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THE EQUILIBRIUM BETWEEN A WOMAN'S RIGHT TO PRIVACY AND TERMINATION OF PREGNANCY

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ABSTRACT
Right to privacy is intrinsically linked to right to dignity of a person. Constitution of India promises a dignified life based on justice, equality, liberty and fraternity. Gender justice is a cherished constitutional right. A woman does not have the absolute freedom to terminate her pregnancy in India. It is statutorily regulated by Medical Termination of Pregnancy (MTP) Act 1971.According to the Bharatita Nyaya Sanhita 2023, causing Miscarriage is a punishable offence. The MTP Act provides certain conditions under which termination of pregnancy is legal. Right to privacy under article 21 of the Constitution includes the reproductive autonomy also. The woman will be free to take a decision on termination of her pregnancy, how many children to have, how long to wait between pregnancies, etc. Women's reproductive autonomy is hampered by a number of reasons, including the patriarchal nature of families, conventional social attitudes, religious views, a lack of legal knowledge, inadequate rural health care, a lack of education, reluctance to family planning, and a lack of informed consent. Reproductive autonomy is an integral part of gender equality. This article aims to investigate the degree to which our legal system upholds her right to privacy with regard to her termination of pregnancy.

Keywords: Termination of Pregnancy, Right To Privacy, Gender Equality, Reproductive Rights.

1. INTRODUCTION
Gender equality, human dignity, and privacy are essential for a woman's basic life. A woman should have the freedom to make her own choices regarding her body and life. The right to privacy is acknowledged in significant human rights documents to which India is a party. Although right to privacy not explicitly stated in Part III of the Constitution, the honourable Supreme Court interpreted privacy as an integral part of the right to life under article 21 of the Constitution. The right to take a decision on termination of pregnancy is an aspect of gender equality and gender autonomy of a woman. Medical Termination of Pregnancy (M TP) Act 1971 regulates the procedure of abortion in India. The Act permits termination of pregnancy on certain limited grounds on the certificate of a registered medical practitioner. It can be seen that reproductive health of a woman is adversely affected by illegal and forceful abortion. The Constitution of India recognises the right to health of a woman which includes the reproductive health and autonomy. Judiciary has taken some progressive movements to protect the reproductive autonomy of a woman with regard to termination of pregnancy.

2. REPRODUCTIVE AUTONOMY AND TERMINATION OF PREGNANCY
The right to privacy is intertwined with the fundamental right to life and liberty. An individual's privacy is a vital component of their personal freedom. The privacy of a person's family, residence, or communications is recognized as a fundamental human right that requires

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safeguarding against arbitrary interference by the State. Universal Declaration of Human Rights (U DHR)1948 states that no one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks. International Covenant on Civil and Political Rights (I CCPR)1966 guarantees the right to privacy of a person in almost similar terms. The Convention on the Rights of the Child (CRC) 1989 states that a child shall not be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation. The child has the right to the protection of the law against such interference or attacks. The International Convention on the Protection of the Rights of all Migrant Workers and Members of Their Families (I CMW)1990 protects the rights to privacy of migrant workers or members.

There can be no discrimination on the enjoyment of human rights on the basis of gender. Gender discrimination is a violation of human rights. According to Article 1 of Convention on the Elimination of all forms of Discrimination Against Women (C EDAW) 1979 "Discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.Achieving gender equality and safeguarding against gender discrimination is vital for both women's advancement and progress of society. The preamble of Universal Declaration of Human Rights (UDHR)1948 states that the recognition of the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world. UDHR upholds the equal rights and intrinsic dignity of every individual. Human rights are granted to all individuals, regardless of being male or female, without any distinctions. Women must have equal involvement in political, civil, economic, social, and cultural spheres at national, regional, and international levels. Woman is entitled to right to privacy without any differentiation.

The Special Rapporteur designated by UN Human Rights Council reported that due to advancements in technology, the right to privacy is confronted with new challenges in an increasingly globalized society. Individuals are more frequently exposed to arbitrary intrusions into their private lives.

The Committee on the Elimination of Discrimination against Women, affirming that access to health care, including reproductive health is a basic right. States have the duty to ensure on a basis of equality of men and women, access to health-care services, information and education implies an obligation to respect, protect and fulfil women’s rights to health care, equal access to health-care services, information and education. States parties have the responsibility to ensure that legislation and executive action and policy comply with these three obligations. They must also put in place a system that ensures effective judicial action. Both women and men have the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights. The human rights conventions guarantee reproductive autonomy which includes the freedom to take decision on her reproductive health.

