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# Reproductive Rights of Women with special reference to the State of Bihar

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## ABSTRACT

*Reproductive rights are one of the critical rights for women today which assures them the right to take autonomous decisions regarding their own bodies. While this right is not expressly laid down in the Constitution, it has evolved through judicial primarily derived from Article 21 of the Indian constitution.. Bihar is a state with one of the highest fertility rates. It is one of the most populated and poor states of the country with poor facilities for maternal care including high incidence of anemia among women, as well as high rates of malnutrition and stunting in children. The recent NFHS- 5 data has shown improved parameters including greater using of contraception. However, the critical questions remains whether this has been an outcome of increased autonomy in women to take decisions with respect to their own body. This article finds that any such presumption based on this data may be doubtful given contradictory perspectives coming out of other studies which indicate a very low status of women in the society and indicates more towards women subordination than her empowerment.*

**Keywords:** *Reproductive rights, contraception, Article -21, maternal health, autonomy.*

## I. INTRODUCTION

Reproductive rights ‘refer to a diversity of civil, political, economic, social and cultural rights affecting the sexual and reproductive life of individuals and couples.’<sup>2</sup> Reproductive right of women or right to reproductive choice of a woman means ‘that women have a right to choose whether or not to reproduce, including the right to decide whether to carry or terminate an unwanted pregnancy and the right to choose their preferred method of family planning and contraception.’<sup>3</sup> In India, reproductive rights have been recognized as part of a woman’s right to privacy, dignity and bodily integrity under the broad ambit of Article 21 of the Indian constitution in the case *Justice K S Puttaswamy Vs Union of India 2017*.<sup>4</sup> In this case, the court

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<sup>2</sup> UNFPA The Danish Institute for Human Rights & UNHRC Reproductive Rights are Human Rights A Handbook for National Human Rights Institutions UN 2014 at <https://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf> (last accessed on 17th September 2021)

<sup>3</sup> Dr Carmel Shalev, Right to Sexual and Reproductive Health- the ICPD and the Convention on the Elimination of All forms of Discrimination Against Women, March 18, 1998 at <https://www.un.org/womenwatch/daw/csw/shalev.htm> (last accessed on 17th September 2021)

<sup>4</sup> Justice K S Puttaswamy Vs UOI (2017) 10 SCC 1

laid down the scope of this right as including right to carry a pregnancy to its full term, to give birth and to raise children. Any substantive improvement in empowerment of women would mean their increased ability to exercise the requisite autonomy and discretion to make choices with respect to different components of reproductive right.

The Government of Bihar has been pro-active in making numerous policies and law based interventions in its effort to improve the situation of women and girls in the state (Mukhya Mantri Nari Shakti Yojana, Mukhya Mantri, Mukhya Mantri Kanya Suraksha Yojana, Mukhya Mantri Kanya Utthan Yojana, Mukhyamantri Balika Poshak Yojana, Mukhyamantri Balika Sakhi Yojana, Jeevika, reservation of 33% for girls in engineering and medical colleges educational, women exclusive self help groups - Jeevika).<sup>5 6</sup>

According to the NFHS -5 data, Bihar has shown phenomenal increase in the use of contraceptives. Data reveals that the use of contraceptives has increased from 24.1 % to 55.8 % per cent.<sup>7</sup> Following chart shows the preference of different contraceptive methods in Bihar as per NFHS -4 and NFHS -5.

Current use of family planning methods (15-59 years)	NFHS 2019-20		NFHS 2015-16	
	Urban	Rural	Urban	Rural
Any Method	62.3%	54.6%	43.8%	34.9%
Any Modern Method	47.0%	43.9%	41.8%	34.1%
Female Sterilization	31.8%	35.3%	34.8%	31.5%
Male Sterilization	0.2%	0.1%	0.1%	0.0%
IUD/PPIUD	1.3%	0.7%	2.0%	0.7%
Pill	3.6%	1.8%	0.7%	0.8%

<sup>5</sup> IWWAGE Policies and Programmes for Women and Girls Bihar at <https://iwwage.org/wp-content/uploads/2020/07/Bihar.pdf> (last accessed on 18th September 2021)

