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STEERING BETWEEN THE REPRODUCTIVE RIGHTS OF A WOMAN AND THE RIGHT TO LIFE OF AN UNBORN CHILD WITH SPECIAL NEEDS¹

AUTHORED BY - POOJA THAKUR

INTRODUCTION

What is it to be human? Is it the similarity of our genetic makeup that makes us human, or is it our differences that make us human? The approach to eliminating certain groups of people that are not identical (in terms of race, color, ethnicity, or disability) has its roots in human history from the advent of civilization.² Wars fought in the name of protecting identity, policies of governments to ensure a “healthier society,” or the practice of selective abortion are all rooted in the idea of likeness and uniformity.

Medical studies are not merely a neat compilation of objective facts. These facts are influenced by social and political factors, which disempower certain groups at certain periods of time by rendering them ‘like’, vulnerable, and/or diseased. There was a period in medical studies where the unanimous consensus was to term homosexuality as a ‘genetic disorder’.³

The reproductive rights of women have always been at the core of political, social, and academic discourse. The social and political settings have mainly influenced the fate of the reproductive rights of women. Since *Roe v Wade*⁴ The jurisprudence and social view of the reproductive rights of women have seen waves of change, with the recent judgment setting the debate in the abyss.⁵

The traditional stance usually taken is ‘pro-choice’ or ‘pro-life’. Choosing a side effectively

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² Editors Yearbook of Islamic and Midd, “World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance” (2000) 7 Yearbook of Islamic and Middle Eastern Law Online 420.

³ SD Sivasubramaniam and others, “Unethical Practices within Medical Research and Publication – An Exploratory Study” (2021) 17 International Journal for Educational Integrity.

⁴ *Roe v Wade* [1973] USSC 113; 410 U.S. (1973)

⁵ Nina Totenberg, ‘Supreme Court Overrules *Roe v Wade*, Ending Right to Abortion Upheld for Decades’ (NPR, 24 June 2022) <https://www.npr.org/2022/06/24/1107878635/supreme-court-abortion-roe-v-wade-dobbs> accessed 3 March 2026.

denotes that one is against the other. The research raises an important question: Does pro-choice mean anti-life? Motherhood is often attached to the attribute of selflessness, and advocates of pro-life view abortion as a selfish act whose sole purpose is to vindicate motherhood. While discourse on reproductive rights and reproductive autonomy of women is usually in the shades of black and white, it turns an uneasy shade of grey when the unborn child is diagnosed with special needs.

Over the years, feminists have shifted women's identity from the periphery of various discourses to a central, more crucial space in discussions. The disability rights movement is working towards a similar goal of replacing sympathy and accommodation with active participation. Disability rights activists question every subconscious bias we have towards disability. In addition to challenging ableist notions that women or children with disabilities should be devalued or excluded based on their disability diagnosis, disability justice frames emphasize the interconnectedness of cultural ideas towards disabilities, the accessibility of resources, and the support of the community for women's reproductive choices.

BIOETHICS: AUTONOMY, INFORMED CONSENT, AND VALUED LIFE

Certain human body shapes are normalized by biomedicine and bioethics. A perfect restriction of the normal body is used to evaluate and measure each individual's body. Health and illness, normalcy and abnormality, and aptitude and handicap all serve as metaphors for differences between bodies. In addition, pathology defines disease, incapacity, and deformity. A sick body is seen as abnormally and dysfunctionally behaving. According to this definition, the goal of biomedicine is to restore the body to its normal functions. The body's normal state is now health, and disease is seen as the reverse. However, it should be remembered that there are other models of the body outside the biological one.⁶ When one interpretation is given preference over another, different interpretations of various body models are accorded varying status, and, through normalization and repetition, particular interpretations and discourses come to be viewed as dominant. Through normalization, the biomedical body model has dominated Western biosciences.

