Journal of
Law, Policy & Society

Article

Understanding the Anomalies of Reproductive Rights of Incarcerated Women under the Jurisprudence of Human Rights

Kulsum Haider[1] and Sohail Nazim [2]*

1. Jamia Hamdard; kulsumhaier12@gmail.com
2. Jamia Millia Islamia; sohailnazim2013@gmail.com

Abstract

The Supreme Court in the case of In Re: Inhuman conditions in 1382 Prisons took the suo moto cognizance on the issue of increasing number of pregnancies in the women prison across the country. The right to reproductive choice is fundamental human right, and protecting the dignity of incarcerated women in the eye of law has now become urgent. Women face discrimination and barriers in accessing adequate health-care services due to their gender. Women in prison setting often have greater primary health-care needs in comparison to men. Globally, health care in prisons circumscribe children living with their mothers, as well as the medical care of pregnant women and nursing mothers, with which most prisons are not equipped to cope. The guidelines and legislative rules and regulations set up by judiciary and legislations are not fulfilling the minimum standard of human rights like psychological health care need for women prisoners.

Keywords: Women, Prison, Prisoners, Health, Reproductive, Human Rights

I. Introduction

treat women and men differently in all spheres of life(Ikemoto, n.d.). Social norms and values had deep engrained belief about women's sexuality and they are considered to be the frequently cause of violations of women's sexual and reproductive health and rights. Because of patriarchal ideas about women's role in the home, women are frequently regarded as valuable only for their capacity to procreate. Tracing the history of women's reproductive rights, a conservative approach can bee seen in work of Plato's The Republic where he suggest that reproduction of human species is the primary function of woman and there is no place for individual pleasure, desire or sexual identities. His views on gender reflects the more traditional views that was prevalent in ancient Greek society (kamal, 2025). If we go by the religious text, there are different hypotheses that is believed to shape individuals' sexual and reproductive health and health-related behaviors. The Quran does not explicitly use the modern term "reproductive rights", but it does address aspects related to women's roles, choices, and dignity in matters of marriage, childbirth, breastfeeding, and family planning. Similarly, the religious Hindu text doesn't specifically

 https://doi.org/ 10.5281/zenodo.20837078

use the term 'reproductive choice/rights' but certainly the discussion revolves around fertility, motherhood, sexual ethics, contraception, abortion, and bodily autonomy, often within the framework of dharma (duty), artha (prosperity), kama (desire), and moksha (liberation). The Table 1.1 gives a clear picture of woman autonomy in Hindu religious text:

Table 1.1 Traditional Textual Aspect

Aspect	Traditional Textual View	Textual Source
Motherhood	Revered and celebrated, but not always seen as compulsory	**Rig Veda 10.85.37**: "*Be the mother of heroic children, offer your husband sexual pleasure, and be the queen in your husband's home.*" → This verse honors motherhood but also recognizes a woman's broader role. Also, Mahabharata, *Shanti Parva*, discusses the value of women beyond reproduction.
Contraception	Mentioned and accepted in Ayurvedic texts	**Charaka Samhita** (circa 2nd century BCE): Mentions herbal methods and coital timing to prevent conception. Example: Use of pippali (long pepper), and ghee-based formulations to induce temporary infertility. → Shows a pragmatic view on fertility control.
Abortion	Generally discouraged, but not absolutely condemned; context matters	**Atharva Veda 6.113.2**: "*Let the embryo be able to live; do not hurt the pregnant one in her womb.*" Manusmriti 8.279: Lists abortion among acts that are sinful, but the punishment is less severe than for murder, implying a graded ethical stance.
Alternative reproduction	Recognized (e.g., niyoga, surrogate-like births)	**Mahabharata, Adi Parva**: Describes niyoga, where widows or infertile wives bear children through another man (e.g., Vyasa fathering Dhritarashtra, Pandu, Vidura). Gandhari's delivery: Mass of flesh is divided into jars to grow 100 sons—an early mythic surrogate/bioengineering motif.
Sexual autonomy	Acknowledged in texts like the Kama Sutra and some epics	**Kama Sutra by Vatsyayana**, Chapters 2 & 5: Discuss women's sexual preferences, choice of partners, and mutual consent in intercourse. Mahabharata (e.g., stories of Draupadi, Kunti, and Satyavati): Women often act with agency in sexual and reproductive decisions.