<sup>6</sup> Utkarsh Kumar Singh Bihar CM announces 33% reservation for girls in engineering and medical colleges of Bihar India Today, June 3, 2021 at <https://www.indiatoday.in/education-today/news/story/bihar-cm-announces-33-reservation-for-girls-in-engineering-and-medical-colleges-of-bihar-1810363-2021-06-03> (last accessed on 18th September 2021)

<sup>7</sup> Deepak Pihal, Jumki Kundu, Harshita Chari Use of Contraceptives in Bihar doubles in 5 years: NFHS-5 5 febraury 2021 at <https://www.downtoearth.org.in/blog/health/use-of-contraceptives-in-bihar-doubles-in-5-years-nfhs-5-75394> (last accessed on 18th February 2021)

Condom	7.3%	3.4%	3.2%	0.9%
Injectables	1.1%	1.1%	NA	NA

Along with various government schemes, working towards preventing child marriages and encouraging education of girl child through various schemes and incentives seems to be yielding results as educated girls may be aware of the importance and benefits of using family planning methods. The NFHS -5 data reveals slight decline in female sterilization in urban areas and increase of approximately the same rate in rural areas. However the contraceptive methods are in majority practiced by women including female sterilization which remains the dominant contraceptive method. However, on remarkable growth has been noticed and that is use of condoms has increased both in urban and rural areas. Overall, it is the other methods, use of condoms and growth of use of contraceptives in rural areas which has led to this phenomenal change. Simultaneously, the data also reveals almost 5% decline in spousal violence.<sup>8</sup> The total fertility rate too has now declined from 3.0% to 2.4%.

However, there are pertinent observations regarding situation of women in Bihar in other datas which may not positively correlate with the empowering trend of the NFHS-5data.

The question therefore is whether there has been a substantive increase in women's ability to assert her reproductive rights correlative to the progress shown in NFHS -5. To assess this, the article seeks to (1) identify the scope of reproductive right at (a) International and (b) national level and thereafter (2) evaluate other available data and studies to conclude if the improvement in NFHS -5 data is an indication of ground level changes in position of women in the Bihari society, (3) Lastly, it will attempt to suggest the way ahead.

## II. REPRODUCTIVE RIGHTS- INTERNATIONAL

A woman's body is political. It has been at the heart of multifarious patriarchal control. The political, social, economic, religious edifices reveal innumerable interplays of overt and subtle structures of patriarchal control leading to rampant violence, injustice, discrimination, neglect, abuse and 'mis' appropriation of women labor (physical and mental) and body. These structures of control come in direct conflict with human rights which guarantee equality, non discrimination and freedom to all irrespective of gender (with inherent biases which remain under scrutiny) Women's reproductive right sits at the interface of human rights and health

<sup>8</sup>IWWAGE Policies and Programmes for Women and Girls Bihar at <https://iwwage.org/wp-content/uploads/2020/07/Bihar.pdf> (last accessed on 18th September 2021)

<https://iwwage.org/wp-content/uploads/2020/07/Bihar.pdf>

which is subject to patriarchal onslaught.

At the International level, it was the critical realization that women's health cannot be assured unless her human rights are guaranteed that propelled the evolution of reproductive rights.<sup>9</sup> However, it was simultaneously affirmed that reproductive rights of women would also require exclusive attention and merely guaranteeing other human rights would not automatically assure reproductive rights.<sup>10</sup>

The Cairo Programme of Action defines Reproductive Rights as '*a constellation of freedoms and entitlements that are already recognized in national laws, international human rights instruments and other consensus documents. Reproductive rights refer to a diversity of civil, political, economic, social and cultural rights affecting the sexual and reproductive life of individuals and couples.*'<sup>11</sup> '*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 as expressed in human rights documents.*'<sup>12</sup> The International Covenant on Civil and Political Rights, International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, International Covenant on Economic, Social and Cultural Rights, Convention on the Elimination of all forms of Discrimination against Women (CEDAW) (articles 12 and 16), Programme of Action of the International Conference on Population and Development ['Cairo Programme of Action'], Beijing Declaration and Platform for Action, Sustainable Development Goals are the landmarks in international law which address these rights. Non-Discrimination and Equal Treatment, Right to life, Right to physical integrity, right to marry and found a family, right to privacy and family life, right to information and education, right to the highest attainable standard of health, right to benefit from scientific progress are the international rights laid down in the above conventions from which the reproductive rights have been derived. The Cairo Programme of Action recognizes that the promotion of reproductive rights would require equitable gender relations and autonomy for women.<sup>13</sup>

