



## **COURSE MANUAL**

# **REPRODUCTIVE JUSTICE AND THE LAW**

Course Conceptualized by Prof. (Dr.) Dipika Jain

**Course Code: L-EC-0012**

### **COURSE INSTRUCTOR:**

Prof. Radhika Nair

### **Visiting Faculty:**

Dr Alka Barua, CommonHealth

**FALL 2026  
(AY 2026-27)**

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## Part I

Title: Reproductive Justice and the Law Clinic

Duration: 1 Semester (Fall 2026)

Number of Credits: 4 credits (B.A.LL.B.; LL.B. BA. L.S.)

Level: Undergraduate level

Medium of Instruction: English

Pre-requisites: Nil

Pre-cursors: Nil

## Part II

### 1. Acknowledgement

This course was designed and conceptualized by Professor (Dr.) Dipika Jain.

### 2. Course Description

Over the course of the 21st Century, there have been several developments in India that have furred debate and discussion on issues pertaining to sexual and reproductive health. In the 1960s and 1970s, family planning occupied more and more of the state's development agenda. Family planning was positioned as necessary for economic and social developments, and women were called upon to curtail reproduction as their "duty" to the state. Scholars argue that instead of targeting and rectifying structural causes of inequality, such as unequal land distribution, caste-based injustices, and patriarchal norms, "family planning" and "population control" were marketed as the magic cure to inequality. Policies took on increasingly coercive and violent tactics, especially impacting historically disenfranchised people such as Dalit, Bahujan and Adivasis people, and Muslims. This came to a head during the Emergency era, when 'family planning' was violently enacted on men's bodies through forced sterilizations. This course will critically explore reproductive politics and law discourse on abortion, contraception, population control measures of the State, maternal mortality among other things.

Recently, there have been significant developments in the domain of sexual and reproductive health, with the passage of the amendment to the Medical Termination of Pregnancy Act, 2021 being the most recent development on that front. The enactment of laws and policies that aim to address the sexual and reproductive health needs of the population have been critiqued for lacking a rights-based approach to SRHR. These have also raised concerns when it comes to address issues like rising maternal mortality rates, lack of access to abortions, unavailability of contraceptive services, among others. An estimated 47 million pregnancies occur in India each year, with a significant 45% of these being unintended. As per studies, records from 2019 show that 27% of the women population that

are of reproductive age do not have access to modern methods of contraception. On the issue of maternal health and mortality too, though some progress has been made through the interdiction of schemes like the Janani Suraksha Yojana, there are significant gaps in health coverage for both persons of reproductive age in India, Further, when it comes to abortions, there are significant barriers to access safe abortions for women owing to the social stigma and the lack of a rights-based legislation securing the same.

There is, therefore, a need for legislative and policy reform that gives pregnant persons the autonomy to make informed choices, which in effect facilitates the decreases in numbers of unintended pregnancies, unsafe abortions and maternal deaths. The lack of engagement on issues pertaining to SRHR within the legal curriculum is often mirrored in legislative & policy measures that have shaped the discourse on subjects like abortion and contraception in India. These are often removed from the needs and demands of the movement and do not adopt a rights-based approach to SRHR. Over the course of the last few years, CJLS along with other civil society organization and individuals has been actively engaged with the grassroots movements advocating for the advancement of SRHR and has partnered with several key organizations in the field to bring about legislative and policy interventions and reforms to reframe the law on abortions and sexual and reproductive health. Most recently, we have been involved in the drafting of the rules for the MTP Act to ensure that the rights of the most vulnerable and marginalized groups are secured under the law. In view of the same, CJLS, in collaboration with CommonHealth will offer a one year long clinical course on Reproductive Justice and the Law within an intersectional framework.

It is imperative that the laws around reproductive rights take into consideration the needs of many marginalized groups such as Dalit and Adivasi persons, persons with disabilities, adolescent, people living below the poverty line, transgender persons, sex workers and others who face additional challenges in access to abortion or reproductive healthcare. This course will be implemented within an intersectional framework. This will be is the first of its kind collaborative clinic in Indian on SRHR.

The clinic will span the duration of one semester and will be divided into two components, the first being the theoretical part and the second will be focused on the project/field work. In the first half of the clinical curriculum, the students will engage with critical scholarship on reproductive rights, feminism, reproductive justice, conscientious objection in abortion services, importance of clinical courses, introduction to student journal and introduction to other important skills like interview skills, writing skills, structuring a brief etc. The second component of the clinic will be focused on a policy brief on functioning of medical boards and recommendations for its roles and responsibilities.

### PART I

The first part of the clinical curriculum will focus on apprising the students with the origins and evolution of norms and politics on SRHR and the legal framework on abortion and reproductive health in India. Drawing on case-law from India as well as legal developments globally, the clinic will explore the challenges to advancing sexual and reproductive justice within the socio-cultural context of India with a particular emphasis on intersectional discrimination and the barriers to accessing SRHR for persons from marginalized communities, among other issues.

### PART II

Since the enactment of the MTP Amendment Act, 2021, States and Union Territories have been mandated to establish Medical Boards comprising a gynecologist, a radiologist or sonologist, a pediatrician, and other members as prescribed by the State. These Boards are empowered to decide on abortion services beyond 24 weeks of gestation in cases involving substantial anomaly. This requirement via the recent amendment introduces a layer of third-party authorization into abortion care that was never envisaged in the original MTP Act of 1971.

International human rights law and global public health frameworks have consistently identified third-party authorization as a significant barrier to accessing safe and timely abortion services. The Indian courts have increasingly relied on Medical Boards to provide expert opinion, effectively legitimizing their role as gatekeepers to abortion access. This reliance has converted what should be an individual's medical decision into a bureaucratic process that can delay or even deny access to care, delays that are especially dangerous given the time-sensitive nature of abortion.

This Clinical Project will critically examine the functioning of Medical Boards based on the research and analysis already conducted by the Clinic on judgments from the High Courts and the Supreme Court from 2021-25. The project will culminate in a Policy Brief providing recommendations or guidelines for Medical Boards, offering a roadmap for dismantling barriers and reclaiming abortion as a matter of rights, not bureaucratic permission.

Key areas of focus will include:

- Legal obligation of Medical Boards in cases of medical termination of pregnancy after 24 weeks.
- Comprehensive review of Statutory framework, journal articles and reports.
- Critically analyze the legal and institutional frameworks governing access to abortion services in India, with a specific focus on the role and functioning of Medical Boards under the MTP Amendment Act, 2021.
- Develop policy-oriented legal writing skills by collaboratively drafting a Policy Brief that maps key structural barriers, synthesizes legal findings, and proposes rights-affirming reforms to improve abortion access in India.