The rhetoric deployed in the different facets of reproductive rights and justice have often obscured the role feminist legal theory that has played in the development of positions on all sides. feminist legal theory explicates the role of reproductive and sexual regulation as a form of social control that perpetuates patriarchy (Ikemoto, n.d.). The ferocity of the abortion wars rage so fiercely that we rarely notice how particular feminist theories have shaped the very question of providing analyses and informed strategies in the shifting, expanding struggle for reproductive rights and justice. Thus, the argument that women have a right to decide whether to have an abortion is not simply a feminist claim, but one shaped by specific feminist theories, primarily liberal feminism. Meanwhile, other perspective include prominently, the critical race theory that have framed the issue differently and have put additional vital issues like surrogacy, coerced sterilization,

welfare family caps and criminalization of pregnant women into our understanding of reproductive justice (Ikemoto, n.d.).

The concept of reproductive rights is bound up with Reproductive health, wellness well being, human rights, and feminist legal theory; Reproductive justice is a hybrid of social justice and reproductive rights: safe and healthy environment for women and children, cultural references, more effort on migrants and refugees, disadvantaged women, adolescents (sexual and reproductive health). Sexual and reproductive health is the state of being physically, mentally, and socially well in all aspects pertaining to the reproductive system. The goal is to provide people with safe and satisfying sexual experiences, to allow them to carry healthy pregnancies and births, and to allow them to decide when, how, and if they should have children (World Health Organization, 2024).

Sexual and reproductive health encompasses a wide range of services that include contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education about safe and healthy relationships. It is a human right to have access to sexual and reproductive health services throughout one's lifetime, as part of universal health coverage. In addition to improving health outcomes, this also contributes to greater equality for women and wider development. Recurrent pregnancies spaced too closely apart or early marriage and pregnancy, which are frequent result of attempts to have male children, which can have a fatal effect on women's health. Additionally, women are frequently held responsible for infertility, which leads to their exclusion and abuse of human rights (United Nations, 2023). Simultaneously, Women's sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination (United Nations, 2023). The state is under obligation to provide adequate facilities and good health to women without any discrimination.

II. Reproductive Rights are Human Rights

There is reciprocity between larger human rights framework and women's reproductive rights Reproductive rights are grounded in a range of fundamental human rights, protected in both foundational human rights instruments as well as international and regional human rights treaties (UNESCO, n.d.).Together, they form a constructive dialogue about the meaning of human rights, revealing the impact of policies and law upon the women. Not only women, all individuals have reproductive rights which are grounded in constellation of fundamental human rights instruments and treaties. A series of documents adopted at UN Conferences most notably 1994 conference that have explicitly linked governments obligation to uphold reproductive rights under international treaties (Center for Reproductive Rights, 2009).

As the United Nations 1994 International Conference on Population and Development (ICPD) explains:

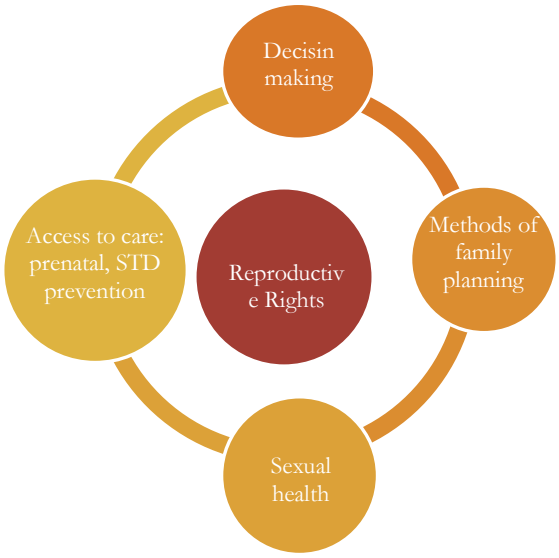
> "*Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence*" (UN, Department of Economic and Social Affairs, 1994)

Further, ICPD Programme of Action in Principle 8 enunciates that with reproductive rights every individual has access to health-care services, including those related to reproductive health care. in Reproductive health encompasses a state of complete physical, social and mental well-being. Where a person can have sexual content and free to reproduce. The

person should access to adequate health-care services while going for best reproductive choices.