The research aims to reach the objective of finding a meeting point of the two rights without one overriding the other. The author suggests that this journey's bricklaying should begin with

⁶ Ulrike Steinert, *Systems of Classification in Premodern Medical Cultures* (Routledge 2020).

discussions of autonomy, informed consent, and the valued life in bioethics. Until now, the laws and policies concerning selective abortion have been written in a tone demonstrating the ‘consensual choice’, which is the ‘prudent decision’ of women’s right to abort a fetus with special needs, coupled with the assumption that selective abortions are beneficial to the existence of the preborn, which would otherwise be burdensome.⁷

The premise of pro-choice activists of women’s reproductive rights centers around the idea of autonomy over one’s body. Pro-choice slogans like *“My Body, My Choice”*, *“Every Child a Wanted Child”*, and *“Every Woman Has a Right to Control Her Own Body”* suggest that autonomy rests with women alone.

One of the major tenets in the debate over reproductive rights is autonomy, a bioethical principle that suggests that a person can decide on a course of action voluntarily. Since both promote equality and free will regardless of social characteristics like gender, religion, or colour, autonomy and justice are frequently related. It implies that a person has ultimate control over their body and that social structures and prejudices shouldn't affect their decision-making. Since women's bodies give birth to children and because they are typically expected to be the primary carers, reproductive autonomy is essential to the welfare of women. Although it is fundamentally a personal choice, reproductive autonomy also has important social implications. The author will examine the idea of reproductive autonomy from a feminist bioethical perspective and consider how it affects the rights of people with disabilities.

The description of four bioethical principles was first presented in *Principles of Biomedical Ethics* by Tom L. Beauchamp and James F.⁸ Childress is the foundation of a large portion of contemporary Western bioethical theorizing. Autonomy and respect are among these tenets. The other three are justice, nonmaleficence, and charity. It is fair to argue that Beauchamp and Childress' conception of the cardinal values of autonomy still dominates the area of bioethics today, even though they were not the first to articulate it.⁹ Given that their account aims to address "concrete dilemmas that arise within the practice of medicine," it can be said to be a part of the practical discourse. According to Beauchamp and Childress²¹, a normal human being can achieve their version of respect for autonomy, which does not entail an ideal of

⁷ Reva Siegel, ‘Reasoning from the Body: A Historical Perspective on Abortion Regulation and Questions of Equal Protection’ (1992) 44 Stanford Law Review 261.

⁸ Tom L Beauchamp and James F Childress, *Principles of Biomedical Ethics* (Oxford University Press 1983).

⁹ Ibid.

autonomy. Respect for autonomy is defined as follows in this context. “*They analyze autonomous action in terms of normal choosers who act (1) intentionally, (2) with understanding, and (3) without controlling influences that determine their action.*”¹⁰

Feminist ideology suggests that the standard concept of autonomy, as discussed in contemporary literature, is not suitable for feminist bioethics as it fails to unite the factors of ‘human existence’ and ‘moral agency’ with other factors.¹¹ In the context of bioethics, an abstract and philosophical account of autonomy is insufficient because the goal of the field is to address real-world issues, not to develop ontological theories. As a result, bioethicists require a more realistic definition of autonomy.¹² What, therefore, are **‘the ethical obligations of health professionals to patients?’** is the essential query. Thus, recognizing and developing patient autonomy in practice is the second “use” of autonomy. It demands “autonomous action on everyone's part” in contrast to the previous, more comprehensive account of autonomy.

The discussion of autonomy is always coupled with the discussion of informed consent. The doctrine of informed consent is a ‘product of law’. It provides value to the idea in which one party sanctions another to perform an intrusive action that, without the consent of the party, would not have a moral right. The ethical doctrine of informed consent, which governs the practice of medicine, can be used to assess the morality of a doctor's activities. The doctrine's central tenet is that medical professionals must give patients enough information to enable them to make an informed decision about whether to have a medical intervention, and that decision will ultimately determine whether the patient receives the intervention.¹³ Autonomy over one's body comes with informed consent, which arises out of an informed decision-making process. Informed consent in reproductive health is seen as problematic and biased as the practical application of it is based on a ‘paternalistic healthcare standard. The consent that is spoken about in the reproductive health of women is often perceived as less autonomous.¹⁴

Although they have been interwoven throughout their historical evolution, the doctrines of

¹⁰ MY Rathor, AS Mohamad Shah and MH Hasmoni, ‘Is Autonomy a Universal Value of Human Existence? Scope of Autonomy in Medical Practice: A Comparative Study between Western Medical Ethics and Islamic Medical Ethics’ (2020) 14 IIUM Medical Journal Malaysia.