The course will draw from case law, journal articles, reports, and workshop-format interaction with experts.

### **3. Course Aims**

The course will:

- develop advocacy skills;
- equip students with the skills of reflective learning and writing;
- inform students of the role of social movements and their interaction with the law;
- create a platform for students to engage directly with activists and community actors working on the ground and sensitize them to their challenges and issues;
- develop a critical understanding of the processes of law-making by legislative, judicial, administrative and informal law-making bodies;

- develop critical thinking in law through introduction of various school of thoughts and appreciation of critical feminist theory and law and marginalization;
- provide familiarity with legal structures, processes, and institutions;
- develop an interdisciplinary understanding of the concepts of law and justice;
- develop an interdisciplinary understanding of gender, law and politics;
- encourage legal reading and writing in a clear, coherent and critical manner;
- appreciate the practical aspects of the trans rights discourse on the ground;
- encourage students to take active part in the broader ecosystem on trans rights advocacy and scholarship.

At the end of the course, the student will:

- understand the interaction of gender, sex, and sexuality with the law and how the legal framework regulates each of these aspects of an individual’s identity;
- understand the historical development of the discourse on the rights of transgender and gender-variant persons in India, including the rational basis for the adoption of laws and policies and the repercussions of these on ground;
- develop the skills to demystify laws and work collaboratively with communities to inform their advocacy;
- develop an intersectional lens when analysing issues of social justice, including issues of gender identity and gender legal recognition;
- develop a critical understanding of the role of courts, judges and legislatures in gender justice;
- develop an appreciation for reflective writing and thinking;
- develop an appreciation for law and justice in the real world; and
- learn to work collaboratively with activists and social movements.

#### 4. Intended Learning Outcomes

Course Intending Learning Outcomes	Weightage	Teaching and Learning Activities	Assessment Tasks/ Activities
By the end of the course, students should be able to:			Students’ ability to grasp and critically evaluate the

<p>I. Critically read court decisions, statutes, scholarly legal opinions, and other legal material.</p> <p>II. Comprehend the principles and policies supporting legal decisions from multiple perspectives informed by various theories of Law.</p> <p>III. Critically engage with various mediums like films and writing on issues pertaining to SRHR to develop a socio-legal understanding of the subject.</p>	<p>30%</p>	<p>i. Lectures: Students will be introduced to a set of key texts and ideas in the critical tradition. These texts and ideas will be presented in conversation with each other.</p> <p>ii. Reading: Students will acquire the skills to do critical readings of texts.</p> <p>iii. Writing: Students will learn to critically think and write short reflection papers, condense dense legal material into comprehensible material and present coherent doctrinal and fundamental critical arguments.</p>	<p>topics/issues discussed in the syllabus will be tested through continuous assessments.</p> <p>Students will also be required to maintain a reflection journal through the duration of the course which must be updated on a weekly basis.</p> <p>Students will also be required to provide a brief reflection or comment on the material that they engage with, particularly the films and comparative literature.</p>
<p>I. Demonstrate an interest in an interdisciplinary approach to law and acquire basic knowledge on legal reasoning.</p>	<p>20%</p>		<p>Students will also be involved in the compilation of the Advocacy Manual that is the project part of the component.</p>
<p>I. Communicate critically, both orally and in writing, various perspectives in law.</p>	<p>50%</p>		

### 5. Grading of Student Achievement

To pass this course, students must obtain a minimum of 40% in the cumulative aspects of the coursework by attending all classes, submitting reflection papers and reflective journal entries, and contributing towards the clinic project.

The details of the grades as well as the criteria for awarding such grades are provided below.

PERCENTAGE OF MARKS	GRADE	GRADE VALUE	GRADE DESCRIPTION
80 and above	O	8	<b>Outstanding</b> – Exceptional knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules and principles and extraordinary critical and analytical ability

PERCENTAGE OF MARKS	GRADE	GRADE VALUE	GRADE DESCRIPTION
75 – 79	A+	7.5	<b>Excellent</b> - Sound knowledge of the subject matter, thorough understanding of issues; ability to synthesize ideas, rules and principles and critical and analytical ability
70 – 74	A	7	<b>Very Good</b> - Sound knowledge of the subject matter, excellent organizational capacity, ability to synthesize ideas, rules and principles, critically analyze existing materials and originality in thinking and presentation
65 – 69	A-	6	<b>Good</b> - Good understanding of the subject matter, ability to identify issues and provide balanced solutions to problems and good critical and analytical skills
60 – 64	B+	5	<b>Fair</b> – Average understanding of the subject matter, limited ability to identify issues and provide solutions to problems and reasonable critical and analytical skills
55 – 59	B	4	<b>Acceptable</b> - Adequate knowledge of the subject matter to go to the next level of study and reasonable critical and analytical skills.
50 – 54	B-	3	<b>Marginal</b> - Limited knowledge of the subject matter and irrelevant use of materials and, poor critical and analytical skills
45 – 49	P1	2	<b>Pass 1</b> – Pass with basic understanding of the subject matter
40 – 44	P2	1	<b>Pass 2</b> – Pass with rudimentary understanding of the subject matter
Below 40	F	0	<b>Fail</b> - Poor comprehension of the subject matter; poor critical and analytical skills and marginal use of the relevant materials. Will require repeating the course
Incomplete	I	0	<b>Incomplete</b> - “Extenuating circumstances” preventing the student from taking the end-semester, or re-sit, examination as the case may be; the Vice Dean (Examinations) at their discretion assign the “I” grade. If an "I" grade is assigned, the student would appear for the end-semester, or re-sit examination, as the case may be, as and when the subsequent opportunity is provided by the University.