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<sup>9</sup> Lynn P Freedman and Stephen L Isaac Human Rights and Reproductive Choice Vol 24 No 1 (Jan-Feb 1993, pg 18-30 Studies in Family Planning

<sup>10</sup> id

<sup>11</sup> UNFPA The Danish Institute for Human Rights & UNHRC Reproductive Rights are Human Rights A Handbook for National Human Rights Institutions UN 2014 at [https://www.ohchr.org/Documents/Publications/NHR\\_IHandbook.pdf](https://www.ohchr.org/Documents/Publications/NHR_IHandbook.pdf) (last accessed on 17th September 2021)

<sup>12</sup> Cairo Programme of Action at [https://www.unfpa.org/sites/default/files/pub-pdf/programme\\_of\\_action\\_Web%20ENGLISH.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf) (last accessed on 20<sup>th</sup> September 2021)

<sup>13</sup> Id pgs 28-29

The content and scope of reproductive rights has however remained an area of deliberation in International law. While on one hand, some scholars propose to confine it to Article 16(1) (e) of Convention on Elimination of All forms of Discrimination against Women (CEDAW) dealing primarily with right to found a family, the right to decide freely and responsibly the number and spacing of one's children, right to access to family planning information and education and the right to access to family planning information and education, right to access to family planning methods and services.<sup>14</sup> Other set of scholars consider reproductive right to be of wider ambit including the right to life, right to health, right to personal freedom, security and integrity, right to be free of sexual and gender violence, the right to decide the number of spacing of one's children, right to privacy, right to equality and non discrimination, right to consent to marriage and equality in marriage, right to employment and social security, right to education and information, right to be free from practices that harm women and girls, the right to benefit from scientific progress.<sup>15</sup> It is critical to recognize here that the International Conference on Population and Development (ICPD) under the UN which introduced the concept of sexual and reproductive health and reproductive rights recognized personal autonomy as key to reproductive rights.<sup>16</sup> Freedman and Issacs too recognize that respecting woman's autonomy forms one of the fundamental pillars of any regime designed to address women's reproductive right.<sup>17</sup>

### III. REPRODUCTIVE RIGHTS – INDIA

The approach of Indian law makers with respect of reproductive and health related laws has been more to achieve demographic targets than to secure rights of the citizens, especially women. Indian courts have interpreted reproductive rights in numerous judgments recognizing the reproductive rights of women. Some of the most important of these judgments are *Laxmi Mandal vs Deen Dayal Harinagar Hospital and others*, *Jaitun vs Maternity Home, MCD, Jangpura and Others*, *Sandesh Bansal vs UOI*, *Devika Biswas Vs UOI and others*, *Suchita Srivastava and Anr v Chandigarh Administration (2009) 11 SCC 409*, *Hallo Bi Vs State of Madhya Pradesh and others*, *Association of Social Justice & Research Vs Union of India & Others*, *T Shivakumar vs Inspector of Police*, *Justice K S Puttaswamy Vs Union of India*, *Navtej Johar v. Union of India* and *Joseph Shine v. Union of India*. These judgments recognize the

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<sup>14</sup>Max Planck Encyclopedia of Public International Law Reproductive Rights, International Regulation at <https://www.corteidh.or.cr/tablas/r16912.pdf> (last accessed on 20<sup>th</sup> September 2021)

<sup>15</sup> Id

<sup>16</sup> Programme of Action adopted at the International Conference on Population and Development Cairo – 5-13 September 1994 at [https://www.unfpa.org/sites/default/files/pub-pdf/programme\\_of\\_action\\_Web%20ENGLIS H.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLIS H.pdf) (last accessed on 20<sup>th</sup> September 2021)

<sup>17</sup> Supra at note 10

courts obligation to indict laws which may reflect ‘discriminatory stereotypes’ and infringe women’s sexual and reproductive autonomy, including women’s right to make reproductive choices.

