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LAW AND CHOICE: NAVIGATING THE LEGAL LANDSCAPE OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

Mansa Shrivastva¹

ABSTRACT

Sexual and reproductive health rights (SRHR)² are inherent in human rights, which guarantee individuals' dignity, autonomy, and equality in access to healthcare. The legal challenges and opportunities of SRHR are the subject of this research paper, with an emphasis on restrictive abortion legislation, contraceptive access barriers, gender discrimination, and weak sexual education policy. Numerous legal systems across the globe still have restrictions disproportionately affecting marginalized groups with serious health and social implications. Significant legal reforms, such as progressive laws, judicial activism, and human rights-based strategies, offer a chance for reform. Global instruments like the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)³ and the International Covenant on Economic, Social, and Cultural Rights (ICESCR)⁴ establish legal channels to strengthen SRHR protection. Judicial rulings have been pivotal in informing reproductive justice, affirming the right to self-determination of the body and reproductive healthcare access. Advocacy and policy engagement continue to be crucial in shaping legal reforms and increasing access to SRHR services. Through enhanced legal frameworks, tackling root causes of inequalities, and applying human rights principles, societies can guarantee the protection and promotion of sexual and reproductive health rights for everyone. This paper discusses these fundamental issues and provides an overview of prospective legal strategies for advancing SRHR globally.

¹ B.A.LLB hons, 3rd year student, School of Law, IILM University, Greater Noida

² Sexual and reproductive health rights (SRHR) available at <https://srhr.org/> (last visited on 28 February 2025)

³ Convention on the Elimination of all forms of discrimination against women (CEDAW) available at <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women> (last visited on 23 December 2025)

⁴ International Covenant on Economic, Social, and Cultural Rights (ICESCR) available at <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights> (last visited 23 December 2025)

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1. UNDERSTANDING SRHR IN THE LEGAL CONTEXT

1.1 DEFINITION AND SCOPE OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

The term Sexual and Reproductive Health Rights (SRHR) refers to the entitlements of individuals to make informed decisions regarding their sexual and reproductive health without discrimination, coercion, or violence. Family planning, safe abortion, maternal care, STI prevention, sexuality education, and protection from sexual violence are a few of these.

As defined by the World Health Organization⁵ SRHR constitutes the state of complete physical, mental, and social well-being in all matters relating to the reproductive system.

1.2 SRHR AS FUNDAMENTAL HUMAN RIGHTS

SRHR are anchored in key international human rights instruments. Article 12 of the International Covenant on Economic, Social, and Cultural Rights (ICESCR)⁶ recognizes the right to the highest attainable standard of physical and mental health. CEDAW, in Articles 12 and 16, obliges state parties to eliminate discrimination in healthcare access and ensure rights related to marriage and family planning⁷.

The Universal Declaration of Human Rights (UDHR)⁸ Article 25 affirms the right to health and well-being, including medical care and social services.

1.3 INTERSECTION OF HEALTH LAW AND GENDER EQUALITY

Gendered power structures are a challenge for legal frameworks that address SRHR. The systematic denial of reproductive autonomy is exacerbated by gender disparities in access to healthcare and legal

⁵ World Health Organization, Reproductive Health Strategy to Accelerate Progress towards the Attainment of International Development Goals and Targets (Geneva: WHO, 2004)

⁶ International Covenant on Economic, Social and Cultural Rights, 16 December 1966, 993 U.N.T.S. 3 (entered into force 3 January 1976), Art. 12.

⁷ Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, 1249 U.N.T.S. 13, Arts. 12 & 16.

⁸ Universal Declaration of Human Rights, 10 December 1948, G.A. Res. 217A (III), Art. 25.

protections. Gender-equal access to SRHR is hampered, for instance, by laws that prohibit abortion, do not have laws against marital rape, or require consent from male partners in some jurisdictions. In *Laxmi Mandal v. Deen Dayal Harinagar Hospital*⁹ The Delhi High Court emphasized the obligation of the state to provide reproductive health services under Article 21 of the Constitution of India. Courts and policy must interpret health laws through a gender-justice lens, ensuring non-discrimination and proactive inclusion of women and marginalized genders.

2. GLOBAL LEGAL CHALLENGES TO SRHR

2.1 CRIMINALIZATION AND RESTRICTION OF ABORTION

Abortion is still illegal in many places of the world, with very few exceptions, typically limited to saving the life of the unborn child. Particularly among underprivileged groups, these limitations encourage risky abortion practices.