## 6. Criteria for Student Assessments

	Assessment	Weightage	Remarks	Timeline
1.	<b>Weekly Journal entries</b>	20%	<p>(a). Students will submit and receive feedback during the scheduled feedback sessions</p> <p>(b). Minimum <u>six</u> journal entries have to be submitted and <u>four</u> will be graded for final assessment</p> <p>(c). Journal entries will be graded based on reflectivity and engagement with learnings from the clinical course</p> <p>(d). Timely submission is essential</p> <p><i>We will be setting up meetings after every journal entry submission for feedback and check-in.</i></p>	<p>To be submitted before <b>12:00 noon</b> by:</p> <p><b>15 August</b>  <b>29 August</b>  <b>12 September</b>  <b>26 September</b>  <b>10 October</b>  <b>24 October</b></p> <p><i>(These deadlines are final &amp; non-negotiable)</i></p>
2.	<b>Reflection Papers</b>	20%	<p>(a) Students are required to submit up to <u>three</u> reflection papers of which <u>two</u> will be graded for final assessment</p> <p>(b) Reflection papers should be:</p> <ul style="list-style-type: none"> <li>- based on at least one reading and one movie/documentary;</li> <li>- Introduce feedback and learnings from writing workshops and guest lectures;</li> <li>- well-structured (introduction, body and conclusion) and clearly written; and</li> <li>- reflective (i.e., the reflection paper should not merely summarize readings or other material).</li> </ul>	<p>To be submitted before <b>12:00 noon</b> by:</p> <p><b>15 August</b>  <b>29 August</b>  <b>12 September</b>  <b>26 September</b>  <b>10 October</b></p> <p><i>(These deadlines are final &amp; non-negotiable)</i></p>
3.	<b>Class Participation</b>	10%	Based on individual interactions in class and feedback sessions, participation in lectures, in-class engagement with readings and other materials, and engagement during guest lectures	Ongoing

	Assessment	Weightage	Remarks	Timeline
4.	<b>In-class Assessments</b>	10%	Based on participation and performance in in-class assessments like writing workshops, exercises or pop-quizzes	Ongoing
5.	<b>Stakeholder Consultation and Final project</b>	40%	Based on participation in group assignments, preparation for and participation in the Stakeholder Consultation, preparation of materials and presentation for the Consultation, incorporation of learnings and recommendations from experts, consultants, faculty and guests received through consultative processes, and submission of final draft of the Policy Brief	Ongoing
<b>Total</b>		<b>100%</b>		

### 7. Monthly Clinic Hours

Please note that attendance is mandatory for all classes, guest lectures and workshops. In addition, students will be divided into groups and each group will attend once a month Clinic Hours outside of regularly scheduled classes. These Clinic Hours are mandatory and attendance will count towards class participation. (Dates, Time and Venue TBA.)

### 8. Office Hours

Students are advised to attend office hours aimed at providing feedback for journal entries and reflection papers as well as for general check-ins, related but not limited to individual performance in class and in group assignments. There will be dedicated hours for these meetings each week on fixed days and a sign-up sheet will be shared prior to the sessions.

Participation and attendance during these meetings will be counted towards class participation marks.

## Part III

### Submissions and Communications

#### **Guidelines for Journal Entries**

- All journal entries should be uploaded in a word document in Times New Roman, Size 12, justified.
- The word limit for journal entries is 650-800 words
- The name of the file should be your name followed by the journal entry number or reflection paper number, such as, “RadhikaNair\_JE1” for journal entries
- Journal entries should be:
  - personal and original
  - written in the first-person narrative voice;
  - based on insights and reflections on the ideas and themes introduced in the clinical course;
  - reflective, with the intention to integrate understandings gained from the clinical course into deconstructing and reflecting on one’s experiences, interaction, past experiences or future hopes;
- Journal entries will be confidential and will only be accessed by the faculty supervisor. Feedback will be similarly confidential.
- Please ONLY submit the entries using the MS form link which will be shared via email
- At least one journal entry is to be submitted by **12:00 pm every other Saturday** within the following deadlines:  
Journal Entry 1: **15 August**  
Journal Entry 2: **29 August**  
Journal Entry 3: **12 September**  
Journal Entry 4: **26 September**  
Journal Entry 5: **10 October**  
Journal Entry 6: **24 October**

Minimum six journal entries have to be submitted and four will be graded for final assessment

*Feedback will be provided in the week after the deadline for the respective journal entry has passed.*

### **Guidelines for Reflection Papers**

- All reflection papers should be uploaded in a word document in Times New Roman, Size 12, justified.
- The word limit for reflection papers is 850-1000 words.
- The name of the file should be your name followed by the journal entry number or reflection paper number, such as “RadhikaNair\_RP1” for reflection papers.
- Reflection papers should be:
  - based on at least one reading and one movie/documentary;
  - introduce feedback and learnings from writing workshops and guest lectures;
  - well-structured (introduction, body and conclusion) and clearly written; and
  - reflective (i.e., the reflection paper should not merely summarize readings or other material).
- Each reflection paper should choose a broad topic and use the reading/video/music for analysis, context, or to build arguments

- Reflections must have basis in research and analysis- they should not be mere opinions or thoughts
- Ensure proper citation where necessary and follow a uniform style of citation throughout the paper (such as Bluebook, OSCOLA, etc.)
- Please ONLY submit the entries using the form below within the scheduled deadlines:  
Reflection Paper 1: **22 August**  
Reflection Paper 2: **19 September**  
Reflection Paper 3: **17 October**

Students are required to submit up to three reflection papers of which two will be graded for final assessment.

*Feedback will be provided in the week after the deadline for the respective journal entry has passed.*

Please note that all communication with faculty for the purpose of the course must only be made via email only.

### **Academic Integrity and Plagiarism**

Learning and knowledge production of any kind is always a collaborative process. As such, collaboration demands an ethical responsibility to acknowledge who we have learnt what from, and how reading and learning from others have helped us shape our own ideas. Even originality requires an acknowledgement of the sources and the processes that helped you achieve it. Thus, any idea, sentence or paragraph you refer to or are inspired by must be cited in the piece of writing or any presentation being made. Any source from the internet, articles, books, journals, magazines, case law, statute, photographs, films, paintings, etc. must be credited with the original source. If the source or inspiration for your idea is a friend, a casual chat, something that you overheard, or heard being discussed at a conference or in class, even these must be credited. If you paraphrase or directly quote from a web source in the exam, presentation or essays, the source must be explicitly mentioned.

The university has strict rules with consequences for students involved in plagiarism. This is an issue of academic integrity on which no compromise will be made, especially as students have already been trained in the perils of lifting sentences or paragraphs from others and claiming authorship of them.

Use of AI to write, edit or supplement student writing is strictly discouraged. This includes the use of AI in any assignments, presentations or any other submissions made for this clinical course.