¹¹ J Brierley and V Larcher, ‘Cui Bono? Can Feminist Ethics Show a Path in Complex Decision-Making Where “Classical” Theories Cannot?’ (2011) 6 Clinical Ethics 86.

¹² S Sherwin, ‘Feminist and Medical Ethics: Two Different Approaches to Contextual Ethics’ (1989) 4 Hypatia 57.

¹³ ‘Informed Consent’ (AMA Code of Medical Ethics) <https://code-medical-ethics.ama-assn.org/ethics-opinions/informed-consent> accessed 7 March 2026.

¹⁴ Ibid.

informed consent in law and ethics are analytically separate. It is theoretically possible for the legal doctrine to impose on physicians a duty that the ethical doctrine either ignores or outright forbids.¹⁵ The tort doctrine requiring informed consent for medical treatment is supported by further legal authorities. Despite the differences between the two, *"there is quite a bit of convergence between the principles underlying the tort law doctrine of informed consent and the constitutional right to privacy."*¹⁶ The importance of personal autonomy serves as the foundation for both systems. Additionally, the International Covenant on Civil and Political Rights ("ICCPR") guarantees people the right not to be subjected to medical treatment without their informed permission. States parties to the ICCPR are obligated to ensure that patients give "full and informed consent" before undergoing medical treatment.¹⁷

Several laws have recently been passed requiring medical providers to inform pregnant patients when they are told they have fetal Down syndrome or another genetic disorder or impairment. These laws frequently require genetic counselors or medical professionals to give patients a full range of pregnancy options as well as evidence-based, current, and unbiased information about the developmental disability that has been identified as well as any medical worries, resources, or services that are available for the child, as well as their parents and families.¹⁸ A broad coalition of parents, healthcare professionals, parliamentarians, and people with disabilities who self-advocate support this legislation, sometimes known as "pro-information" bills. Their mission is to combat implicit disability bias in the medical profession, which can cause expectant parents to get inaccurate or insufficient information about Down syndrome or other genetic disorders and subsequently put pressure on them to terminate the pregnancy.

The tenets of bodily autonomy, self-determination, equality, and inclusion are universal human rights principles on which both the frameworks for disability rights and reproductive rights are based. Both movements have the same ideal of a society in which everyone has the freedom, means, and respect to realise their full potential. The disability rights and reproductive rights movements have adopted comparable tactics over the past few decades to turn this vision into

¹⁵ M O'Flaherty, 'The Reporting Obligation under Article 40 of the International Covenant on Civil and Political Rights: Lessons to Be Learned from Consideration by the Human Rights Committee of Ireland's First Report' (1994) 16 Human Rights Quarterly 515.

¹⁶ Ibid.

¹⁷ Frédéric Mégret, 'The Disabilities Convention: Human Rights of Persons with Disabilities or Disability Rights?' (2008) 30 Human Rights Quarterly 494.

¹⁸ Shanee Simhoni, 'State Abortion Legislation in 2021' (Center for American Progress, 20 May 2022) <https://www.americanprogress.org/article/state-abortion-legislation-in-2021/> accessed 7 March 2026.

legal protections at the international and national levels.¹⁹ Both groups are increasingly taking on the systemic injustices that deny their primary constituents the opportunity to exercise their fundamental human rights.

Advocates for disability rights acknowledge that some women may decide to end a pregnancy due to a disability diagnosis, genetic testing, or other medical issues, but they also place these "choices" within a larger, pre-existing context ableist culture predominates.²⁰ Abortion rights supporters should actively protect women's access to abortion and work to ensure that women suffering a difficult pregnancy receive the care they need. This is in the cause of crip reproductive justice, one in which disabled futures are not merely envisaged, but accepted. Access to members of the disability community, information on disability services and supports, and other resources necessary to meet the complexity of such a decision are available to those making such decisions. Women obviously require political support to preserve access to abortion, but in a society where the main perception of disability is as a barrier to potential, women frequently require even more political support to opt against abortion and see bright futures for both themselves and their children. Equally crucially, feminist disability approaches pursue a more nuanced discussion of abortion, one that places disability within an ableist past and a future built on removal. These approaches support women's access to reproductive options, accurate, unbiased medical information, and quality healthcare.

