

Chapter 12


Reproductive Rights and Bodily Autonomy: Legal and Social Challenges Among Tribal Women in India

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ABSTRACT

Reproductive rights are central to women's bodily autonomy and empowerment, yet remain shaped by complex legal frameworks and deep-rooted social norms. This study explores the social and legal implications of women's reproductive rights, particularly focusing on tribal and marginalized communities in India. The research highlights disparities in law enforcement, the influence of societal expectations, and emerging issues such as digital privacy and reproductive technologies. It identifies

DOI: 10.4018/979-8-2600-1328-1.ch012

gaps in current literature, such as the underrepresentation of male perspectives and the neglect of intersectional factors like caste, disability, and geography. Through explanatory research and semi-structured interviews, the study examines barriers to reproductive healthcare and suggests legal and policy interventions to strengthen rights-based approaches. The findings underscore the need for inclusive frameworks that ensure equitable access to reproductive services and recognize the sociocultural diversity across regions.

INTRODUCTION

Women are considered as the weakest gender in society since decades. Since 19th century several movements began in order to improve the condition of women in society and was widespread all over the world and the influence was seen in various fields with respect to the condition of women (Connell, 2012). Since the major focus area is on reproductive rights of women and its social and legal implications, focusing on how laws and societal norms impact their ability to exercise control over their reproductive health. Reproductive rights are fundamental to women autonomy, encompassing the right to take decisions about birth child and abortion (Correa & Petchesky, 2007). Social norms and legal framework plays a vital role in this process to bring about changes and to even highlight the issues and challenges with respect to this topic. Reproductive rights are considered as a corner stone of women autonomy and bodily integrity, In India several legal actions has been taken to protect and recognize the rights to some extent (Mozumder & Choudhury, 2024; Pomaza-Ponomarenko et al., 2024).

The Millennium Development Goal emphasizes reducing the maternal mortality rate and achieving universal access to reproductive health care. As per MDG5, it is indicated that India has been committed to reducing the maternal mortality rate, which was 108 deaths per 100,000 live births in 2015. The maternal mortality rate in India from 2007 to 2009 reflects a national average of 212 deaths per one lakh live births. It shows 89 deaths per one lakh live births between 2001 and 2003. It is estimated that geographic disparities contribute to the highest MMR, with Assam at 390 and the lowest in Kerala at 81 (Kyei-Nimakoh et al., 2016; Das, 2018; Nayak, 2020; Goli et al., 2022).

In India, many efforts have been made to decrease the MMR and to increase access to reproductive health care services through regional implementation. The progress has been implemented unevenly, and services remain inequitable, as many women face issues, especially in accessing maternal services and reproductive health care (Ravindra & Govender, 2020). There are many initiatives implemented to provide the proper social structure to prevent the MMR and to increase maternal and

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