### **Disability Support and Accommodation Requirements**

JGU endeavours to make all its courses inclusive and accessible to students with different abilities. In accordance with the Rights of Persons with Disabilities Act (2016), the JGU Disability Support Committee (DSC) has identified conditions that could hinder a student's overall well-being. These include physical and mobility related difficulties, visual and hearing impairment, mental health conditions and intellectual/learning difficulties e.g., dyslexia, dyscalculia. Students with any known

disability needing academic and other support are required to register with the Disability Support Committee (DSC) by following the procedure specified at <https://jgu.edu.in/disability-support-committee/>

Students who need support may register before the deadline for registration ends, as communicated by the DSC via email each semester. Those students who wish to continue receiving support from the previous semester, must re-register every semester prior to the deadline for re-registration as communicated by the DSC via email. Last minute registrations and support are discouraged and might not be possible as sufficient time is required to make the arrangements for support.

The DSC maintains strict confidentiality about the identity of the student and the nature of their disability and the same is requested from faculty members and staff as well. The DSC takes a strong stance against in-class and out-of-class references made about a student's disability without their consent and disrespectful comments referring to a student's disability. With due respect for confidentiality, faculty and students are encouraged to have honest conversations about the needs of students with disabilities and to discuss how a course may be better tailored to cater to a student with disability.

All general queries are to be addressed to [disabilitysupportcommittee@jgu.edu.in](mailto:disabilitysupportcommittee@jgu.edu.in)

### **Safe Space Pledge**

This course will discuss a range of issues and events that might result in distress for some students. Discussions in the course might also provoke strong emotional responses. To make sure that all students collectively benefit from the course and do not feel troubled due to the contents or conduct of discussions, it is incumbent upon all within the classroom to pledge to maintain respect towards our peers.

This does not mean that you need to feel restrained about what you feel and what you want to say. Conversely, this is about creating a safe space where everyone can speak and learn without inhibition and fear. This responsibility lies not only on students, but also the instructors.

Should any student feel the need to excuse themselves or find any part of the curriculum to be an emotionally triggering experience, please get in touch with the faculty

### **Electronics**

Students must keep their cellphones switched off or on flight mode inside their bags. Students are NOT permitted to use their laptops in class unless specifically asked to make use of the device.

Under no circumstances should laptops be used in class to access email, social or other networking websites or use instant messaging software.

**Part IV****Keywords Syllabus**

Reflexive learning & writing; Activism; Social movements; Advocacy; Caste; Queer; Reproductive Justice; Abortion; Marginalization.

**Overview (Weekly Plan)**

<b>Week</b>	<b>Topic</b>
1	Setting the Stage & Clinical Legal Education and Self-Reflexivity
2-3	Caste, Gender & the Law & Reproductive Politics, Reproductive Justice and the State
4-5	Abortion Laws in India & Decriminalization and Abortion & Workshopping the Draft Policy Brief
6-7	Conflicting Laws & Finalizing the First Draft
8	Contraception, Maternal Mortality & the Law
9	Student Presentations and Preparation for Consultation & Stakeholder Consultation
10-11	Incorporating Feedback from Consultation & Global Abortion Rights Discourse
12-13	Anti-carceral approaches & Reviewing and Finalising Policy Brief
14	Revision Week

## Part V

### Course Design and Readings

Each module has its own set of readings, including articles, short stories, films and other material as necessary. Where needed, recommended readings have also been provided. Most of the mandatory readings for each session have been listed under the essential readings and students are required to complete these before each session. Other readings, for instance for Writing Workshops and Guest Lectures will be provided a week in advance of the respective sessions.

#### Week 1: Introduction and setting up the Project

Faculty: Radhika Nair

Through this clinic, we are offering a first of its kind course on sexual and reproductive health and rights in India, situating the global and contemporary discourse on the subject within the political and cultural context specific to the country. The first session will thus focus on setting the stage for the course. In the first week, students will be given a brief overview of the course and made familiar with the subject matter and project. We will spend this session going over the syllabus of the course, reviewing the key concepts and topics that will be discussed during the course, reviewing the key feedback and comments received on the Draft Report on Medical Boards shared with CommonHealth, SRHR activists and movement actors. Students will also be given all the relevant information on the academic requirements of the course as well as the manner of assessment and will have the opportunity to ask any questions or clarifications regarding the course structure and deliverables.

#### Week 1: Clinical Legal Education and Self-Reflexivity

Faculty: Radhika Nair

The first class will focus on understanding the role of clinical legal education in facilitating socio-legal dialogue and discourse that caters to the specific social and cultural context of the region. Students will have the opportunity to engage with the concept of decolonising education and reflect on what the practice of decolonising the mind means for young scholars engaging with social justice issues. A good starting point for this discussion is the essay by Ivan Illich titled “*To Hell with Good Intentions*”, that was delivered as an address to Conference on InterAmerican Student Projects in Mexico in April 1968 and draws attention to the dangers of paternalism in social justice work. This will be the basis of the discussion of contemporary writings on the erasure of indigenous experiences by scholars including Professor Xaxa.

#### Essential Readings:

1. Ivan Illich, *To Hell with Good Intentions*, in *Combining Service and Learning: A Resource Book For Community And Public Service* 314 (Jane C. Kendall ed., 1968)
2. Eve Tuck and K. Wayne Yang, *Decolonization is not a Metaphor*, 1(1) *Decolonization: Indigeneity, Education & Society* 1 (2012)

3. Virginius Xaxa, *How KISS and Indian Anthropology degrade Tribal People*, The Caravan (August 2021)

### Recommended Reading:

1. Patricia Barkaskas and Sarah Buhler, *Beyond Reconciliation: Decolonizing Clinical Legal Education*, 26(1) J. Of L. & Soc. Policy 1 (2017)

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## Week 2: Caste, Gender and the Law

Faculty: Radhika Nair

Guest Faculty: Prof. Sunaina Arya

Students may have already read seminal works of scholars including Gayle Rubin, Audre Lorde and Michael Foucault in other courses like Jurisprudence and Sociology, which form part of the recommended readings. In this module, students will to understand how issues of caste and gender are framed by the law to create hierarchies of power.

### Essential Readings:

1. Akhil Kang, "To be Upper Caste/ to be a Victim" (2024) Contemporary South Asia, 32:3, 301-315, DOI: 10.1080/09584935.2024.2375722
2. Susie Tharu, *The Dalit Woman's Question*, in Dalit Feminist Theory (Sunaina Arya and Aakash Singh Rathore eds., 1st ed. 2020).