The ICPD Programme of Action defines reproductive health as

"A *state of complete physical, mental and social well-being and not merely*



the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant" (UN, Department of Economic and Social Affairs, 1994.

Figure 1: Reproductive Rights

Human rights treaties now and then recommend that governments should take action to ensure sexual and reproductive choice for women. Building upon these developments there are two new instruments that recognize women's reproduce rights explicitly: I) Disability Rights Convention, and II) Protocol on the Rights of Women in Africa (at regional level) (African Union, 2003), these two instruments expressly articulates the right to reproduction and sexual health as human rights and women's right to control fertility(African Union, 2003).

Twelve Human Rights Key to Reproductive Rights

Reproductive rights are closely related to reproductive health and are derived from well-established human rights protections. They are also necessary for the fulfillment of numerous other fundamental rights. The following rights, in particular, cannot be safeguarded unless women and adolescents are able to control their bodies and sexuality, decide when and whether to have children, obtain necessary sexual and reproductive health information and services, and lead violence-free lives (Ikemoto, n.d.).

1. The Right to Equality and Non-Discrimination
2. The Right to Life
3. The Right to Health

4. The Right to Liberty and Security of the Person
5. The Right to Privacy
6. The Rights to Education and Information
7. The Right to Consent to Marriage and Equality in Marriage
8. The Right to Decide the Number and Spacing of Children
9. The Right to be Free from Practices that Harm Women and Girls
10. The Right to be Free from Torture, Cruel, Inhuman, or Degrading Treatment or Punishment
11. The Right to be Free from Sexual and Gender-Based Violence
12. The Right to Enjoy the Benefits of Scientific Progress

III. Incarcerated Women and their Reproductive Rights

The availability of reproductive services for incarcerated people is variable and often limited. Incarcerated women have higher rates of substance use disorder, mental illness, trauma and chronic disease as to general public (Rajagopal et al., 2022). The Apex Court of India had taken suo motu cognizance of the alarming number of pregnancies occurring among women inmates in prisons across the country. This issue came up after a significant plea was filed in Calcutta high court regarding the trend of women prisoners becoming pregnant while in prison across Bengal. The Court ordered establishment of district-level committees tasked with evaluating the existing infrastructure in jails and determining the need for additional facilities following the Model Prison Manual of 2016 (*Re-Inhuman Conditions In 1382 Prisons v. Director General of Prisons and Correctional Services and Ors.*, n.d.).

Women are a small minority of the prison, but a minority that is growing at a disproportionate rate their needs, and their rights are frequently not fulfilled by prison regimes that are designed predominantly for male prisoners. Imprisonment impacts on women differently than on men. The following are some of the key areas of concern of incarcerated women:

1. Problem with accommodation.
2. Inappropriate/inadequate staff
3. Lack of family contact and support
4. Lack of education and work programmes.
5. Inadequate healthcare.
6. History of mental, physical or sexual abuse.
7. The adverse impact of imprisonment of mother on their children.
8. Disproportionate representation of indigenous women and foreign women

Since 1950s, social scientist have studied prisoners life in prison in detail and it is being established that whether prisoner is reformed, rehabilitated, becomes hardened criminal or remains neutral, it is dependent on the specific nature of prisoner's participation in the prison culture (Sutherland & Cressey, 1992, p. 524). Women prisoner (convicted or under trial) face dual vulnerability, first being the weaker section of the society and secondly being imprisoned. In 2020, there were only 29 Women Jails, only in 14 States (National Crime Records Bureau, 2020), at present, there are total 34 jails in 16 States and U.Ts. specially for women in India with total capacity of 7080 (National Crime Records Bureau, 2022). There is a slow increase in capacity for women prisoners and some States and UTs still lack behind in developing separate accommodation for women.