ETHICAL IMPLICATIONS OF SELECTIVE ABORTIONS

The earlier section has focused on principles of reproductive and bodily autonomy arising from informed consent. The illusion of informed consent rests on the pillar of societal stereotypes and medical consensus on disability. However, even with Bioethicists and feminist disability rights activists have significantly contributed to discussions on abortion and reproduction over the past few decades. The underlying eugenic motivation of prenatal screening, genetic testing, and prospective new technologies targeted at discovering foetal "abnormalities," usually with a goal to give mothers and partners the option to terminate, has been contested by several academics.²¹

¹⁹ Tanira S and others, 'Sexual and Reproductive Health and Rights of Women: A Rights-Based Approach' (2019) 10 Bangladesh Journal of Bioethics 1.

²⁰ Jennifer Scuro, *Addressing Ableism* (Lexington Books 2017).

²¹ C McKinney, 'Selective Abortion as Moral Failure? Reevaluation of the Feminist Case for Reproductive Rights in a Disability Context' (2016) 36 Disability Studies Quarterly.

The normalizing of “selective abortion” has to be understood against the backdrop of biopolitics that has rationalized who is better off not being born. The author does not aim to argue against the right to access abortion, but rather questions the epistemological, societal, and medical control on monitoring and directing human production. *Do we as a society have the right to determine which life is worth not living?* The medical profession argues that selective abortion arises out of concern for ‘quality of life’.²² This tone of such concerns sets back the entire disability rights movement and various treaties and legislations back to square one.

Selective abortion has significant ethical ramifications that can spark a variety of discussions and points of view, especially when it comes to people with disabilities.²³ The following are the ethical issues surrounding selective abortion:

- 1. Utilitarianism and Consequentialism:** Utilitarianism and Consequentialism promote maximizing the overall well-being of an individual and minimizing harm. The focus is on maximum utilization of the individualistic as well as societal standards of productivity. Disability studies experts contend that screening technology and selective abortion are influenced by a very limited medical understanding of disability. They contend that as long as these limited definitions of impairment continue to influence care standards, they pose a threat to both women's bodies and "the products of women's bodies" as well. Now that these technologies serve as "quality controls" and "admission standards" for humanity, it is important for anybody concerned with disability justice to keep a close eye on the rising popularity and demand for predictive testing.²⁴ They question the ethical implications of basing decisions of life and birth on potential outcomes and productivity of an individual in a society. The inherent value of life should not be compromised and questioned on disabilities.
- 2. Non-Discrimination and Equal Treatment:** The core ethical principles of non-discrimination and equitable treatment work to achieve justice and fairness for all people, including those with disabilities. The non-discrimination principle emphasizes that people shouldn't be treated unfairly or have their lives devalued because they have a disability in the context of selective abortion. It maintains the idea that all people have inherent worth and need to be cherished and safeguarded, regardless of their abilities.

²² L Shrage, ‘From Reproductive Rights to Reproductive Barbie: Post-Porn Modernism and Abortion’ (2002) 28 *Feminist Studies* 61.

²³ Ibid.

²⁴ Mark S Stein, ‘Utilitarianism and the Disabled: Distribution of Resources’ (2002) 16 *Bioethics* 1.

Selective abortion motivated by a person's disability raises questions about discrimination and feeds societal prejudices and misconceptions about people with disabilities.²⁵ It implies that their limitations are the only reason their lives are somehow less desirable or worthy. This supports ableism, a form of prejudice that denigrates and marginalizes people with disabilities.

A society that appreciates and respects the rights and dignity of people with disabilities should work to establish an inclusive environment, according to proponents of non-discrimination and equitable treatment. This entails acknowledging their equal value, granting them equal access to opportunities, and opposing discriminatory acts like selective abortion based on impairments. Equal treatment also involves guaranteeing that people with disabilities have access to the same opportunities as people without impairments. It entails fostering equitable access to social services, employment opportunities, healthcare, and education while also removing obstacles and biases that prevent people from fully participating in society.²⁶

The non-discrimination and equal treatment tenets are consistent with the larger disability rights movement, which aims to advance inclusivity, respect, and equal opportunities for people with disabilities. In contrast to stigmatizing or undervaluing them because of their differences, it emphasizes the value of appreciating the distinctive perspectives, contributions, and possibilities of those with disabilities. In order to break down social barriers, combat ableism, and build an inclusive society that respects the rights and dignity of every person, regardless of their abilities or disabilities, society must uphold non-discrimination and equal treatment.