### Recommended Readings:

1. *We "Other Victorians"* in Michel Foucault, the history of sexuality 1 – 3 (Vol 1, 1990).
2. Part One, Chapter 1: The Body of the Condemned in Michel Foucault, Discipline & punish: the birth of the prison (1991)
3. Sara Mills, Chapter 5: *Body And Sexuality* In Michel Foucault (2003).
4. Gayle Rubin, *Thinking Sex: Notes For Radical Theory Of The Politics Of Sexuality* In Richard Guy Parker & Peter Aggleton, Culture Society And Sexuality at 143-55 (1999).
5. Anand Teltumbde, *The Persistence of Caste: The Khairlanji Murders and India's Hidden Apartheid* (2010)

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## Week 3: Reproductive Politics, the State and Abortion Laws in India

Faculty Radhika Nair

Over the course of the fifth week, the focus will be on abortion as a key issue within the domain of SRHR in India. In these weeks, students will engage with feminist literature on abortion and how the issue has been framed under the law in India. In addition to understanding the historical development of the law on abortion, the sessions will also focus on understanding the repercussions of these laws

on the sexual autonomy of different groups, like adolescents. The readings will introduce students to the issues that arise out of paternalistic control exercised by the state to regulate sexuality and the heteronormative framing of these issues, as well as the socio-legal barriers to accessing abortions as a matter of right. It will also help students develop an understanding of the limitations of the legal framework regulating abortions and the resultant barriers to access by analysing the intersections between the MTP Act, the POCSO Act, the PCPNDT Act, and the Rights of Persons with Disabilities Act, 2016. Finally, a significant focus of these sessions will be on approaches to decriminalizing abortions in India, drawing from contemporary writings on gender justice through an anti-carceral lens.

### Essential Readings:

1. Loretta Ross, *Reproductive Justice as Intersectional Feminist Activism*, 19(3) *Souls* 286 (2017).
2. Mytheli Sreenivas, *Reproductive Politics and The Making of Modern India* (University of Washington Press, 2021) Jam.

### Recommended Readings:

1. Ravi Duggal, *The Political Economy of Abortion In India: Cost & Expenditure Patterns*, 12 *Reproductive Health Matters* 130 (2004).
2. Loretta J. Ross and Rickie Solinger, *Reproductive Justice: An Introduction*

### Films:

1. Nasbandi, 1978 I. S. Johar
2. Sister song Reproductive Justice Documentary

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## Week 4 and 5: Abortion Laws in India Faculty Radhika Nair

1. Nivedita Menon, *Abortion as a Feminist Issue*, Outlook (May 12th, 2012), <https://www.outlookindia.com/Website/Story/Abortion-As-A-Feminist-Issue/280902>.
2. Dipika Jain, *Time to Rethink Criminalization of Abortion? Towards a Gender Justice Approach*, 12(1) *NUJS LAW REVIEW* 21 (2019).
3. Alka Barua Et Al., *The MTP Amendment Bill, 2020: Anti- Rights Subjectivity*, 28 (1) *Sexual And Reproductive Health Matters* (2020).
4. Siddhibinayak S. Hirve, *Abortion Law, Policy and Services In India: A Critical Review*, 12(24) *Reproductive Health Matters* 114 (2004).

### Case Laws:

1. *X v. the Principal Secretary, Health and Family Welfare Department, Govt. NCT of Delhi and Anr* 2022 SCC OnLine SC 1321
2. *Amita Kujur v. State of Chhattisgarh & Ors.*, WP(C) 976/2016 (CG)

3. *Ranichand Baiga v. State of Chhattisgarh* (2018)

### Recommended Readings:

1. Mitra Sharafi, *Abortion In South Asia, 1860–1947: A Medico-Legal History*, 55(2) *Modern Asian Studies* 371 (2021).
2. Dipika Jain, *Proposed Changes to Abortion Law Continue to Sideline Pregnant Persons*, THE WIRE, (March 15th, 2020), <https://science.thewire.in/health/proposed-changes-to-abortion-law-continue-to-sideline-pregnant-persons/>.
3. Shantilal Shah Et Al., *Report Of The Committee To The Question Of Legalisation Of Abortion*, Ministry Of Health And Family Planning, New D9 (1967).

### Medical Boards

1. Dipika Jain Et Al., *Medical Boards For Access To Abortion Untenable: Evidence From The Ground*, Centre For Justice, Law And Society(2021)[https://jgu.s3.ap-south-1.amazonaws.com/Cjls/CJLS\\_Medical\\_Boards\\_Report\\_Final.Pdf](https://jgu.s3.ap-south-1.amazonaws.com/Cjls/CJLS_Medical_Boards_Report_Final.Pdf).
2. Rastogi A., (2020). *Assessing the Judiciary's Role in Access to Safe Abortion-II* [Pratigya Campaign Report]. New Delhi.

### Case Law

1. *X vs Union of India*, 2023 SCC OnLine SC 1338

### Statutes:

1. The Medical Termination of Pregnancy Act, 1971
2. The Medical Termination of Pregnancy (Amendment) Act, 2021
3. The Medical Termination of Pregnancy Rules, 2021
4. Indian Penal Code, 1860, No.45, Acts of Parliament, 1860, § 312 – 319
5. Bharatiya Nyaya Sanhita, 2023, Act No. 45 of 2023, §88-92

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## Week 4 and 5: Decriminalization and Abortion Faculty Radhika Nair

1. Joanna N Erdman & Rebecca J Cook, "*Decriminalization of Abortion – A Human Rights Imperative*" (2020) 62 *Best Practice & Research Clinical Obstetrics and Gynaecology* 11.
2. Sally Sheldon, *The Decriminalisation Of Abortion: An Argument For Modernisation*, 36(2) *Oxford Journal Of Legal Studies* 334 (2016).
3. Jain, D., *Beyond Bars, Coercion and Death: Rethinking Abortion Rights and Justice in India*, *Onati Socio Legal Series*, Vol 14, No. 1 (2024).
4. Dipika Jain, Krithika Balu, Vrishti Shami, Feroza Mody & Tavleen Kaur Saluja, *The Legal Labyrinth: Navigating the Human Cost of Prosecution under Criminal Law for Abortion Services in the Trial Courts of Punjab*, 17 *NUJS L. Rev.* 1 (2024)

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**Week 6 and 7: Conflicting Laws**  
**Faculty: Radhika Nair**

In this week, taking forward our discussion on abortion, keeping in mind the rights of adolescents and the barriers they tend to face in accessing SRHR. The conversations will move beyond a linear understanding of the legal challenges and demonstrate how the challenges to providing abortions as a matter of right are intensified owing to conflicting and intersecting laws like the PCPNDT Act and the POCSO Act. This will also enable students to have a more nuanced understanding of the legislative and policy reforms required for the advancement of SRHR in the country. This week will feature a guest lecture by Ms. Swagata Raha, who has worked extensively on rights of adolescents in SRHR.

