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REPRODUCTIVE AUTONOMY WITHIN MARRIAGE: DOES INDIAN FAMILY LAW ADEQUATELY PROTECTED WOMAN'S CHOICE

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I. INTRODUCTION

Reproductive autonomy is increasingly understood as an essential component of individual liberty, encompassing the ability to make voluntary and informed decisions concerning whether to conceive, whether to prevent pregnancy, the timing and number of children, and whether to continue or terminate a pregnancy. Within marriage, however, the exercise of such autonomy raises a distinctive legal question. Marriage is traditionally understood as creating reciprocal rights and obligations between spouses, while reproduction has historically been treated as an important social and familial consequence of the marital relationship. The resulting tension is whether a woman's entry into marriage affects her independent authority over decisions concerning her own body and reproductive life.

Indian constitutional jurisprudence has progressively recognized reproductive choice as an aspect of personal liberty. In *Suchita Srivastava v. Chandigarh Administration*, the Supreme Court held that a woman's right to make reproductive choices is a dimension of Article 21 and includes the choice to procreate as well as to abstain from procreation.[1] The constitutional recognition of privacy in *Justice K.S. Puttaswamy (Retd.) v. Union of India* further situated intimate decisions

[1] *Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1, 20–21 (India).

concerning marriage, family and procreation within the sphere of individual decisional autonomy.[2] More recently, in *X v. Principal Secretary, Health & Family Welfare Department, Government of NCT of Delhi*, the Supreme Court emphasised that reproductive rights include decisions concerning contraception, whether and when to have children, and access to reproductive healthcare, and that such choices must be protected from coercion and violence.[3]

Despite these developments, the protection of reproductive autonomy within marriage remains legally fragmented. The *Medical Termination of Pregnancy Act, 1971*, constitutional privacy jurisprudence, domestic-violence legislation and matrimonial law address different aspects of reproductive decision-making without providing a single, coherent framework for situations in which a woman's reproductive choice conflicts with the wishes or expectations of her spouse or family.[4] This article therefore examines whether Indian family law adequately protects women's reproductive choice within marriage, with particular attention to the relationship between constitutional autonomy, statutory protection and marital expectations.

II. CONCEPTUALISING REPRODUCTIVE AUTONOMY WITHIN MARRIAGE

Reproductive autonomy is often discussed in the context of abortion, but its scope is considerably wider. At its simplest, it is the ability of a person to make meaningful choices about reproduction: whether to have children, when to have them, how many children to have, and whether to avoid pregnancy altogether. These choices also include decisions concerning contraception, sterilization, pregnancy and childbirth. The important element is not merely the availability of these choices in law, but whether they can be made freely and without coercion.

The marital relationship makes this question more complicated. In Indian society, decisions relating to childbirth have traditionally not been viewed as entirely personal matters. Marriage is frequently accompanied by expectations regarding having children, the timing of the first

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[2] *Justice K.S. Puttaswamy (Retd.) v. Union of India*, (2017) 10 SCC 1, 298–99 (India).

[3] *X v. Principal Secretary, Health & Family Welfare Department, Government of NCT of Delhi*, 2022 SCC OnLine SC 1321, ¶¶ 98–102 (India).

[4] Medical Termination of Pregnancy Act, No. 34 of 1971, §§ 3, 3(4)(b), 5A (India); Protection of Women from Domestic Violence Act, No. 43 of 2005, § 3 (India).

pregnancy, the number of children and, in some families, the sex of the child. As a result, a woman's decision concerning reproduction may be treated as a matter affecting the entire family rather than as a decision concerning her own body. This becomes particularly significant where the wishes of a woman and her husband do not coincide.

It is important, however, to distinguish between a joint decision within a marriage and control over another person's reproductive capacity. Decisions about having a child will naturally involve both partners, and mutual discussion is an ordinary part of married life. But the fact that reproduction may affect both spouses does not necessarily mean that each spouse possesses an equal legal claim over the other's body. Pregnancy, childbirth and their physical consequences are experienced by the woman, which makes her consent central to any meaningful understanding of reproductive autonomy.[5]

This distinction is also reflected in the idea of reproductive justice, which moves beyond the narrow question of whether a person has a formal legal right. Reproductive justice is concerned with whether individuals have the social, economic and material conditions necessary to exercise reproductive choices in practice.[6] For married women, this is particularly relevant because reproductive decisions may be influenced by economic dependence, family pressure, violence or lack of access to contraception and healthcare.