- 3. Disability Rights and Social Inclusion:** Among the most common justifications for selective abortion is that it "ends suffering." Women as cultural nurturers and medical providers as official guardians of well-being³⁸ are both vulnerable to this message. The disability activist community's opposition to selective abortion is ultimately influenced by how they describe themselves. The disability community has reframed what it means to have disability, just as feminists have changed how women see themselves. They have come to understand that the stigmatized ideas of the "tragedy" and "suffering" of

²⁵ AM Samaha, 'What Good Is the Social Model of Disability?' (2007) 74 University of Chicago Law Review 1251.

²⁶ N Greenfield, 'Protecting Abortion, Respecting Disability: Moving Beyond "Fetal Impairment" Grounds in the Treaty Bodies' (Oxford Human Rights Hub) <https://ohrh.law.ox.ac.uk/protecting-abortion-respecting-disability-moving-beyond-fetal-impairment-grounds-in-the-treaty-bodies/> accessed 7 April 2026.

"the disabled" are partly a result of the exclusion of disabled persons from society.²⁷ It is true that disabled people who have no relationships to other disabled people in their communities are assigned a tragic, difficult life. In actuality, discriminatory attitudes and careless actions, as well as the subsequent exclusion and lack of accommodations, are what make life tough³⁹. One of the most crippling aspects of disability is oppression.

- 4. Role of Health Care Providers and Medical Ethics:** Health care professionals are not exempt from prejudices and false beliefs about persons with disabilities, and surely some of them still do consider disability to be a medical problem that requires treatment rather than a social construct that calls for societal reform. Prenatal genetic counselors screen for genetic markers and advise expectant parents on their options if a disability is detected. Abortion opponents claim that by doing so, they "discriminate" on the basis of disability.²⁸ Ableism is the history of discrimination of people with disabilities in the healthcare system. This argument conceals patterns of systemic discrimination against women and girls with disabilities that present in the health care system while supporting the idea of fetal personhood or the notion that a fetus has the same rights as a person. A crucial factor that connects with the ideas of autonomy, beneficence, and non-maleficence is the role of physicians and medical ethics in the context of selective abortion based on disability.²⁹ Doctors are crucial in helping pregnant parents who have received a prenatal impairment diagnosis by caring for and advising them. Healthcare providers are required by medical ethics to manage this delicate situation while keeping their moral obligations and the tenets of good medical practise.

Hippocrates Oath is one of the texts that healthcare practitioners consult when they face ethical dilemmas.³⁰ The Hippocratic Oath is often associated with the "do no harm" or "nonmaleficence" tenet. It highlights the ethical duty of physicians to put their patients' health and safety first. This rule directs medical practitioners to weigh the benefits and risks of their choices. There are various ways to interpret the phrase "diseased" as it appears in the Hippocratic Oath. The phrase might refer to the existence of a diagnosed disability or condition

²⁷ C Higgins Tejera, W Horner-Johnson and EM Andresen, 'Application of an Intersectional Framework to Understanding the Association of Disability and Sexual Orientation with Suicidal Ideation among Oregon Teens' (2019) 12 Disability and Health Journal 557.

²⁸ M Kemple, F Ahmad and S Girijashanker, 'Shaping Disability Rights through Shaping the Disability Movement' (2011) 3 Journal of Human Rights Practice 355.

²⁹ Ibid.

³⁰ Peter Tyson, 'The Hippocratic Oath Today' (NOVA | PBS, 27 March 2001) <https://www.pbs.org/wgbh/nova/article/hippocratic-oath-today/> accessed 7 April 2026.

in the fetus in the context of selective abortion based on disabilities.