The World Health Organization (WHO) claims that restrictive abortion regulations are associated with increased incidence of risky procedures that result in maternal morbidity and death¹⁰. For instance, women have been charged with crimes even for obstetric emergencies in El Salvador, where abortion is illegal in all situations¹¹.

In *Suchita Srivastava v. Chandigarh Administration*¹², the Supreme Court of India affirmed a woman's right to make reproductive choices as a dimension of personal liberty under Article 21 of the Constitution

2.2 GENDER-BASED LEGAL DISCRIMINATION

Inequality is frequently sustained by laws and legal procedures that are based on patriarchal standards. For example, women and girls are denied basic SRHR when marital rape is not legally recognized or when child marriage is tolerated. CEDAW obliges states to repeal laws that discriminate against women in health, marriage, and family planning matters¹³.

⁹ *Laxmi Mandal v. Deen Dayal Harinagar Hospital & Ors.*, W.P. (C) 8853/2008, High Court of Delhi.

¹⁰ World Health Organization, *Abortion Care Guideline* (Geneva: WHO, 2022) 13.

¹¹ Center for Reproductive Rights, “Abortion in El Salvador” (2020), available at <https://reproductiverights.org> (last visited on Apr. 20, 2025).

¹² *Suchita Srivastava & Anr. v. Chandigarh Administration*, (2009) 9 SCC 1.

¹³ Convention on the Elimination of All Forms of Discrimination Against Women, 1979, 1249 U.N.T.S. 13, Arts. 2 and 16.

In India, the exception under Section 375 of the Indian Penal Code (IPC)¹⁴, which excludes marital rape from the definition of rape, remains a significant barrier to SRHR and gender justice.

2.3 EXCLUSIONARY LAWS AFFECTING LGBTQ+ AND DISABLED POPULATIONS

SRHR access is also constrained by discriminatory laws that exclude LGBTQ+ individuals and persons with disabilities. Many jurisdictions criminalize same-sex relations and deny access to sexual health services.

Before its reading down in *Navtej Singh Johar v. Union of India*¹⁵, Section 377 of the Indian Penal Code criminalized consensual same-sex relations, discouraging LGBTQ+ individuals from accessing reproductive and sexual health services.

Likewise, persons with disabilities often face forced sterilizations and denial of autonomy due to guardianship laws that override consent¹⁶.

2.4 INADEQUATE SEXUAL AND REPRODUCTIVE HEALTH EDUCATION LAWS

Comprehensive, inclusive, and scientifically accurate sexuality education is not required in many legal systems. Misinformation, early pregnancies, sexually transmitted infections, and the maintenance of gender-based stereotypes are all consequences of this omission.

Access to accurate information is a fundamental human right, according to the International Technical Guidance on Sexuality Education.

In India, sexual education remains controversial and is inconsistently implemented across states due to cultural and political opposition¹⁷.

¹⁴ Indian Penal Code, 1860, s. 375 Exception 2.

¹⁵ *Navtej Singh Johar v. Union of India*, (2018) 10 SCC 1

¹⁶ Human Rights Watch, “Sterilization of Women and Girls with Disabilities” (2011), available at <https://www.hrw.org> (last visited on 23rd December, 2025).

¹⁷ Sama – Resource Group for Women and Health, “Sexuality Education in India: Policy and Practice” (2020), available at <https://www.samawomenshealth.in> (last visited on 23rd December, 2025).

3. LEGAL REFORMS AND OPPORTUNITIES

3.1 DECRIMINALIZATION AND LEGALIZATION TRENDS

Around the world, countries are increasingly recognizing the harm caused by criminalizing aspects of SRHR, especially abortion and same-sex relationships, and are moving towards legal reform.

In 2022, Colombia's Constitutional Court¹⁸ decriminalized abortion up to 24 weeks, marking a historic shift in Latin America's reproductive rights landscape.

In *Navej Singh Johar v. Union of India*¹⁹, The Indian Supreme Court decriminalized consensual same-sex relationships by reading down Section 377 of the Indian Penal Code, affirming the constitutional protection of dignity and autonomy.

Global human rights bodies have increasingly pushed for the decriminalization of abortion and the protection of sexual orientation and gender identity as a matter of international law²⁰.

3.2 COMPREHENSIVE SRHR LEGISLATION

Countries are moving toward adopting comprehensive SRHR legislation that addresses a range of issues, including maternal health, access to contraception, sexual education, abortion rights, and protection from gender-based violence.

