-governmental organisations (NGOs), and the general public. The MoHFW is collaborating with WHO India on the SAMARTH programme (Sustain-Accelerate-Mainstream Access to Reproductive-Health Through Health-System), which supports spreading this evidence-based knowledge to hasten India's progress towards achieving "universal reproductive health."

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Ethical Approval and Conflict of Interest

This is a solicited review study, which is self-funded. So, the question of ethical approval does not arise for this study. No human participants were involved in this study. The author declares no conflict of interest and confirms that the data supporting the findings of this study are available within the article.

About the Author

The author is the Co-Executive Editor of the Journal of International Women’s Studies (published by Bridgewater State University). She has been awarded Visiting Research Fellowship (2022-23) by IASH, the University of Edinburgh, for her project titled “Optimizing Caste Intersectionality: A Decolonial Reading of Gender-based Violence in Select Subaltern Fiction in India.” She has published extensively in the Journal of Gender Studies, Journal of Graphic Novels and Comics, and Economic and Political Weekly, amongst others. Her monograph with Bloomsbury is titled, *The Gendered War: Evaluating Feminist Ethnographic Narratives of the 1971 War of Bangladesh*. She works in the area of Gender Studies, South Asian Fiction, GeoHumanities, and Graphic Novels. Her ORCID id is: https://orcid.org/0000-0002-9522-3391.