*Justice K S Puttaswamy case Navtej Johar vs Union of India, Joseph Shine vs Union of India and Devika Biswas Vs UOI and others* are significant cases recognizing autonomy and liberty as an integral part of human dignity which forms an intrinsic part of Right to Life under Article 21 of the Indian constitution. In *Puttaswamy*, the Supreme Court had recognised that right to privacy would include the sanctity of family life, marriage, **procreation**, the home and sexual orientation. In *Anuj Garg*<sup>18</sup> case, the court had held that autonomy involves both non interference in a person’s right and right **to make decision about one’s life**, express oneself and choose activities he/she wishes to participate in/carry on. *Navtej Johar*<sup>19</sup> discussed in detail the right to autonomy. The Supreme Court quoted with approval from both *Anuj Garg* and *Puttaswamy* case. The court elaborated on autonomy referring among others, the US Supreme Court decision *Southeastern Pa. v. Casey*, that individual has sovereignty over one’s body and it is the autonomy which creates an individual’s identity and becomes a part of dignity in an individual. However, the *Navtej Johar* case and the subsequent *Joseph Shine* case mark a shift in the court’s approach towards women’s reproductive rights from Right to life (privacy) which was based to be further based on Right to Equality and non discrimination under the Indian constitution. However the judgments fall short of creating a clear link between reproductive autonomy and equality.<sup>20</sup>

A recent judgment of the Supreme Court in *Z vs State of Bihar*<sup>21</sup> is relevant in this discussion as it also throws light on the court’s interpretation of the reproductive right and the social context of Bihar. The case related to termination of a pregnancy resulting from rape. Despite having expressed her desire to abort her pregnancy within the time frame mandated by the Medical Termination of Pregnancy Act 1971, the same was not conducted as the woman was found to be mildly mentally retarded.<sup>22</sup> However, according to the Act, only if the woman is ‘mentally ill’ person (definition of mentally ill person excludes ‘mentally retarded from its definition in section 2 (b) of the Act). The High Court refused to grant relief to the woman on

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<sup>18</sup> Anuj Garg vs Hotel Association of India & Ors AIR 2008 SC 663

<sup>19</sup> Navtej Jauhar Vs Union of India Writ Petition (Criminal) No. 76 of 2016

<sup>20</sup> Reimagining Reproductive Rights Jurisprudence in India- Reflections on the recent decisions on Privacy and Gender Equality from the Supreme Court of India Dipika Jain and Payal K Shah Vol 39 No 2 (2020) <https://doi.org/10.7916/cjgl.v39i2.5673>

<sup>21</sup> Z vs State of Bihar: Reproductive Autonomy and State Liability Mrinal Satish Journal of Victimology and Victim Justice 3(!) 128-137, 2020 DOI: 10.1177/2516606920927319

<sup>22</sup> <https://journals.sagepub.com/doi/full/10.1177/2516606920927319>

the basis of very 'factual interpretation', that the rape in fact had not caused a grave mental injury to the woman and therefore pregnancy could not be terminated. However, the Supreme Court held that in cases of rape, it must be **presumed** that pregnancy would cause grave mental injury. The Supreme Court also upheld the reproductive autonomy of the woman by clarifying that no permission from any other person except the woman is required in order to terminate pregnancy except the exception of 'mental illness' or minority' (below the age of 18 years). The Supreme Court pointed out the insensitivity of the state authorities in handling the case and stressed on the need of expeditious and sensitive handling of such matters both by the government authorities and the courts.

The Indian courts have therefore sought to evolve and recognize the reproductive autonomy of women and have expressly recognized autonomy as an integral part of this right. Reproductive autonomy has been derived from Right to Privacy based on Right to Life and Dignity in Article 21 of the Indian constitution. However, Right to privacy remains a very limited right subject to restrictions and curtailment. Further, autonomy based on privacy rights loses out on appreciating that privacy benefits only the privileged section of women. Women who are trapped within a patriarchal violent and abuse private spaces are unable to exercise the right to autonomy as privacy is enjoyed within the patriarchal social structure of family and community within which discrimination, inequality, gender based violence are not only institutionalized but also internalized by women. It remains imperative therefore, as pointed out by Jain and Shah, that reproductive rights of women not only derive from right to life but also right to equality and non discrimination.