Thus, reproductive autonomy within marriage should not be understood as a rejection of the shared nature of family life. Rather, it requires recognition that marriage does not remove an individual's capacity to make intimate decisions about her own body. The legal difficulty arises precisely at the point where a woman's reproductive choice comes into conflict with expectations arising from the marital relationship. It is this tension between individual autonomy and marital expectations that makes reproductive autonomy an important question for Indian family law.

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[5] *Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1, 20–21 (India) (recognising a woman's right to make reproductive choices, including the right to procreate and abstain from procreation, as part of personal liberty under Article 21).

[6] See generally Loretta J. Ross & Rickie Solinger, *Reproductive Justice: An Introduction* 9–11 (Univ. Cal. Press 2017) (explaining reproductive justice as encompassing not only the formal right to make reproductive decisions but also the social and economic conditions necessary to exercise those decisions).

III. CONSTITUTIONAL PROTECTION OF REPRODUCTIVE AUTONOMY

The constitutional protection of reproductive autonomy in India has developed gradually, rather than through a single declaration that expressly guarantees a "right to reproductive autonomy." Its foundations can instead be traced through Article 21 and the Supreme Court's expanding understanding of personal liberty, privacy and individual choice.

A significant step was taken in *Suchita Srivastava v. Chandigarh Administration*. The case concerned a woman residing in a government-run institution who became pregnant after being sexually assaulted. When the administration sought permission to terminate her pregnancy, the Supreme Court emphasised that reproductive choice belonged to the woman herself. The Court held that a woman's right to make reproductive choices is a dimension of personal liberty under Article 21 and expressly recognized both the choice to procreate and the choice to abstain from procreation.[7] Importantly, the Court also referred to the right to refuse sexual activity and the choice to use contraceptive methods as aspects of reproductive autonomy.[8]

The significance of *Suchita Srivastava* extends beyond its particular facts. By locating reproductive choice within Article 21, the Court moved away from treating reproduction merely as a matter of medical regulation or family interest. It placed the individual woman at the centre of the decision. This becomes particularly relevant in marriage, where reproductive decisions can otherwise be viewed through the expectations of the spouse or family.

The constitutional position was considerably strengthened in *Justice K.S. Puttaswamy (Retd.) v. Union of India*. The nine-judge Bench recognized privacy as a fundamental right and linked it with dignity, autonomy and the ability of an individual to make choices concerning intimate aspects of life.[9] The judgment expressly identified matters such as marriage, procreation and family life as

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[7] *Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1, 20–21 (India). The Supreme Court expressly held that a woman's right to make reproductive choices is a dimension of "personal liberty" under Article 21.

[8] *Id.* at 21. The Court specifically discussed a woman's right to refuse participation in sexual activity, insist upon contraceptive methods, and choose birth-control methods.

[9] *Justice K.S. Puttaswamy (Retd.) v. Union of India*, (2017) 10 SCC 1, 298–99 (India). The Court connected privacy with individual autonomy and the ability to make decisions concerning vital matters of life.

falling within the sphere of constitutional protection.[10] Privacy, therefore, is not simply protection from physical intrusion; it also protects a person's ability to make certain deeply personal decisions without unjustified interference.

This understanding is particularly important for reproductive autonomy because the decision whether to become pregnant or continue a pregnancy is inseparable from the woman's body, health and personal circumstances. In *X v. Principal Secretary, Health & Family Welfare Department, Government of NCT of Delhi*, the Supreme Court brought these principles together and described reproductive autonomy as closely connected with bodily autonomy and decisional autonomy.[11] The Court recognised that pregnancy substantially affects a woman's body and that the decision whether to carry a pregnancy to term or terminate it is fundamentally connected with her autonomy.[12]

The constitutional position, therefore, appears relatively clear at the level of principle: a woman does not lose her constitutional autonomy merely because she is married. The more difficult question is what happens when this individual autonomy comes into conflict with the expectations or interests of a husband. Constitutional recognition of a right is one matter; ensuring that the right can actually be exercised within a relationship marked by emotional, economic and social interdependence is another. This distinction becomes central when examining the statutory framework governing abortion, contraception, domestic violence and matrimonial obligations.