South Africa's Choice on Termination of Pregnancy Act, 1996²¹ It is one of the most progressive abortion laws globally, ensuring access without heavy restrictions.

In India, the Medical Termination of Pregnancy (Amendment) Act, 2021²² extended access to abortion services and removed discriminatory barriers by expanding the gestational limit and allowing unmarried women to access abortion under the same conditions as married women.

However, implementation remains uneven, with access still limited in rural and marginalized communities due to stigma and healthcare barriers²³.

¹⁸ Sentencia C-055/22, Constitutional Court of Colombia (2022)

¹⁹ Supra note 15

²⁰ Human Rights Committee, "General Comment No. 36 on the Right to Life" (CCPR/C/GC/36, 2018) para. 8

²¹ Choice on Termination of Pregnancy Act, 1996 (South Africa).

²² Medical Termination of Pregnancy (Amendment) Act, 2021, No. 8 of 2021.

²³ Pratigya Campaign, "Assessing Abortion Services in India" (2022), available at <https://www.pratigyacampaign.org> (last visited on 23rd December, 2025).

3.3 INTEGRATION OF SRHR IN NATIONAL HEALTH POLICIES

Integrating SRHR into broader public health and development agendas ensures that these rights are not treated in isolation but as part of essential healthcare and human development.

Nepal's Safe Motherhood and Reproductive Health Rights Act, 2018²⁴, is a landmark piece of legislation integrating reproductive rights into its public health system.

India's National Health Policy, 2017²⁵ explicitly recognizes the need to improve access to reproductive and adolescent healthcare, including contraception, menstrual hygiene, and maternal care. The Sustainable Development Goals (SDGs), especially Goals 3 and 5, further encourage the integration of SRHR into national priorities, emphasizing universal access by 2030²⁶.

4. THE ROLE OF JUDICIAL ACTIVISM IN ADVANCING SRHR

4.1 KEY SUPREME/HIGH COURT RULINGS WORLDWIDE

Judicial interventions have played a crucial role in safeguarding and expanding sexual and reproductive health rights, especially in contexts where legislative reform lags.

In *Suchita Srivastava v. Chandigarh Administration*²⁷ The Indian Supreme Court held that reproductive choice is a fundamental right under Article 21 of the Constitution, affirming bodily autonomy and the right to privacy.

In *Laxmi Mandal v. Deen Dayal Harinagar Hospital*²⁸, the Delhi High Court held that denial of maternal healthcare constituted a violation of the right to life and dignity under Article 21.

Internationally, in *Attorney General v. Dow*²⁹ The Botswana Court of Appeal struck down discriminatory immigration laws against non-citizen spouses, reinforcing equality and dignity.

4.2 PUBLIC INTEREST LITIGATION AND ITS INFLUENCE

Particularly in South Asia, Public Interest Litigation (PIL) has emerged as a crucial tool for addressing systemic violations of SRHR. It enables people and civil society to oppose legal obstacles and promote

²⁴ Safe Motherhood and Reproductive Health Rights Act, 2018 (Nepal).

²⁵ Government of India, National Health Policy, 2017, Ministry of Health and Family Welfare.

²⁶ *United Nations, Transforming Our World: The 2030 Agenda for Sustainable Development, A/RES/70/1 (2015)*.

²⁷ *Supra* note 12

²⁹ *Attorney General v. Dow*, [1992] BLR 119 (CA)

government accountability. In *Devika Biswas v. Union of India*³⁰ The Supreme Court condemned the coercive sterilization practices in Bihar and emphasized the importance of informed consent in reproductive healthcare.

PILs have successfully brought issues like unsafe abortions, adolescent health, menstrual hygiene, and LGBTQ+ rights into the judicial spotlight, leading to institutional reforms³¹.

5. INTERNATIONAL LEGAL INSTRUMENTS SUPPORTING SRHR

5.1 OVERVIEW OF CEDAW, ICESCR, CRC, AND OTHERS

International human rights instruments have laid the foundation for the recognition and enforcement of sexual and reproductive health rights (SRHR) globally.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)³² obliges States to eliminate discrimination in healthcare access, ensure maternal health services, and allow women to decide freely on family planning.

The International Covenant on Economic, Social and Cultural Rights (ICESCR)³³ guarantees the right to the highest attainable standard of physical and mental health, which includes SRHR. The Convention on the Rights of the Child (CRC) recognizes adolescents' rights to access health information and services essential for their development and well-being³⁴.