Throughout the world, women prisoners constitute less than 10% of the total prison population due to which they are considered as 'minority'(Enggist et al., 2014). But since the year 2000, the women prison population has increased by 168%, which illustrates the severity of the situation(Ganesan, 2025). Globally, the female prison population rate is 9.9 per 100,000 of the general population(Ganesan, 2025). India is ranked sixth in the world in female prison population(Fair & Walmsley, 2021). In terms of the crimes committed by

women in India, there has been an increase in female prison population in the past few years as reported by the N.C.R.B. report of 2020 (NCRB, 2020), 2021(NCRB, 2021), 2022(NCRB, 2022), 2023(NCRB, 2023), and 2024(NCRB, 2024).

Year	Total Number of Prisons	Actual Capacity	Male	Female	Transge-nder	Total Prison Population	Occupancy rate
2020	1,306	4,14,033	4,68,395	20,046	70	4,88,511	118.0%
2021	1,319	4,25,609	5,31,025	22,918	91	5,54,034	130.2%
2022	1,330	4,36,266	5,49,351	23,772	97	5,73,220	131.4%
2023	1332	4,39119	5,08,715	21,510	108	5,30,333	120.8%
2024	1333	4,53,769	490237	21,183	122	5,11,542	112.7%

Table 2: Prison Statistics of past years (*Source: N.C.R.B.*)

From 2020 to 2024, the data collected from the Prison Statistics India (N.C.R.B. Report) shows a slow but persistent increase in the female prison population in India. With 20,046 female prison population in 2020 (NCRB, 2020) to 21,183 in 2024(NCRB, 2023). Women in institutional settings, such as those who are incarcerated or receiving treatment in healthcare facilities, are vulnerable to human rights violations by prison staff and medical personnel that are in a position of authority and exert significant control over women in such settings. In prisons, pregnant women may be shackled during medical care during labor, delivery, and the recovery period after delivery, despite armed guards being present(The Rebecca Project for Human Rights, 2010). Health facilities may also violate women's reproductive rights by involuntary sterilization and by denying them sexual or reproductive health services such as prenatal diagnostics, abortions, and post-abortion care.

In the case of Sunil Batra v. The Delhi Administration had observed that a prisoner's fundamental rights "do not part company with the prisoner at the gates" (*Sunil Batra v. The Delhi Administration*, 2013). The Court has upheld this strategy and protected inmates' fundamental rights in a number of rulings over the years. The reproductive rights of prisoners in prison have also gained attention during the past ten years. The Courts have heard arguments on a variety of topics pertaining to prisoners' reproductive rights. Cases involving: • Medical Termination of Pregnancy During Incarceration • Special Provisions for Pregnant Women in Prisons • Right to Procreation and Conjugal Visits are covered in this section(Chandra et al., 2019).

Regarding the treatment of pregnant inmates in correctional facilities, the Supreme Court in *R. D. Upadhyay v. State of Andhra Pradesh,*(2006) released guidelines. Pregnancy-related medical facilities for inmates, the nutritional requirements of expectant mothers and their offspring, childbirth procedures (noting that the woman should, to the greatest extent

feasible, be released on bail so that she can give birth outside of prison), and the custody of children in prison are all covered by the guidelines.
In *D.B.M. Patnaik v. State of Andhra Pradesh,*(1974) The Supreme stated that:

"*Convicts are not denuded of all the fundamental rights which they otherwise possess by reason of the conviction. A compulsion under the authority of law, following upon a conviction, to live in prison entails by its force the deprivation of fundamental freedoms like the right to move freely throughout the territory of India or the right to practice a profession. A man of profession would thus be stripped of his right to hold consultation while serving his sentence. But the Constitution guarantees other freedoms like the right to acquire, hold, and dispose of property for the exercise of which incarceration can be no impediment. Likewise, even a convict is entitled to the precious right guaranteed by article 21 of the Constitution that he shall not be deprived of his life and personal liberty except according to procedure established by law*."