IV. THE MEDICAL TERMINATION OF PREGNANCY ACT AND THE MARRIED WOMAN'S CHOICE

The Medical Termination of Pregnancy Act, 1971 ("MTP Act") provides one of the clearest statutory settings in which the question of reproductive autonomy can be examined. The Act does not recognise an unrestricted right to terminate a pregnancy; rather, it permits termination subject

[10] *Id.* at 297–99. The judgment recognised personal aspects of life, including family, marriage and procreation, within the protection of Article 21.

[11] *X v. Principal Secretary, Health & Family Welfare Department, Government of NCT of Delhi*, 2022 SCC OnLine SC 1321, ¶ 99 (India). The Court described reproductive autonomy as closely linked to bodily autonomy and decisional autonomy. *Id.* ¶¶ 99–100. The

[12] *Id.* ¶¶ 99–100. The Court connected the decision to continue or terminate pregnancy with the pregnant woman's bodily and decisional autonomy.

to specified medical and gestational conditions.[13] may be relevant to the personal and emotional circumstances surrounding a pregnancy, but the statutory framework does not convert those views into a legal veto over the woman's decision. The MTP Act therefore reflects an confidentiality of women seeking termination. Section 5A prohibits a registered medical practitioner from disclosing the name and particulars of a woman whose pregnancy has been terminated, subject to the limited statutory exception.[14] Privacy is therefore not merely a constitutional principle operating outside the legislation; it is also reflected within the statutory framework governing Within those limits, however, the legislation places considerable importance on the consent of the pregnant woman. Section 3(4)(b) provides that, except in the case of a minor or a woman falling within the statutory category requiring guardian consent, "no pregnancy shall be terminated except with the consent of the pregnant woman."[15] Significantly, the provision does not require the consent of her husband.

This distinction matters considerably when the woman is married. A husband's views may be relevant to the personal and emotional circumstances surrounding a pregnancy, but the statutory framework does not convert those views into a legal veto over the woman's decision. The MTP Act therefore reflects an important distinction between participation in a marital relationship and legal authority over another person's body**.**

The 2021 amendment to the MTP Act also marked a noticeable movement away from treating reproductive choice through the narrow lens of marriage. Before the amendment, the statutory explanation concerning contraceptive failure referred specifically to a "married woman or her husband." The amended provision instead refers to "any woman or her partner."[16] In *X v. Principal Secretary, Health & Family Welfare Department, Government of NCT of Delhi*, the Supreme Court treated this change as significant, observing that Parliament had deliberately moved beyond a framework confined to matrimonial relationships.[17] The Court consequently rejected an

[13] Medical Termination of Pregnancy Act, No. 34 of 1971, § 3(2), India Code (1971), amended by Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021 (India).

[14] Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021, § 5A (India).

[15] Medical Termination of Pregnancy Act, No. 34 of 1971, § 3(4)(b) (India).

[16] Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021, § 3 (India). The amendment substituted "any woman or her partner" for the earlier reference to "any married woman or her husband."

[17] *X v. Principal Secretary, Health & Family Welfare Department, Government of NCT of Delhi*, 2022 SCC OnLine SC 1321, ¶¶ 16–18 (India).

interpretation that would deny unmarried women the benefits of the amended law merely because they did not fall within the traditional category of marriage.

The MTP Act also protects the confidentiality of women seeking termination. Section 5A prohibits a registered medical practitioner from disclosing the name and particulars of a woman whose pregnancy has been terminated, subject to the limited statutory exception.[18] Privacy is therefore not merely a constitutional principle operating outside the legislation; it is also reflected within the statutory framework governing reproductive healthcare.