Other influential declarations include the Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Platform for Action, both of which promote SRHR through state-level commitments³⁵.

³⁰ *Devika Biswas v. Union of India*, (2016) 10 SCC 726

³¹ Lawyers Collective, “Public Interest Litigation and Reproductive Rights: Landmark Cases in India” (2021), available at <https://www.lawyerscollective.org> (last visited on 23rd December, 2025).

³² CEDAW, 1979, 1249 U.N.T.S. 13, Arts. 12, 16

³³ ICESCR, 1966, 993 U.N.T.S. 3, Art. 12

³⁴ CRC, 1989, 1577 U.N.T.S. 3, Art. 24.

³⁵ UNFPA, ICPD Programme of Action (1994); UN Women, Beijing Platform for Action (1995).

5.2 ROLE OF UN TREATY BODIES AND MONITORING MECHANISMS

International SRHR standards are interpreted and adhered to by UN treaty authorities. They publish Concluding Observations and General Comments that influence domestic laws and direct state actions³⁶.

The CEDAW Committee's General Recommendation No. 24 highlights states' obligations to provide women with affordable healthcare, especially for reproductive treatments. The right to sexual and reproductive health is defined in CESCR General Comment No. 22 as an integral part of the right to health under Article 12 of the ICESCR. These organizations also provide individual complaint procedures under Optional Protocols, allowing victims to seek justice outside of national courts³⁷.

5.3 USING INTERNATIONAL LAW IN DOMESTIC LITIGATION

National standards, international law can be directly applied or used as persuasive authority in domestic courts. In the case of *Vishaka v. State of Rajasthan*³⁸ The Indian Supreme Court acknowledged foreign treaties as a source of constitutional interpretation and used CEDAW to establish standards on sexual harassment in the workplace. The obligatory nature of international human rights duties has been reinforced in Latin America by courts using CEDAW and ICPD commitments in cases about reproductive autonomy and abortion rights.

To further improve enforcement channels, people can also file communications about SRHR violations through the Optional Protocol to CEDAW and the First Optional Protocol to the ICCPR³⁹.

6. CASE STUDIES OF SRHR LEGAL CHANGE

6.1 IRELAND'S CONSTITUTIONAL REFORM ON ABORTION

Ireland's transformation from a highly restrictive regime to a progressive legal framework on abortion marks a significant example of constitutional reform through public mobilization and political will.

The Eighth Amendment, inserted in 1983, recognized the equal right to life of the mother and the unborn, severely limiting abortion access⁴⁰.

³⁶ CEDAW Committee, General Recommendation No. 24, UN Doc. A/54/38/Rev.1 (1999)

³⁷ Committee on Economic, Social and Cultural Rights, General Comment No. 22, UN Doc. E/C.12/GC/22 (2016).

³⁸ *Vishaka v. State of Rajasthan*, (1997) 6 SCC 241

³⁹ Optional Protocol to CEDAW, 1999, UN Doc. A/RES/54/4; First Optional Protocol to the ICCPR, 1966.

⁴⁰ Eighth Amendment of the Constitution Act, 1983 (Ireland).

After decades of advocacy and tragic cases like *Savita Halappanavar's death* in 2012 due to denied abortion, public sentiment shifted. In 2018, a national referendum led to the repeal of the Eighth Amendment, legalizing abortion up to 12 weeks. This reform was grounded in respect for bodily autonomy, public health, and reproductive justice.

6.2 COLOMBIA'S JUDICIAL MILESTONE IN 2022

In a landmark decision, Colombia's Constitutional Court decriminalized abortion up to 24 weeks of pregnancy in 2022, citing public health, gender equality, and international human rights norms⁴¹.

The Court acknowledged that penalizing abortion disproportionately affected poor and marginalized women and violated their rights to dignity, health, and autonomy. The ruling built upon earlier precedents like *Decision C-355/2006*, which permitted abortion in limited circumstances.

Colombia's case illustrates how strategic litigation and constitutional reasoning can transform SRHR frameworks even in traditionally conservative societies.

6.3 INDIA'S MTP ACT AMENDMENTS

India's Medical Termination of Pregnancy Act, 1971, was one of the earlier liberal abortion laws globally, but it had several limitations rooted in marital status and gestational period.