Inmates have been approaching courts in recent years to request that their conjugal rights be recognized and upheld. *Jasvir Singh v. State of Punjab* (2014) is one example of this. A couple petitioned the Punjab and Haryana High Court seeking to have their right to conjugal rights upheld. The husband received a death sentence, while the wife received a life sentence in prison. The right to procreate and to visit one's spouse are part of the right to live with dignity, which is a part of the right to life protected by Article 21 of the Indian Constitution, the Court ruled, citing international human rights standards as well. It ruled that incarceration does not affect the right to procreate. The right to procreation or conjugal visits, and consequently the right to artificial insemination, are subject to reasonable restrictions, it was pointed out. Limitations could therefore be imposed in line with "procedure established by law". The Court gave the State of Punjab instructions to form jail reforms committee with mandate to formulate a scheme for conjugal visits for prisoners.
In *Mrs. Meharaj vs. The State & Ors.*(2019), The petitioner, Mrs. Meharaj, filed a habeas corpus petition under Article 226 seeking six weeks of leave for her husband who was serving a life sentence for infertility treatment, having already secured two weeks earlier. The Madras High Court (Full Bench) held that: Conjugal relations for a specific purpose, such as infertility treatment, may amount to the denial of a fundamental right under Article 21 if unjustifiably denied. However, conjugal rights are *not* a fundamental right to be exercised routinely. Granting such leave without extra-ordinary justification would blur the line between law-abiding citizens and convicts. The Court clarified that: Rule 20(vii) of the 1982 Rules allows leave in cases of "extraordinary reasons," and infertility treatment qualifies as such. Absent such extraordinary reasons, conjugal leave cannot be claimed as of right. The Court directed authorities to consider the petitioner's request in the light of this judgment specifically as an "extraordinary reason" ensuring procedural compliance and fairness.

In the case of the High Court on *Its Own Motion v. State of Maharashtra* (2021), the Court noted that pregnant women constitute a similar group that includes incarcerated women and they enjoy the fundamental right to make reproductive decisions, including aborting their pregnancies if they so choose under Art. 21 of the Constitution. Further, the Court ordered that women prisoners of child bearing age be administered a urine pregnancy test upon admittance to the facility. If the test result are positive, the physician in charge is to tell her of her right to abort the pregnancy as per the MTP Act. The court rules that as soon as a pregnant woman in prison expresses a desire to terminate her pregnancy, she ought to be promptly transferred to a hospital, and all aid should be offered to terminate her pregnancy. It acknowledged that a woman's choice to abort her pregnancy is not impulsive but rather one that has been "carefully considered" by the women. In addition,

it acknowledged the requirement to broaden the scope of the MTP Act Explanation 2 to Section 3 so that it applies to married couples and any pair living together as if they were married. The High Court concluded that the human right to live with dignity as guaranteed under art 21 is the source of a woman's right to decide for herself to abort or to keep her child and have her decision derived from that right. In addition, the Court stated, concerning international human rights legislation, that human rights are only bestowed upon a person at the time of their birth and that a fetus that has not yet been born does not have human rights. The court acknowledged woman's bodily autonomy and the fact that she is the one whose rights take precedence in determining whether or not to have children and whether or not to continue carrying a pregnancy to term or to have it terminated.

An undertrial woman prisoner named Hallo Bi lodged a writ petition before the Madhya Pradesh High Court in the *Hallo Bi v. State of Madhya Pradesh case,* (2013), seeking high court to terminate her pregnancy. She claimed that her pregnancy resulted from her being coerced into sexual activity. However, the MTP Act does not call for judicial authorization under any circumstance, the request made by Hallo Bi for an abortion was sent to the Chief Judicial Magistrate by the jail authorities. The Chief Judicial Magistrate declined to grant the request. The writ petition was consequently submitted as a result. The decision of the High Court to allow the woman to terminate her pregnancy was based on the judgment of the apex court in the case of *Suchita Srivastava v. Chandigarh Administration,* (2009). In which the Supreme Court had determined that a woman's right to make decisions regarding her reproductive health is a essential of personal autonomy guaranteed by Article 21 of the Indian Constitution. The High Court considered that decision to allow the woman to terminate her pregnancy. The Court determined that "forced prostitution" was equivalent to rape, and as such, it was included as one of the elements that must be met per Section 3 of the MTP Act to have a pregnancy terminated(Paul , 2023).