Medical experts, ethicists, and academics disagree on how to interpret the Hippocratic Oath and how it feels about discriminatory abortion based on impairments. Based on individual perspectives and ethical frameworks, opinions on this matter can vary. Some contend that the Hippocratic Oath forbids any kind of selective abortion since it would be considered a life-taking action and go against the idea of non-maleficence. From this angle, having a disability does not excuse purposefully terminating a pregnancy.

Others contend that the Hippocratic Oath should be read broadly to include encouraging general well-being, upholding patient autonomy, and taking into account the complicated circumstances surrounding decisions regarding selective abortion. In this perspective, the pregnant woman's general well-being and the freedom to make decisions about her reproductive health are the main considerations.

In conclusion, there are many different ethical concerns with selective abortion based on disability. The utilitarian and consequentialist philosophies raise questions about how little is known about impairment in medicine and the potential harm that can result from making decisions based on outcomes and productivity. The values of non-discrimination and equal treatment emphasize the intrinsic worth and value of every person, regardless of their ability, and they confront the prejudices and misunderstandings that selective abortion fosters in society. The disability rights movement promotes social inclusion and disavows the idea that having a handicap inevitably results in suffering, placing an emphasis on the contribution of societal barriers and prejudice to hardship.³¹ Medical practitioners must strike a careful balance between their ethical responsibilities, the rules of good medical practise, and the various interpretations of the Hippocratic Oath. This is where the roles of healthcare providers and medical ethics come into play.

Selective abortion based on a person's condition raises the bigger question of whether society has the authority to decide which lives are valuable. This conversation explores the social and medical regulation of human reproduction in addition to the freedom to obtain an abortion. It calls for a critical analysis of the underlying eugenic objectives and opposes the normalization of selective abortion as a method of enhancing the perceived quality of life.

The development of a society that values and respects the rights and dignity of those with disabilities is essential going ahead. In order to achieve this, social obstacles must be dismantled, ableism must be addressed, and an inclusive setting must be fostered that maintains

³¹ 'Artificial Intelligence in Healthcare and Medicine: Promises, Ethical Challenges, and Governance' (2019) 0 Chinese Medical Sciences Journal 99.

the ideals of non-discrimination, equitable treatment, and social inclusion.³² It also calls for healthcare professionals to critically examine their own prejudices and make sure that decisions about selective abortion are made in a way that prioritizes the autonomy and well-being of pregnant people while taking the complexities of the circumstance into account.³³

To sum up, continuing dialogues and considerations involving many views and ethical frameworks are necessary to address the ethical implications of selective abortion based on handicap. By having these discussions, society may work towards a more equitable and inclusive conception of reproductive choice that upholds the rights and dignity of every person, regardless of their capabilities.

CONVERGENCE IN REPRODUCTIVE RIGHTS AND DISABILITY ADVOCACY: EXPLORING THE INTERSECTION OF CHOICE AND INCLUSION

A shared vision that serves both lobbies can bring the competing rights together. An overlapping social model between those in the reproductive rights movement who use a reproductive justice framework (the understanding that multiple, intersecting structural factors influence both) and those in the disability rights movement who use a social model of disability (the idea that the source of oppression for those with disabilities is the negative social attitudes towards disability rather than the disability itself).³⁴

The social model of disability challenges the idea that disability is only an individual issue and emphasizes that societal stigma, discriminatory attitudes, and hurdles to full inclusion and involvement for individuals with disabilities are caused by these factors.³⁵ By adopting this paradigm, we acknowledge that the societal structures and processes that uphold inequality and restrict the exercise of rights for people with disabilities are the true sources of oppression.

The reproductive justice framework also emphasizes that access to abortion and contraception

³² NJ Williams, 'Harms to "Others" and the Selection Against Disability View' (2017) 42 *Journal of Medicine and Philosophy* 154.

³³ Ibid.

³⁴ Dina P Senderowicz and R Nandagiri, 'Global Reproductive Justice: A New Agenda for Feminist Economics?' (2025) 31(1) *Feminist Economics* <https://doi.org/10.1080/13545701.2025.2462667> accessed 7 April 2026.