The MTP (Amendment) Act, 2021⁴² addressed these gaps by:

- Extending the gestation limit from 20 to 24 weeks in specific cases.
- Allowing unmarried women to seek abortion under the same terms as married women.
- Protecting the confidentiality of the person undergoing the procedure.

In *X v. Principal Secretary, Health and Family Welfare Department*⁴³, The Supreme Court interpreted the amended MTP Act to include unmarried women, affirming that reproductive autonomy is not dependent on marital status.

⁴¹ Sentencia C-055/22, Constitutional Court of Colombia (Feb. 21, 2022).

⁴² Medical Termination of Pregnancy (Amendment) Act, 2021, No. 8 of 2021.

⁴³ *X v. Principal Secretary, Health and Family Welfare Department*, (2022) SCC Online SC 1321.

7. ROLE OF CIVIL SOCIETY AND ADVOCACY

Civil society plays a critical role in shaping SRHR discourse by influencing legal reform, empowering marginalized communities, and holding governments accountable through activism, litigation, and education.

7.1 NGOS, GRASSROOTS MOVEMENTS, AND LEGAL AID NETWORKS

Non-governmental organizations (NGOs), legal aid collectives, and grassroots movements are pivotal in advancing SRHR by providing legal representation, advocacy, and community support.

For instance, the Center for Reproductive Rights (CRR)⁴⁴ has used strategic litigation to challenge regressive abortion laws globally, including in Latin America and Sub-Saharan Africa.

Grassroots movements like Safe Abortion Action Fund (SAAF) and SAIGE (South Asia Initiative for Gender and Equity) have mobilized communities to assert reproductive rights in culturally sensitive ways.

7.2 MEDIA AND PUBLIC OPINION IN LEGAL REFORMS

The media plays an instrumental role in shaping public discourse and political will on SRHR issues. Investigative journalism and survivor testimonies have spotlighted violations and built momentum for legal change.

The death of Savita Halappanavar⁴⁵ in Ireland, widely reported by national and international media, sparked mass protests and ultimately contributed to the repeal of the Eighth Amendment.

Social media campaigns such as #MyBodyMyChoice and #LetHerChoose have galvanized youth participation and created global solidarity on abortion rights, contraceptive access, and bodily autonomy.

Legal awareness campaigns broadcast via radio, podcasts, and multilingual content have proven particularly effective in reaching rural and underserved populations.

⁴⁴ Center for Reproductive Rights, “Our Work,” available at <https://reproductiverights.org> (last visited on 23rd December, 2025).

⁴⁵ The Guardian, “Savita Halappanavar: Death That Shook Ireland” (Nov. 2012), available at <https://www.theguardian.com>.

8. RECOMMENDATIONS FOR STRENGTHENING SRHR FRAMEWORKS

To ensure the full realization of sexual and reproductive health rights (SRHR), legal reforms, judicial training, community participation, and stronger international accountability mechanisms are crucial.

8.1 LAW REFORM STRATEGIES

Legal reforms should aim to eliminate discriminatory laws, reduce barriers to healthcare, and ensure comprehensive access to SRHR services.

- **Decriminalize Abortion:** Many countries still have restrictive abortion laws that punish women and healthcare providers. Lawmakers should repeal criminal abortion laws and adopt frameworks based on public health needs rather than criminalization⁴⁶.
- **Expand Access to Contraceptive Services:** Governments should remove legal, financial, and social barriers to contraceptive access, particularly for marginalized groups like low-income women, adolescents, and rural populations⁴⁷.
- **Implement Comprehensive Sexual Education:** National policies should mandate age-appropriate, evidence-based sexual and reproductive health education in schools, covering consent, contraception, and sexual rights.

8.2 YOUTH AND COMMUNITY ENGAGEMENT

Engagement at the community level is essential for fostering grassroots advocacy, legal awareness, and systemic change in SRHR.

- **Empower Youth as Advocates:** Youth-led movements and organizations play a critical role in changing societal norms around SRHR. Governments and NGOs should support youth-led initiatives to raise awareness on sexual rights, reproductive justice, and safe healthcare access⁴⁸.
- **Enhance Legal Literacy Programs:** Community-based legal literacy initiatives should be scaled up to equip individuals with the knowledge necessary to claim their SRHR. These programs

⁴⁶ International Human Rights Clinic, “Abortion Law Reform: Ensuring Safe Access and Gender Equality” (2020), available at <https://www.law.harvard.edu>.

⁴⁷ World Health Organization, “Ensuring Access to Family Planning” (2021), available at <https://www.who.int>.