The Supreme Court went further in *X v. Principal Secretary* when it considered the relationship between reproductive autonomy and marital status. The Court observed that the circumstances of pregnancy cannot be understood solely through the formal status of marriage and held that reproductive autonomy includes the right to decide whether or not to undergo an abortion without requiring the consent or authorisation of a third party.[19] It also recognised that sexual violence within marriage can result in unwanted pregnancy and held that, for the purposes of the MTP Act, the expression "rape" includes marital rape.[20]

The significance of this development lies in what it says about the legal meaning of marriage. Marriage may create a relationship between two individuals, but it does not erase the question of consent. At the same time, *X* carefully limited its interpretation of marital rape to the MTP framework and did not determine the broader constitutional validity of the marital-rape exception under criminal law.[21]

Thus, the MTP framework offers fairly strong protection for a married woman's reproductive choice at the statutory level. The more difficult question is whether this protection is equally effective when reproductive coercion takes place before a pregnancy occurs; for example, where contraception is controlled, pregnancy is forced, or a woman is pressured into conceiving. That

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[18] Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021, § 5A (India).

[19] *X*, 2022 SCC OnLine SC 1321, ¶¶ 96–100, 129–30 (India). The Court stated that reproductive autonomy includes the right of a pregnant woman to choose whether to undergo an abortion without consent or authorisation from a third party.

[20] *Id.* ¶ 75

[21] *Id.* ¶¶ 73–75. The Court expressly clarified that its interpretation of "rape" as including marital rape was confined to the MTP Act and did not decide the constitutional validity of the marital-rape exception under the general criminal law.

question takes the discussion beyond abortion and towards the wider relationship between reproductive autonomy, domestic violence and matrimonial law.

V. REPRODUCTIVE CHOICE, MARITAL EXPECTATIONS AND MATRIMONIAL LAW

The constitutional recognition of reproductive autonomy becomes more difficult to apply when reproductive choices enter the domain of matrimonial disputes. Marriage involves two individuals, and decisions about having children will inevitably affect both spouses. At the same time, the fact that reproduction has consequences for both parties does not necessarily mean that one spouse acquires a legal entitlement to determine the reproductive choices of the other. The difficulty for matrimonial law lies in drawing this boundary.

This tension is particularly visible in cases concerning refusal to have children or refusal to engage in sexual relations. Under the Hindu Marriage Act, 1955, cruelty is a ground for divorce under Section 13(1)(ia), although the statute does not provide an exhaustive definition of mental cruelty.[22] The Supreme Court in *Samar Ghosh v. Jaya Ghosh* attempted to identify circumstances that may constitute mental cruelty while repeatedly emphasising that the determination must depend upon the facts and circumstances of the particular marriage.[23] Among the illustrative circumstances identified by the Court was a unilateral decision by either spouse, after marriage, not to have a child from the marriage.[24]

At first sight, this principle appears difficult to reconcile with the constitutional recognition of a woman's right to abstain from procreation. However, the two principles need not necessarily be treated as contradictory. The matrimonial-law inquiry concerns whether particular conduct has caused such serious injury to the marital relationship that the complaining spouse cannot reasonably be expected to continue the marriage. It does not necessarily mean that the law can compel a person to become pregnant or become a parent.

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[22] Hindu Marriage Act, No. 25 of 1955, § 13(1)(ia) (India).

[23] *Samar Ghosh v. Jaya Ghosh*, (2007) 4 SCC 511, 523–27 (India). The Supreme Court emphasised that mental cruelty cannot be reduced to a fixed definition and must be assessed in light of the entire matrimonial relationship and the circumstances of each case.

[24] *Id.* at 526–27. Among the illustrative circumstances identified by the Court was the unilateral decision of either spouse, after marriage, not to have a child from the marriage.

This distinction is important. A decree of divorce based on matrimonial cruelty is legally different from an order compelling reproduction. Nevertheless, the possibility that reproductive decisions may become relevant to a claim of cruelty raises an important concern for reproductive autonomy. If a woman's decision not to have children is too readily characterised as a failure of marital duty, the law may indirectly reinforce the idea that motherhood is an obligation attached to marriage.

The same difficulty arises with decisions concerning contraception and sterilisation. Reproductive choices are not limited to the decision to terminate an existing pregnancy; they also include the decision to prevent conception in the first place. The Supreme Court has recognised the right to use contraceptive methods as part of reproductive choice.[25] Consequently, a married woman's decision to use contraception cannot simply be treated as legally insignificant because her spouse prefers to have a child.

At the same time, matrimonial law cannot disregard the interests of the other spouse altogether. A sustained refusal of sexual relations, concealment of a significant decision concerning fertility, or conduct deliberately intended to cause serious emotional injury may raise questions of matrimonial cruelty depending upon the facts. The challenge is therefore not to remove matrimonial law from intimate relationships, but to ensure that the concept of marital obligation does not become a mechanism for controlling reproductive decisions.