**Essential Readings:**

1. Dipika Jain And Brian Tronic, *Conflicting Abortion Laws In India: Unintended Barriers To Safe Abortion For Adolescent Girls*, 4(4) Indian Journal Of Medical Ethics 310 (2019)
2. Pritam Potdar, Alka Barua, Suchitra Dsalvie & Anand Pawar, “*If A Woman Has Even One Daughter, I Refuse To Perform The Abortion*”. *Sex Determination And Safe Abortion In India*, 23(45) Reproductive Health Matters, 114-125 (2015).

**Recommended Reading:**

1. SAMA Resource Group for Women and Health, *From the Margins to the Centre: A study on the health inequities among the tribal communities in selected districts of Chhattisgarh, Jharkhand and Odisha*, <https://nhrc.nic.in/sites/default/files/SAMA%20Final%20Report.pdf>

**Statutes:**

1. The Rights of Persons with Disabilities Act, 2016, No.49, Acts of Parliament 2016, § 92
2. Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994, No.57, Acts of Parliament, 1994.
3. Protection of Children from Sexual Offences Act, 2012, No. 32, Acts of Parliament, 2012.

**Case Law:**

1. *Ramakant Rai & Anr. vs Union of India & Ors.* (2003) W.P (C) No. 2019 of 2003
2. *Devika Biswas v. Union of India*, (2016) 10 SCC 726

**Films & Other Media**

1. Mera Haq (HRLN, 2017)
2. TransLash, My Abortion Saved My Life  
(<https://www.youtube.com/watch?v=2oDMaQ0Wwqg>)
3. Persons with Disabilities share their experiences of accessing health information  
(<https://www.youtube.com/watch?v=LFzBcwC2qqg>)
4. Disability & Abortion: The Hardest Choice

## 1. Adolescent Access to Abortion Guest Faculty: Swagata Raha (online)

In this week, taking forward our discussion on abortion, keeping in mind the rights of adolescents and the barriers they tend to face in accessing SRHR. The conversations will move beyond a linear understanding of the legal challenges and demonstrate how the challenges to providing abortions as a matter of right are intensified owing to conflicting and intersecting laws like the PCPNDT Act and the POCSO Act. This will also enable students to have a more nuanced understanding of the legislative and policy reforms required for the advancement of SRHR in the country. This week will feature a guest lecture by Ms. Swagata Raha, who has worked extensively on rights of adolescents in SRHR.

### Essential Reading:

1. CCL-NLSIU, *An Analysis of Mandatory Reporting under the POCSO Act and its implications on the rights of children* (2018)  
<https://feministlawarchives.pldindia.org/wp-content/uploads/Mandatory-Reporting-Paper-CCL-NLSIU-1.pdf>
2. Dipika Jain and Brian Tronic, *Conflicting Abortion Laws in India: Unintended Barriers to Safe Abortion for Adolescent Girls*, 4(4) Indian Journal of Medical Ethics 310 (2019).
3. Jain, D., & Rastogi, A., *Adolescent Abortions in the Covid-19 Landscape: Exposing the Legal Achilles' Heel*, 9 Indian Journal of Medical Ethics, 48, (2024).
4. CJLS et al, *The POCSO Act and Adolescents' Access to Abortion in India: Heightened Vulnerabilities, Health Risks, and Impact on their Rights* (2022)

### Recommended Reading:

1. Padma Bhate-Deosthali and Sangeeta Rege, *Denial Of Safe Abortion To Survivors Of Rape In India*, 21(2) Health And Human Rights Journal 189, 191 (2019).
2. Hillary Brackern And Vijaya Nidadavolu, *Abortion and Sex Determination: Conflicting Messages in Information Materials In A District Of Rajasthan, India*, 14(27) Reprod. Health Matters 160 (2006).

### Case Law:

1. *State of Rajasthan v. S* (2019)
2. *Marimuthu v. Inspector of Police* (2016)
3. *Suchita Srivastava v. Chandigarh Administration* (2009) 14 SCR 989
4. *Justice K.S. Puttaswamy v. Union of India* (2017) 10 SCC 1

### Statutes:

1. Indian Penal Code, 1860, No.45, Acts of Parliament, 1860, § 312 - 319.
2. The Medical Termination of Pregnancy Act, 1971, No.34, Acts of Parliament, 1971
3. Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994, No.57, Acts of Parliament, 1994.
4. Protection of Children from Sexual Offences Act, 2012, No. 32, Acts of Parliament, 2012.

### Comics:

1. Comics for Choice - Comics For Choice: Illustrated Abortion Stories, History And Politics (Hazel Newlevant, Whit Taylor and O.K. Fox eds., 2018).

### Film:

Juno (Mandate Pictures and Mr. Mudd 2007)

## 2. Disability and Abortion Laws Faculty: Shampa Sengupta (Online)

This session will focus on exploring the intersections between gender, sexuality, and disability, particularly how these manifests in the domain of sexual and reproductive health and rights. It will draw upon the inherent value of a rights-based approach to sexuality and gender equality. The session will also feature a guest lecture by prominent disability rights activist Shampa Sengupta who will introduce students to the challenges encountered by persons with disabilities in exercising their sexual and reproductive rights that stem from the framing of sexuality and desire in ableist terms. It will also explore the intersections between SRHR, disability rights, and child rights, discussing the issue of disability-selective abortions.

### Essential readings:

1. Shubhangi Vaidhya, *Women with Disability and Reproductive Rights: Deconstructing Discourses*, 45(4) Social Change 517 (2015).
2. Arrow for Change. *Women with Disabilities: Disabled, Sexual, Reproductive* (2017).
3. Renu Addlakaha et al., *Disability and Sexuality: Claiming Sexual and Reproductive Rights*, 25(50) Reproductive Health Matters 4 (2017).
4. Nidhi Goyal, *Why Does The Women's Rights Movement Marginalise Women With Disabilities?*, The Guardian (September 7th, 2016, 700 AM), <https://www.theguardian.com/globaldevelopment/2016/sep/07/why-does-womens-rights-movement-marginalise-womenwithdisabilities-nidhi-goyal>.
5. Jain, D. & Sengupta, S., *Reproductive Rights and Disability Rights through an Intersectional Analysis*, Jindal Global Law Review, Vol 12, Issue 2 (2021).