#### **IV. STUDIES ON REPRODUCTIVE RIGHTS OF WOMEN IN BIHAR**

The various studies in the state of Bihar with respect to reproductive rights indicate that increase in use of population control measures, does not indicate greater reproductive autonomy of women and therefore substantive improvement in their reproductive rights and empowerment.

For instance, the NCRB data shows an increase in crime against women by 15% in the year 2018 in comparison to the previous year.<sup>23</sup> Further, a comparative study of the NFHS -5 data and the NCRB data reveals that there is 'systematic underreporting of incidents of domestic violence, largest underreporting coming from the state of Bihar.'<sup>24</sup> Bihar also figures in the list

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<sup>23</sup> Shaheen Nezami Bihar: 15% rise in crimes against women in 2018, says NCRB Jan 11, 2020 The Times of India at <https://timesofindia.indiatimes.com/city/patna/15-rise-in-crimes-against-women-in-2018-ncrb/articleshow/73194606.cms> (last accessed on 20th September 2021)

<sup>24</sup> Payal Seth Decoding the Extent to which Domestic Violence is under-reported in India 12<sup>th</sup> february 2021 The Wire at <https://thewire.in/women/domestic-violence-india-underreported> (last accessed on 21st September 2021)



of lowest female workforce participation in India.<sup>25</sup> Number of women in regular employment has increased in 2017-18 (in line with the national trend) but there is a significant decline in the share of women in self employment both in rural as well as urban areas of Bihar (more than national level)<sup>26</sup> Though child marriage has seen a marginal dip from NFHS -4, it still remains at a staggering 40.8%. Further, Bihar also has one of the highest fertility rates of three children per woman.<sup>27</sup> NFHS-5 data also reveals a declining sex ratio in Bihar which is a critical indictment on status of girls in the state.<sup>28</sup> Bihar is also witnessing an increase in number of anemic women, a trend reversal since last several years.<sup>29</sup>

Latest study in Reproductive Rights of women in Bihar reveals that ‘while there are some improvements in this period, multiple indicators emerging from social and institutional determinants continue to show poor SRH (sexual and reproductive health) of women in the state.’<sup>30</sup> Some of the factors which would adversely affect a woman’s sexual autonomy and have been identified in this study as prevailing in Bihar are early marriage and fertility, poor maternal health with 75-80 % women having not received folic acid and iron tablets, slight decline in number of women who were inoculated against neonatal tetanus, more than 40% women who became mothers were not attended by any health professional. The study refers to the Registrar general’s sample registration system to highlight that in Bihar the MMR (maternal mortality rate) according to the 2016-18 is 149 (national average being 113). Atleast one in four women have BMI below normal and 63.5% of pregnant women in the age of 15-49 years are anaemic reflecting unequal food distribution within households. In addition, the per capita expenditure on health in Bihar is very low according to the study.

Similarly a study conducted by the University of California San Diego, on ‘Association between intimate partner violence and reproductive and health issues’ in Bihar showed that 45.1% of participants ( women who had given birth to a child within 23 months of the date of assessment), had reported intimate partner violence ever.<sup>31</sup> This study clearly reveals the urgent

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<sup>25</sup> <https://iwwage.org/wp-content/uploads/2020/03/Bihar-Factsheet-3.pdf>

<sup>26</sup> Ibid

<sup>27</sup> Kumar Das, 94% of Women in Bihar know about contraception. Yet only 20% of them use it Jul 24, 2019 The Scroll at <https://scroll.in/article/931491/94-of-women-in-bihar-know-about-contraception-yet-only-20-of-them-use-it> (last accessed on 20th September 2021)

<sup>28</sup> Aditi Tandon Worrying sex ratio trend in 8 states December 14, 2020 The Tribune India at <https://www.tribuneindia.com/news/nation/worrying-sex-ratio-trend-in-eight-states-184002> (last accessed on 21st September 2021)

<sup>29</sup> Rakesh Parashar and Phalasha nagpal How is India’s Economy affecting health ? Look at rise in anaemia among Women 24 December 2020 The Print at <https://theprint.in/opinion/how-is-indias-economy-affecting-health-look-at-rise-in-anaemia-among-women/572904/> (Last accessed on 21<sup>st</sup> September 2021)