This is where the constitutional principle of autonomy provides an important interpretive guide. The existence of a marital relationship should not, by itself, transform reproduction into a joint legal entitlement over the woman's body. A spouse may express a desire to have children, discuss reproductive plans and participate in family decisions, but the law must distinguish such mutual decision-making from coercion. The distinction becomes even more important where reproductive pressure is accompanied by violence, economic dependence or other forms of domestic abuse.

Indian matrimonial law has consequently reached a point where two legitimate interests meet: the interest of spouses in the continuation and quality of their marital relationship, and the individual's constitutional interest in making intimate decisions concerning her own body. The unresolved

[25] *Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1, 20–21 (India). The Court recognised a woman's right to refuse participation in sexual activity, insist upon the use of contraceptive methods, and choose birth-control methods as dimensions of reproductive autonomy.

question is whether the present legal framework consistently protects the latter when the two come into conflict.

VI. REPRODUCTIVE COERCION AND DOMESTIC VIOLENCE

The recognition of reproductive autonomy in constitutional and statutory law is of limited value if a woman cannot exercise that autonomy freely within her home. This is where the idea of reproductive coercion becomes important. Reproductive coercion refers to conduct that interferes with a woman's ability to make voluntary decisions about contraception, pregnancy or childbearing. It may take relatively direct forms, such as preventing access to contraception, destroying contraceptives, or forcing a woman to become pregnant, but it may also operate through threats, pressure or control.[26]

Evidence from India suggests that this is not merely a theoretical concern. A population-based study of 1,770 currently married women in Uttar Pradesh found that approximately 12% reported experiencing reproductive coercion by their husbands or in-laws.[27] Among women who experienced such coercion, more than one-third reported that their most recent pregnancy had been unintended. The study also found substantially lower recent use of modern contraception among women experiencing reproductive coercion.[28] These findings are significant because they demonstrate that reproductive choice can be restricted before the question of abortion ever arises.

The Protection of Women from Domestic Violence Act, 2005 ("PWDVA") provides an important legal framework for addressing abuse within the domestic relationship. Section 3 defines domestic violence broadly and includes physical, sexual, verbal and emotional, and economic abuse.[29] The provision also specifically recognises certain forms of verbal and emotional abuse relating to a woman's failure to have a child or male child.[30] The Act further provides for protection orders,

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[26] See Elizabeth Miller et al., Reproductive Coercion in Uttar Pradesh, India: Prevalence and Associations with Partner Violence and Reproductive Health, 9 SSM Population Health 100484, 100484–85 (2019) (describing reproductive coercion as behaviour that interferes with a woman's wishes and attempts to prevent pregnancy).

[27] *Id.* at 100484. The study involved 1,770 currently married women aged 15–49 across 49 districts of Uttar Pradesh and reported that approximately 12% had experienced reproductive coercion from a husband or in-law.

[28] *Id.* The study found that women experiencing reproductive coercion had four to five times greater odds of reporting an unintended pregnancy and substantially lower recent use of modern contraception.

[29] Protection of Women from Domestic Violence Act, No. 43 of 2005, § 3 (India).

[30] *Id.* § 3 (including within verbal and emotional abuse certain forms of humiliation relating to not having a child or male child).

residence orders, monetary relief and compensation, thereby giving women several forms of relief where domestic abuse is established.[31]

Yet, reproductive coercion does not appear as an expressly defined category under the PWDVA. This creates a possible gap between the experience of the woman and the language of the law. For instance, preventing a wife from accessing contraception may directly interfere with her reproductive autonomy, but the legal characterization of that conduct may depend upon the surrounding facts and whether it falls within one of the existing forms of domestic violence.

The problem is also not necessarily confined to the husband. Research from Uttar Pradesh found that in-laws were responsible for a substantial proportion of reported reproductive coercion, demonstrating that reproductive decision-making within some Indian households can involve a wider family structure.[32] Qualitative research concerning rural Maharashtra similarly highlights the influence that mothers-in-law may exercise over the family-planning decisions of young married couples.[33] This is particularly relevant in the Indian context, where reproductive expectations may be shaped by the wider marital family rather than by the spouses alone.