### Recommended Readings:

1. Julia Epstein and Sujatha Jesudason, *The Paradox of Disability in Abortion Debates: Bringing the Prochoice and Disability Rights Communities Together*, 84(6) Contraception 541 (2011).
2. Neha Madhiwalla, *The Niketa Mehta Case: Does The Right To Abortion Threaten Disability Rights?*, 5(4) Indian Journal Of Medical Ethics 152 (2008).
3. Renu Addlakaha, *Disability Selective Abortions In India: Individual Choice, Disabling Environments And The Sociomoral Order*, In *Difference On Display: Diversity In Art, Science & Society* (Ine Gever Et Al. Eds. 2010).
4. Saniya Gayake, *Disability-Selective Abortion: Reasons For Its Prevalence And Consideration By Indian Women*, 2 The Rice Examiner 35 (2019).

5. Anita Ghai And Rachana Johri, *Prenatal Diagnosis: Where Do We Draw The Line?*, 15(2) Indian Journal Of Gender Studies 291 (2008).
6. Marsha Saxton, *Disability Rights And Selective Abortion*, in *Abortion Wars: A Half Century Of Struggle*, 1950 2000, (Rickie Solinger Ed. 1998).

#### Statutes:

1. The Rights of Persons with Disabilities Act, 2016, No.49, Acts of Parliament 2016, § 92

#### Case Laws:

1. *Savita Sachin Patil vs. Union of India & Ors.* (2017), Writ Petition (C) No.121 of 2017.
2. *Suchita Srivastava v. Chandigarh Administration* (2009) 14 SCR 989.
3. *Nikhil Datar v. Union of India*

#### Films:

1. Margarita With a Straw (Viacom18 Motion Pictures 2014),  
<https://www.netflix.com/watch/80018695?source=35>.

### 3. Trans Rights and Abortion

1. Dipika Jain & Debanuj DasGupta, *Law, Gender Identity, and the uses of human rights: The paradox of recognition in South Asia*, JOURNAL OF HUMAN RIGHTS (2021). Pp 1-9.
2. Living Smile Vidya, *I am Vidya: A Transgender's Journey*, Rupa Publications (2013)
3. Laura Kacere, *Why the Feminist Movement Must be Trans-Inclusive*, *Everyday Feminism* (February 14th, 2014) pp 1-8.

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### Week 8: Contraception, Maternal Mortality & the Law Guest Lecture: Dr. Alka Barua

The session will engage with other contemporary issues that are significant to understanding the current landscape of sexual and reproductive health rights in India. Of particular significance are the issues of access to contraception and forced sterilizations. Students will review certain significant cases that have been decided by the Supreme Court of India, as well as literature on the maternal mortality in the country to better understand the social and economic challenges and barriers to advancement of sexual and reproductive rights that are exacerbated by the gaps in the law regulating SRHR in India. This week will also feature a guest lectures form Dr. Alka Barua, a medical practitioner who will present the reflections from ground to offer students an opportunity to critically assess the gaps in law

#### Essential readings:

1. Kirti Iyengar and Sharad Iyengar, *Improving Access to Safe Abortion in a rural primary care setting in India: Experience of a Service Delivery Intervention*, 13(54) *Reproductive Health* (2016).

2. Shireen J Jejeebhoy, Shveta Kalyanwala, A.J Francis Zavier, Rajesh Kumar & Nita Jha, *Experience Seeking Abortion Among Unmarried Young Women In Bihar And Jharkhand, India: Delays And Disadvantages*, 18(35) Reproductive Health Matters, 163-174 (2010).
3. Leela Visaria, Alka Barua, Ramakrishna Mistry, *Medical Abortion in India: Role of Chemists and Providers*, Economic & Political Weekly, 35-40 (2008)
4. Bela Ganatra and Batya Elul, *Legal but not always safe: Three decades of a liberal abortion policy in India*, 139(1) Gac Med Mex, 103-108 (2003).

### Recommended Readings:

1. Ravi Duggal And Vimala Ramachandran, *The Abortion Assessment Project India: Key Findings And Recommendations*, 12(24) Reproductive Health Matters 122 (2004).
2. Linda Sanneving Et Al., *Inequity in India: The Case Of Maternal And Reproductive Health*, 6 Global Health Action (2013).
3. Anoo Bhuyan, *Tribal Women In Chhattisgarh Win Right To Access Contraception*, The Wire (December 15th, 2018) <https://Science.TheWire.In/Law/Pvtg-Chhattisgarh-Contraception-High-Court/Vibha-Varshney-Particularly-Vulnerable-Tribal-Groups-In-Chhattisgarh-Can-Now-Access-Contraceptives-Down-To-Earth> (December 13th, 2018) <https://www.downtoearth.org.in/news/health/particularlyvulnerable-tribal-groups-in-chhattisgarhcan-now-access-contraceptives-62482>

### Comics:

1. Colleen Tighe, *A Conversation About Contraception Zine* (Reproductive Health Access Project, 2021), <https://www.reproductiveaccess.org/resource/contraception>

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## **Week 9: Student Presentations for Consultation**

**Faculty: Radhika Nair**

**&**

**Stakeholder Consultation on Medical Boards and Access to Abortion Services  
(tentatively 3rd October)**

In the first week of October, students and clinical faculty will hold a one-day stakeholder consultation to deliberate on the development of guidelines and recommendation for Medical Boards in India.

In the class this week, there will be mock presentations to equip the students with the necessary skills to make a presentation based on their work on the project. On the day of the Consultation, students will make the presentation in front external participants invited to the Consultation, faculty and other guests.

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**Week 10 and 11: Incorporating Feedback from Stakeholder Consultation**  
**Faculty: Radhika Nair**

In one session this week, we will take stock of the feedback received during the consultation and examine the draft Handbook in light of the suggestions received. The students will deliberate on the learnings from the Consultation, provide their own feedback, and assess how feedback should be incorporated into the Handbook to ensure content accuracy, clarity and accessibility.