IV. Related Human Rights Jurisprudence

In order to safeguard sexual and reproductive health rights, the Indian government has pledged to uphold its commitments under numerous international human rights accords. These include the Convention on the Rights of the Child (CRC, 1989.), the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), the International Covenant on Civil and Political Rights (ICCPR, 1966), and the International Covenant on Economic, Social, and Cultural Rights (ICESCR, 1966). All branches of government, including the judiciary, are required by international law to enforce the rules and regulations specified in these treaties. With the exception of those restrictions that are clearly required by the reality of incarceration, the United Nations has repeatedly reaffirmed that people who are detained maintain their basic rights as outlined in human rights treaties. The Supreme Court has held in light of the obligation to "foster respect for international law" in Article 51 (c) of the Indian Constitution "any International Convention not inconsistent with the fundamental rights and in harmony with its spirit must be read into fundamental rights to enlarge the meaning and content thereof, to promote the object of the constitutional guarantee"(The Constitution of India, 1950).

International and Indian Regional Standards

International Covenant on Civil and Political Rights: According to the International Covenant on Civil and Political Rights, "all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person," "the death penalty shall not be carried out on pregnant women," "the fundamental aim" of the penitentiary system shall be the "reformation and social rehabilitation" of prisoners, and "the right to life, freedom from torture and ill treatment, marriage, family formation,

and non-discrimination."(International Covenant on Civil and Political Rights, United Nations, 1966).

International Covenant on Economic Social and Cultural Rights: Protecting the right to non-discrimination and equality to family members of women, and 'special protection' for women for a "reasonable period" before and after childbirth, and guaranteeing the right to the highest attainable standard of physical and mental health without discrimination (International Covenant on Civil and Political Rights, United Nations, 1979).

Convention on the Elimination of All forms of Discrimination Against Women: CEDAW outlines the women's right to family planning information, and have right to "*decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights*"(Convention on the Elimination of All Forms of Discrimination Against Women, United Nations, 1979)

Committee for Economic Social and Cultural Rights (CESCR), General Comment No. 22 (2016) on the right to sexual and reproductive health: General Comment No. 22 (2016) of the CESCR states that "Prisoners and others with additional vulnerability by condition of their detention or legal status the State is required to take particular steps to ensure their access to sexual and reproductive information, goods, and health care," as well as the State's duties to efficiently monitor and regulate certain sectors related to sexual and reproductive health(*OHCHR | General Comment No. 22 (2016) on the Right to Sexual and Reproductive Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)*, n.d.).

Committee for Economic Social and Cultural Rights (CESCR), General Comment No. 14: According to Article 12 of the Right to the Highest Attainable Standard of Health, states are prohibited from discriminating against women's health and needs, including those of female inmates and detainees, by, for example, "refrain[ing] from limiting access to contraceptives and other means of maintaining sexual and reproductive health, and from censoring, withholding, or intentionally misrepresenting health-related information, including sexual education and information" (ohchr, 2000).

It had also been discussed in the Puttaswamy judgment of the Supreme Court Justice (K.S. Puttaswamy (Retd.) v. Union of India, 2017). The Hon'ble court had held that liberty of procreation and choice of family life are an intrinsic aspect of the fundamental right to privacy. It was articulated by then CJI "Privacy includes as its core the preservation of personal intimacies, the sanctity of family life, marriage, procreation, the home and sexual orientation. Privacy connotes a right to be left alone." This becomes a precedent for many fundamental judgements on reproductive rights(Bakshi, 2024). The Medical Termination of Pregnancy Act, 1971 was finally amended in 2021 for expanding base of beneficiaries to provide safe abortion services. The Medical Termination of Pregnancy (Amendment) Act, 2021 is an extremely prospective step. The Act allows a pregnancy to be terminated up to 20 weeks by a married woman in the case of failure of contraceptive method or device. It now also allows unmarried women to also terminate a pregnancy for this reason. The Act also increases the upper gestation limit from 20 to 24 weeks for special categories of women, including survivors of rape, victims of incest and other vulnerable women (differently abled women, minors, among others)(The Medical Termination of Pregnancy (MTP) Amendment Act, 2021). The Act now expands the access to safe and legal abortion services on therapeutic, eugenic, humanitarian and social grounds to ensure universal access to comprehensive care.