The distinction between reproductive disagreement and reproductive coercion must nevertheless be maintained. A husband or family member expressing a preference for having another child does not, by itself, constitute coercion. The legal concern arises when preference becomes pressure, and pressure becomes conduct that restricts a woman's ability to make or act upon her own reproductive decision.

This exposes one of the central difficulties in assessing the adequacy of Indian family law. The law increasingly recognizes reproductive autonomy as a right, but the experience of reproductive autonomy is shaped by the power relationships within which a woman makes her decision. A right that exists formally but cannot be exercised without fear of violence, abandonment or economic consequences remains vulnerable in practice. The challenge, therefore, is not simply to recognize

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[31] *Id.* §§ 18–22. The Act provides, inter alia, for protection orders, residence orders, monetary relief and compensation.

[32] Miller et al., supra note 1. The study found that 42% of reported cases involved husbands alone, 48% involved in-laws alone, and 10% involved both husbands and in-laws.

[33] See Qualitative Examination of the Role and Influence of Mothers-in-Law on Young Married Couples' Family Planning in Rural Maharashtra, India, BMC Women's Health (2022) (discussing the role of mothers-in-law in fertility practices and reproductive decision-making).

reproductive choice but to ensure that the legal system can respond when that choice is deliberately taken away within the marital home.

VIII. DOES INDIAN FAMILY LAW ADEQUATELY PROTECT WOMEN'S CHOICE?

Indian family law provides a substantial legal foundation for reproductive autonomy, but its protection remains incomplete. At the constitutional level, the Supreme Court has clearly recognised reproductive choice as part of personal liberty, privacy and dignity.[34] The MTP Act further protects a woman's consent in relation to lawful termination of pregnancy, while the domestic-violence framework offers remedies where reproductive decisions are affected by abuse.[35]

The difficulty arises when these rights are exercised within marriage. The law does not generally treat a husband as possessing a legal veto over his wife's reproductive decisions, yet matrimonial expectations and family pressures can still influence the practical exercise of those decisions. The absence of an expressly defined legal framework for reproductive coercion also means that women may have to rely on broader provisions to obtain protection against conduct specifically interfering with reproductive choice.

Therefore, the answer to the question posed by this article is not simply that Indian law either protects or fails to protect reproductive autonomy. The constitutional position is considerably stronger than the practical and matrimonial framework through which that autonomy must be exercised. The principal weakness lies in the lack of coherence between these areas of law. Recognising reproductive autonomy as a constitutional right is an important first step; ensuring that the right remains meaningful within marriage requires clearer legal standards and accessible remedies against coercion.

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[34] *Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1, 20–21 (India); *Justice K.S. Puttaswamy (Retd.) v. Union of India*, (2017) 10 SCC 1, 298–99 (India).

[35] Medical Termination of Pregnancy Act, No. 34 of 1971, § 3(4)(b) (India); Protection of Women from Domestic Violence Act, No. 43 of 2005, § 3 (India).

IX. CONCLUSION

Reproductive autonomy within marriage lies at the intersection of individual liberty and the social expectations attached to marriage. Indian constitutional jurisprudence has made significant progress in recognising that a woman's decision to conceive, avoid pregnancy or terminate a pregnancy is connected with her dignity, privacy and personal liberty. Statutory developments, particularly under the Medical Termination of Pregnancy Act, have strengthened this recognition.

Yet, the existence of these rights does not always ensure their effective exercise. Reproductive coercion, family pressure and the possibility of matrimonial consequences can limit the freedom with which women make reproductive decisions. The present legal framework addresses these concerns through separate areas of law, but does not yet provide a sufficiently unified approach to reproductive autonomy within marriage.

The need, therefore, is not simply for more rights but for greater coherence between constitutional principles, reproductive-health legislation, domestic-violence remedies and matrimonial law. Courts should be cautious in treating reproductive decisions as violations of marital obligations, particularly where doing so risks converting the institution of marriage into a source of control over a woman's body.

Ultimately, marriage may create shared responsibilities, but it should not extinguish individual autonomy. The effectiveness of Indian family law in protecting women's reproductive choice will depend on whether the legal system can preserve that distinction not only in principle, but also in the lived reality of married women.