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**Week 10 and 11: Global Abortion Rights Discourse**  
**Faculty: Radhika Nair**

This session will introduce students to the global discourse on abortions. Various landmark ruling on that have had a significant impact on the landscape of abortion rights globally will be examined, in addition to a review of the recent literature on global challenges to advancing abortion rights. Students will also engage with contemporary literature drawing on a comparative analysis of abortion laws and policies, and these will be supplemented with documentaries that have recorded the on-ground impact and consequences of the laws regulating abortions. The sessions will also distinguish the development of abortion law in postcolonial states of the world. Students will be assigned cases and will be presenting them in groups of two in class.

**Essential readings:**

1. Dipika Jain (2023). *Access to Safe and Legal Abortion Services in Asia: Challenges and Opportunities*. Centre for Justice, Law and Society (CJLS), ARROW.
2. Maria Jose Barajas and Sonia Correa, *Legal and Safe Abortion: A Global view seen from Latin America, in Sexpolitics: Trends and Tensions In The 21st Century* 69 (Sonia Correa and Richard Parker eds., 2018).
3. Norman Ginsberg and Lee Shulman, *Life without Roe v. Wade*, Contraception and Reproductive Medicine (2021).
4. Joanna Erdman, *The politics of global abortion rights*. The Brown Journal of World Affairs, 22.2 (2016): 39-57
5. CJLS et al, *Judicial Milestones: Decriminalising Abortion in Five Countries* (2025)

**Recommended readings:**

1. Rishita Nandagiri, Fiona Bloomer, Claire Pierson And Sylvia Estrada Claudio (2020), *Reimagining Global Abortion Politics: A Social Justice Perspective*, Bristol: Policy Press, £24.99, Pp. 176, Pbk, 50(3) Journal Of Social Policy 676 (2021).
2. Alexandra Garita, *Moving Towards Sexual and Reproductive Justice: A Transnational and Multigenerational Feminist Remix*, in The Oxford Handbook Of Transnational Feminist Movements (Rawwida Baksh And Wendy Harcourt Eds. 2015).
3. Brooke Ronald Johnson Et Al., *Global Abortion Policies Database: A New Approach To Strengthening Knowledge On Laws, Policies, And Human Rights Standards*, 18(1) BMC International Health And Human Rights 1 (2015).

4. Melissa Upreti, *Toward Transformative Equality in Nepal: The Lakshmi Dhikta Decision*, in *Abortion Law In Transnational Perspective: Cases And Controversies* 279 (Rebecca J. Cook, Joanna N. Erdman And Bernard M. Dickens eds. 2014).
5. Kevan Yenerall, *Reproductive Rights and Modern Film: Five Women, Six Movies and the Politics of Abortion*, APSA 2011 Annual Meeting Paper (2011), <https://ssrn.com/abstract=1901919>

### Case Laws:

1. *Roe v. Wade* 410 US 113 (1973) (US Supreme Court)
2. *Lakshmi Dhikta v. Government of Nepal*, Writ petition no. WO-0757, 2067 (2009)
3. Center for Reproductive Rights, Landmark Decision of Supreme Court of Nepal on Abortion Rights
4. Constitutional Court Ruling No. 4/2563 (2020), The Constitutional Court of Thailand
5. *KL v. Peru*, CCPR/C/85/D/1153/2003, Communication No. 1153/2003 (2005) (United Nations Human Rights Committee).
6. *Alyne da Silva Pimentel vs. Brazil* CEDAW/C/49/D17/2008 (2011) (CEDAW)
7. *Tysiac v. Poland* Application no. 5410/03, ECHR 2007-IV (2007) (European Court of Human Rights)

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### Week 12: Anti-carceral approaches Faculty Radhika Nair

In this week, we will engage with anti-carcerality in the context of gender, and explore the relationship that the feminist movement in India has forged with the criminal justice system and the impact thereof on transgender and gender-variant persons.

### Essential Readings:

1. Elizabeth Bernstein, *Militarized Humanitarianism Meets Carceral Feminism: The Politics of Sex, Rights and Freedom in Contemporary Anti-trafficking Campaigns*, *Signs: Journal of Women in Culture & Society* 36.1 (2010), 45-71
2. Moira Pérez and Blas Radi, *Gender punitivism: Queer perspectives on identity politics in criminal justice*. *Criminology & Criminal Justice* 1-14 (2020)
3. Nikita Sonavane, *Colonial and Casteist Ideas Still Shape Criminalisation and Policing in India*, *Himal Southasian* (24 Jan 2024), <https://www.himalmag.com/politics/colonial-brahminical-order-caste-carcerality-criminalisation-police-abolition-india>.

### Recommended Readings:

1. Mimi E. Kim, *From Carceral Feminism to Transformative Justice: Women-of-Color Feminism & Alternatives to Incarceration*, *Journal of Ethnic & Cultural Diversity in Social Work*, 27:3, 219-233
2. Sai Bourothu & Arijeet Ghosh, *Existing Beyond Constitutional Rights: Transgender Persons in Indian Prisons*, (2021) <https://p39ablog.com/2021/02/existing-beyond-constitutional-rights-transgender-persons-in-indian-prisons/>
3. Morgan Bassichis & Dean Spade, *Queer Politics & Anti-Blackness* in *Queer Necropolitics*, Routledge, (2014).

4. Ratna Kapur, *Erotic Justice: Law & the New Politics of Post-colonialism*, Routledge-Cavendish (2013)
5. Sukanya Shantha, Misgendering, Sexual Violence, Harassment: What it Is to Be a Transgender Person in an Indian Prison available at <https://thewire.in/lgbtqia/transgender-prisoners-india>.
6. Dipika Jain et al. *Negotiating Violence: Everyday Queer Experiences of the Law, Violence & Gender*, 7.4 (2020) pp. 141-149

### **Movies:**

1. “I Use My Love to Guide ME”: Surviving and Thriving in the Face of Impossible Situations, available at:

<https://bcrw.barnard.edu/videos/i-use-my-love-to-guide-me-surviving-and-thriving-in-the-face-of-impossiblesituations/>

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### **Week 12: Reviewing and Finalizing Policy Brief Faculty: Radhika Nair**

In this week, students and faculty will work together to incorporate all the feedback and inputs received from the review of the Policy Brief. The final draft will then be submitted by the Clinical students to the faculty for printing and circulation through a formal release event for the manual. The students will also discuss the designing of the project and strategise on the dissemination aspect of the designed Policy Brief.

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### **Week 14: Revision Week Faculty: Radhika Nair**

This week the students will review and reflect on the main discourse and the learnings gained from the clinical course and finalise the Handbook.

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