Conclusion

In well-established reproductive health organizations, cultural or racial/ethnic diversity remains a problem. The efforts of many of these organizations to diversify and have women of color in leadership roles have been limited over the years. The focus of many

has been on board representation. There is still a lack of diversity on the professional staff level, where programmatic focus, strategic planning, evaluation, and networks are concentrated. The lack of diversity within these organizations can lead to a narrow perspective that fails to address the unique reproductive rights and needs of marginalized groups, including women prisoners in India. At this point of time, only legislative amendments may not be sufficient but along with that, many other aspects need to be considered like awareness, availability, accessibility, affordability of quality MTP services, and contraceptives. Without inclusive leadership and representation, policies may overlook critical issues faced by these women, such as access to healthcare, legal support, and humane treatment. It is essential for reproductive health organizations to prioritize genuine diversity and inclusion to effectively advocate for the reproductive rights of all women.

References

African Union. (2003). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa | African Union. Au.int. Retrieved March 12, 2025, https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa

Bakshi, G. K. (2024, November 10). Justice DY Chandrachud's Judgments On Socio-Economic Justice, Gender Equality, Reproductive Rights, Child ... Livelaw.in; Live Law. Retrieved March 12, 2025, from https://www.livelaw.in/top-stories/justice-dy-chandrachuds-judgments-on-socio-economic-justice-gender-equality-reproductive-rights-child-welfare-disability-rights-274783

Center for Reproductive Rights. (2009). Reproductive rights are Human Rights. Center for Reproductive Rights. Retrieved March 12, 2025, from http://www.reproductiverights.org

Chandra , A., Satish, M., & the Center for Reproductive Rights. (2019). Securing Reproductive Justice in India: A Casebook" Centre for reproductive Rights. Centre for Constitutional Law, Policy and Governance.

Convention on the Elimination of All Forms of Discrimination Against Women, United Nations, art. 10(h), 12(1), 14(2)-(b), 16(e) (1979)

D.B.M. Patnaik v. State of Andhra Pradesh,(1974)

Doniger, W. (1991). The Laws of Manu. Penguin Classics.

Doniger , wendy, & kakar, sudhir. (2002). Vatsyayana Kamasutra, Oxford University Press.

Enggist, S., Organisation Mondiale De La Santé. Bureau Régional De L'europe, & Al, E. (2014). Prisons and health. Who Regional Office For Europe.

Fair , H., & Walmsley, R. (2021). World Female Imprisonment List (5th ed.). World Prison Brief .

Ganesan, S. (2025, December 31). Women inmate count rising fast; prisons aren't ready for them. The Times of India; The Times Of India. Retrieved March 12, 2025, from https://timesofindia.indiatimes.com/city/mumbai/women-inmate-count-rising-fast-prisons-arent-ready-for-them/articleshow/126264138.cms

Hallo Bi v. State of Madhya Pradesh case, (2013)

Ikemoto, L. C. (n.d.). Reproductive Rights and Justice: A Multiple Feminist Theories Account. In and C. Bowman (Ed.), Research Handbook on Feminist Jurisprudence . Elgar Press, Forthcoming. Retrieved March 12, 2025, from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3244865

International Covenant on Civil and Political Rights, United Nations, art. 2, 3, 10, 12 (1979).

International Covenant on Civil and Political Rights, United Nations, art. 2, 3, 6(5), 7, 10, 23(1)(2), 26 (1966)

Jasvir Singh v. State of Punjab, (2014)

Justice K.S. Puttaswamy (Retd.) v. Union of India ('Puttaswamy, (2017)

kamal, A. (2025, March). Feminist Legal Theory and Reproductive Rights. Virtuosity Legal. Retrieved March 12, 2025, from https://virtuositylegal.com/feminist-legal-theory-and-reproductive-rights/

Mrs. Meharaj vs. The State & Ors.,(2019)

National Crime Records Bureau. (2020). Prison Statistics India 2020. In National Crime Records Bureau. Ministry of Home Affairs 2020.

National Crime Records Bureau. (2021). Prison Statistics India 2021. In National Crime Records Bureau. Ministry of Home Affairs 2021.