³⁵ UNFPA and Women Enabled International, *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* (November 2018) https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf accessed 7 April 2026.

is only one aspect of women's reproductive rights.³⁶ It acknowledges the importance of considering the social, economic, and political factors that shape how people reproduce, particularly for marginalized communities. The rights to obtain adequate reproductive healthcare, to choose whether or not to have children, and to parent with dignity and without coercion or discrimination are all supported by this paradigm.³⁷

By combining these two perspectives, we may create a more comprehensive picture of the difficulties faced by people who have reproductive rights and disabilities. Recognizing how ableism and prejudice affect parenting, access to healthcare, and reproductive choices is necessary to achieve this. It also entails overcoming structural obstacles that disproportionately harm people with disabilities, such as a lackluster healthcare system, constrained support systems, and societal prejudices.

Fostering cooperation and communication between proponents of disability rights, proponents of reproductive rights, legislators, and healthcare professionals is essential to achieving this convergence. Together, we can create inclusive policies and procedures that uphold the rights to dignity, freedom of choice, and equity while fostering the reproductive autonomy of people with disabilities. This may entail expanding access to reproductive healthcare services that are considerate of the needs of people with disabilities, fostering inclusive, disability-affirming comprehensive sex education, and critiquing ableist myths that support exclusion and discrimination.

The intersection of reproductive and disability rights is ultimately a plea for justice and inclusivity. It calls for acknowledging the inherent worth and autonomy of people with disabilities in making choices regarding their sexual and reproductive lives, as well as making sure that their rights and dignity are protected. We may work towards a more equitable and empowered society for all by embracing a unified vision that upholds the social model of disability and the reproductive justice framework.

³⁶ Bianca Hall, Cynthia Akwatu and Antoinette Danvers, 'Reproductive Justice as a Framework for Abortion Care' (2023) 66 Clinical Obstetrics and Gynecology 655 <https://doi.org/10.1097/GRF.0000000000000811> accessed 7 April 2026.

³⁷ Ibid.

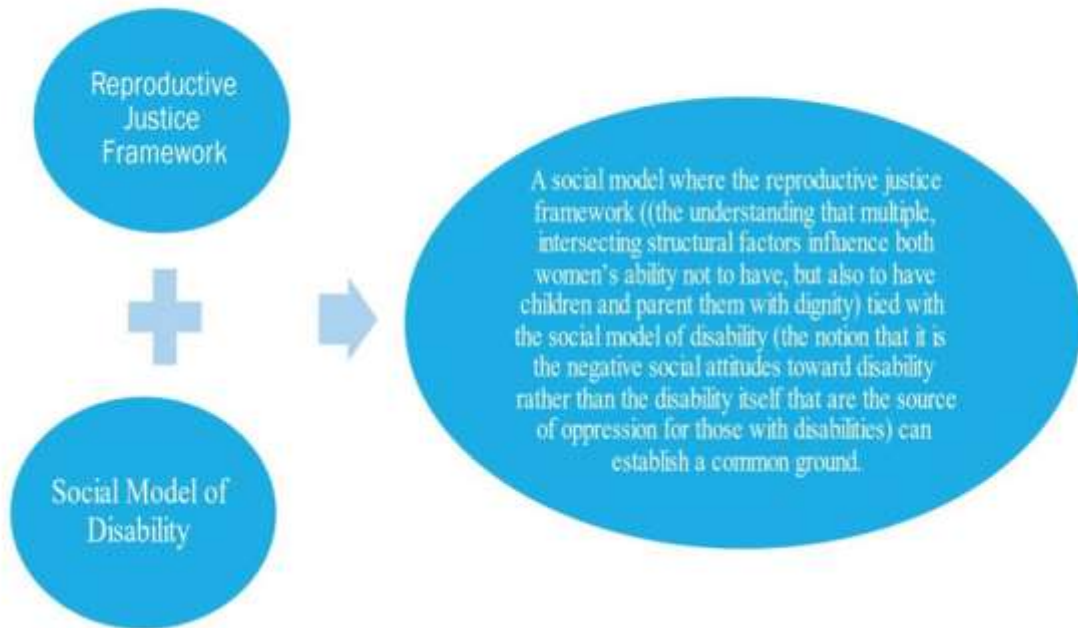


Figure 1: A Social Model on the Convergence of the above competing rights.