⁴⁸ Youth Coalition for Sexual and Reproductive Rights, “Empowering Young Advocates for SRHR” (2021), available at <https://www.youthcoalition.org>.

should focus on marginalized and rural communities, integrating SRHR with broader human rights education.⁴⁹

8.3 STRENGTHENING INTERNATIONAL ACCOUNTABILITY MECHANISMS

Global frameworks play an important role in ensuring that states adhere to their international commitments to SRHR.

- Enhance Monitoring by UN Treaty Bodies: Strengthen the work of CEDAW, ICESCR, and CRC committees by encouraging states to adopt and implement the recommendations of these bodies, especially regarding abortion, contraception, and adolescent sexual health⁵⁰.
- Use International Courts for SRHR Enforcement: Courts such as the Inter-American Court of Human Rights and European Court of Human Rights should continue to adjudicate SRHR cases and clarify how international law applies to reproductive rights in the face of restrictive national laws.⁵¹
- Strengthen International Accountability Mechanisms: Strengthen state accountability through the Universal Periodic Review (UPR) process at the UN and support the use of individual complaint mechanisms to hold governments accountable for violations of SRHR obligations.

9. CONCLUSION: TOWARD A RIGHTS-BASED FUTURE FOR SRHR

Sexual and reproductive health rights (SRHR) are fundamental human rights that ensure individuals' autonomy, dignity, and access to necessary healthcare services. The legal and policy frameworks governing SRHR must be rooted in human rights principles, recognizing the inherent equality and autonomy of all individuals, regardless of gender, age, or socio-economic status.

⁴⁹ Nazdeek, "Legal Empowerment in Rural Communities: A Case Study of Health Rights" (2022), available at <https://www.nazdeek.org>.

⁵⁰ Committee on Economic, Social and Cultural Rights, General Comment No. 22 (2016), available at <https://www.ohchr.org>.

⁵¹ Inter-American Court of Human Rights, *Artavia Murillo et al. v. Costa Rica* (2012), available at <https://www.corteidh.or.cr>.

9.1 INTEGRATING POLICY AND LEGAL ROUTES

A clear strategy that includes community involvement, judicial activism, legal reform, and international accountability systems is necessary to achieve complete SRHR. The main goals of legal reforms should be to decriminalize abortion, increase access to contraception, protect maternal health, and defend the rights of underrepresented groups, such as LGBTQ+ individuals and those with disabilities. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) focus on the right to health and nondiscrimination. These documents must be the foundation for these reforms.

Judicial activism has been key in advancing SRHR. It has done this through important rulings that challenge restrictive laws and promote reproductive autonomy. Courts in various places, from Ireland to Colombia, have decriminalized abortion, increased healthcare access, and confirmed the right to make independent reproductive choices. These rulings highlight the judiciary's important role in shaping and protecting SRHR within legal systems.

International human rights treaties and monitoring bodies, like the UN CEDAW Committee and the CESCR, offer vital guidance for improving national legal frameworks. Recommendations and general comments from these bodies are crucial for interpreting SRHR obligations and holding states accountable for failing to uphold these rights.

9.2 THE POTENTIAL OF INCLUSIVE, EQUITABLE SRHR LAW

The path forward for SRHR legislation involves creating inclusive, gender-sensitive, and intersectional approaches. These should not only focus on access to reproductive health care but also tackle the social, cultural, and economic barriers that different groups face in claiming their rights.

Inclusive SRHR legislation must meet the needs of marginalized and vulnerable populations, ensuring equal access to healthcare services. This requires removing obstacles that prevent women, LGBTQ+ individuals, and people with disabilities from accessing essential health services like abortion care, contraceptive services, and post-abortion care. Additionally, integrating SRHR education into the national curriculum will help individuals make informed choices about their bodies and health, promoting respect for reproductive rights.

The strength of SRHR lies in its power to improve dignity, equality, and autonomy for everyone, without coercion, discrimination, or stigma. Through thoughtful legal reforms that incorporate human

rights principles and align national laws with international standards, societies can ensure individuals not only have the freedom to enjoy their sexual and reproductive rights but also can fully benefit from these rights in practice.

With the combined efforts of global advocates, lawyers, and policymakers to strengthen SRHR mechanisms, we move closer to a future where everyone can exercise self-determination over their bodies, free from legal and social constraints. Envisioning a rights-based future is both achievable and essential for attaining global equality, justice, and health.