<sup>30</sup> EPW- Status of Women’s Reproductive Rights in the state of Bihar September 2021 at <https://www.epw.in/journal/2021/37/commentary/status-womens-reproductive-health-bihar.html#> (accessed on 10<sup>th</sup> September 2021)

<sup>31</sup> <https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-018-0551-2.pdf> (12th

need to associate reproductive rights and autonomy to right to equality. The study clearly reveals that wealthy and employed women have greater access to abortion than other women-one of the reasons being less autonomy in such women. It was found in this study that bank accounts, mobile phones was associated with less intimate partner violence and still births respectively. It was also found that there was lesser chance of intimate partner violence where women owned asset.

The ICRW Assessment study <sup>32</sup> (2014) discusses the poor infrastructural and human resource in providing sterilization and family planning services in the district head quarters, sub divisional hospitals and primary health centres. Another study (2018) reveals increase in use of contraceptive methods, especially increase in use of sterilization but is unable to decipher any predictable pattern in spacing it, identifies low use of contraceptives in poor and older women and also among muslims.<sup>33</sup> Anant Kumar's piece 'Role of Males in Reproductive and Sexual Health Decisions'(2017)<sup>34</sup> identifies the poor involvement of men in reproductive health and rights are a barrier in effective exercise of reproductive health for women.

## V. CONCLUSION

The NFHS-5 data may reveal improvement in the use of population control measures but it may not necessarily lead to greater reproductive right of women. Whether the women now are able to decide the spacing between children, the number of children they wish to bear and discretion in sexual relationship depends on reconstruction of prevailing gender norms. The fact that studies reveal gender based violence against women including intimate partner violence and under reporting of these acts indicates little change in the social status of women in the society. Bihar is one of the most backward states of the country and women suffer from deep rooted

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September 2021) 'indicated that women reporting IPV were significantly more likely to indicate greater sociodemographic vulnerability including low to no education, a husband with low to no education, and early marriage. (See Table 1.) IPV was also more likely among older women and those with higher parity, as well as those not reporting 4+ ANC visits or a skilled birth attendant (SBA) for the index pregnancy. In terms of economic indicators, IPV was associated with lesser wealth, lack of female work force participation in the last 12 months, and not having a bank account or phone, which were all significantly correlated with each other' and ..' those who experience such violence, are significantly more likely to report miscarriage, stillbirth, and abortion, as well as maternal health complications, compared to women who had not faced violence from their husbands. These findings highlight the importance of the health care sector in terms of screening for IPV and supporting women with IPV histories as they appear to experience a disproportionate burden of high risk pregnancy outcomes.'

<sup>32</sup> Achyut P., Nanda P., Khan N., and Verma R. (2014). Quality of Care in Provision of Female Sterilization and IUD Services: An Assessment Study in Bihar. New Delhi, International Center for Research on Women at <https://www.icrw.org/wp-content/uploads/2016/10/QoC-Bihar-Report-FINAL.pdf> (accessed on 10th September 2021)

<sup>33</sup>Ranjan Kumar Prusty, Amit Bhanot, HAnimi Reddy, Ranjan Kumar Panda Trends in Contraceptive Use and Method Mix from Equity Perspective in the Past Two Decades: Evidence from Two East Indian States Global Journal of Reproductive Medicine Vol 4, Issue 1, March 2018 at <https://juniperpublishers.com/gjorm/pdf/GJORM.MS.ID.555626.pdf> (last accessed on 11th September 2021)

<sup>34</sup> Anant Kumar Role of Males in Reproductive and Sexual Health Decisions 10.2139/ssrn.1349894

structural discrimination on the basis of caste, class, gender, etc. These biases adversely impact woman's identity and dignity and is so deeply internalized that these biases are celebrated rather than spurned. While many policies relating to empowerment of women has been launched by the Government of Bihar including legislations like prohibition of alcohol, they seem to have only marginally impacted the social status of women in the state. A dire need therefore is felt to assess holistically the gaps in the policy and legal regime in the state and to address the same at the urgent basis if any substantive improvement in women's condition is to be sought.

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