National Crime Records Bureau. (2022). Prison Statistics India 2022. In National Crime Records Bureau. Ministry of Home Affairs 2022

National Crime Records Bureau. (2023). Prison Statistics India 2023. In National Crime Records Bureau. Ministry of Home Affairs 2023

National Crime Records Bureau. (2024). Prison Statistics India 2024. In National Crime Records Bureau. Ministry of Home Affairs 2024.

ohchr. (2000). CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). Retrieved March 12, 2025, from https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GC14.pdf

OHCHR. General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). (n.d.). OHCHR. Retrieved March 12, 2025, from https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-22-2016-right-sexual-and

Own Motion v. State of Maharashtra (2021)

Paul , S. (2023). PROTECTION OF HEALTH OF WOMEN PRISONERS IN INDIA: IS IT A DISTANT DREAM?. International Journal of Advanced Legal Research , 4(1). Retrieved March 12, 2025, from https://ijalr.in/volume-4-issue-1/protection-of-health-of-women-prisoners-in-india-is-it-a-distant-dream-shubhankar-paul/

R. D. Upadhyay v. State of Andhra Pradesh, (2006).

Rajagopal, K., Landis-Lewis, D., Haven, K., & Sufrin, C. (2022). Reproductive Health Care for Incarcerated People: Advancing Health Equity in Unequitable Settings. Clinical Obstetrics & Gynecology, Publish Ahead of Print. Retrieved March 12, 2025, from https://doi.org/10.1097/grf.0000000000000746

Re-Inhuman Conditions In 1382 Prisons v. Director General of Prisons and Correctional Services and Ors.,.

Sharma , P. V. (1981). Charaka Saṃhitā: A Text with English Translation, Chaukhambha Orientalia,.

Suchita Srivastava v. Chandigarh Administration, (2009)

Sunil Batra v. The Delhi Administration, (2013).

Sutherland, E. H., & Cressey, D. R. (1992). Principles of criminology (11th ed.). Universal Law Publishing Co.

The Constitution of India, art. 51(c) (1950).

The Medical Termination of Pregnancy (MTP) Amendment Act, sec.. 3 (2021)

The Rebecca Project for Human Rights. (2010). Mothers Behind Bars:A state-by-state report card and analysis of federal policies on conditions of confinement for pregnant and parenting women and the effect on their children . The National Women's Law Center.

UN General Assembly. (1966). International Covenant on Civil and Political Rights, (United Nations, Treaty Series, vol. 999, p. 171) United Nation, Retrieved March 12, 2025, from https://www.refworld.org/legal/agreements/unga/1966/en/17703

UN General Assembly. (1966). International Covenant on Economic, Social and Cultural Rights, (United Nations, Treaty Series, vol. 993, p. 3)United Nations, Retrieved March 12, 2025, from https://www.refworld.org/legal/agreements/unga/1966/en/33423

UN General Assembly. (1979). Convention on the elimination of all forms of discrimination against women (United Nations Treaty Series, Vol. 1249, p. 13). United Nations.

UN General Assembly. (1989) Convention on the Rights of the Child. (1989.). Refworld. Retrieved March 12, 2025, from https://www.refworld.org/legal/agreements/unga/1989/en/18815

UN, Department of Economic and Social Affairs. (1994). Programme of Action of the International Conference on Population and Development. In the United Nations. UN, Department of Economic and Social Affairs. Retrieved March 12, 2025, from https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/a_conf.171_13_rev.1.pdf

UNESCO, n.d. Reproductive rights: a tool for monitoring state obligations. UNESCO, Health and Education Resource Centre ; Center for Reproductive Rights UNFPA. Retrieved March 12, 2025, from https://healtheducationresources.unesco.org/library/documents/reproductive-rights-tool-monitoring-state-obligations

United Nations. (2023). Sexual and reproductive health and rights. OHCHR. Retrieved March 12, 2025, from, https://www.ohchr.org/en/women/sexual-and-reproductive-health-and-rights

W. Jamison, S., & P. Brereton, J. (2014). The Rigveda: The Earliest Religious Poetry of India. Harvard University Press.

World Health Organization. (2024). Sexual and reproductive health and rights. Retrieved March 12, 2025, from www.who.int. https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights#tab=tab_1

Wujastyk, D. (2003). The Roots of Ayurveda. Penguin Books.

https:// 10.5281/zenodo.20837078