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3. REGULATION OF TERMINATION OF PREGNANCY IN INDIA

In India, inducing a miscarriage is a criminal offence under the provisions of the Bharatiya Nyaya Sanhita (BNS) 2023. Section 88 of (B NS) penalises miscarriage as follows. Whoever voluntarily causes a woman with child to miscarry, shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both; and, if the woman be quick with child, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine. A woman who causes herself to miscarry, is within the meaning of this section. Section 89 states that whoever commits the offence under section 88 without the consent of the woman, whether the woman is quick with child or not, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine. Section 90 provides that whoever, with intent to cause the miscarriage of a woman with child, does any act which causes the death of such woman, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine. Where the act is done without the consent of the woman enhanced punishment is given. It is not essential that the offender should know that the act is likely to cause death. According to section 91 of B NS whoever before the birth of any child does any act with the intention of thereby preventing that child from being born alive or causing it to die after its birth, and does by such act prevent that child from being born alive, or causes it to die after its birth, shall, if such act be not caused in good faith for the purpose of saving the life of the mother, be punished with imprisonment of either description for a term which may extend to ten years, or with fine, or with both.Section 92 states that if the above mentioned act caused death he would be guilty of culpable homicide, and does by such act cause the death of a quick unborn child, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

The Medical Termination of Pregnancy Act (MTP),1971 provides certain exceptions to the offence of miscarriage and legalise termination of pregnancy on certain grounds. A pregnant woman does not have an absolute right to terminate her pregnancy on her request. The right is governed by the provisions of the Medical Termination of Pregnancy Act (MTP) 1971.The Shantilal Shah Committee's report served as the basis for the Act's passage. The Government of India set up the Shantilal Shah Committee in 1964 to recommend measures for reducing the high maternal morbidity and mortality associated with illegal abortions. The report was submitted in the year 1966 which recommended the broadening and rationalisation of laws related to abortion. MTP Bill was introduced in Rajya Sabha in 1969, referred to Select Joint Committee Review and finally passed as the MTP Act in 1971 and implemented in April 1972. The Committee identified that inadequate access (shortage of M TP clinics due to delay in recognition of private clinics and lack of trained manpower /equipment in Government health facilities), lack of privacy and confidentiality, lack of information or knowledge about availability of services and dangers of unsafe abortions, cost of services, social values and prejudices and women's role in decision-making are the reasons for unsafe (illegal) abortions in India.

Medical Termination of Pregnancy (M TP) Act 1971 and the Rules provides for the conditions under which termination of pregnancy can be certified by a registered medical practitioner, the experience required for registered medical practitioner, place where the procedure can be done and the gestational periods.

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According to section 3 of M T P Act pregnancy may be terminated by a registered medical practitioner where the length of the pregnancy does not exceed twenty weeks, if such medical practitioner is satisfied in good faith that the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality. Where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules (Rule 3 B) made under this Act, opinion of not less than two registered medical practitioners is required .As per rule 3 B as amended by Medical Termination of Pregnancy (Amendment) Rules, 2021 ,the following categories of women shall be considered eligible for termination of pregnancy, for a period of up to twenty-four weeks, namely:-

(a) survivors of sexual assault or rape or incest;
(b) minors;
(c) change of marital status during the ongoing pregnancy (widowhood and divorce);
(d) women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)];
(e) mentally ill women including mental retardation;
(f) the foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped; and
(g) women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government.

The 2024 amendment Act substituted the word 'women with intellectual disability' in clause (e) replacing mental retardation and enlarged the scope of the section. In the case of minors or mentally ill persons, Court will apply the Best Interest Tests.

Explanations 1 and 2 to section 3 liberalise the scope of the term 'grave injury to the mental health of the pregnant woman'. Explanation 1 states that where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman.

Rape is a grave violation of human rights and an aggravated form of gender violence against women. The MTP Act takes a lenient attitude towards termination of pregnancy which is caused by rape. Explanation 2 to section 3 provides that where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman and she is eligible for termination of pregnancy.

The provisions relating to the length of the pregnancy (gestational periods) shall not apply to the termination of pregnancy by the medical practitioner where such termination is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed by a Medical Board.

Rule (2 C) of Medical Termination of Pregnancy (Amendment) Rules, 2021 provides for the constitution of Medical Board with the following members namely a Gynaecologist, a Paediatrician, a Radiologist or Sonologist and such other number of members as may be notified in the Official Gazette by the State Government or Union territory.

The M TP Act tries to prevent illegal abortion by specifying the places where abortion can be done. Due to the social stigma attached to abortions, people especially unmarried girls prefer abortions in private clinics to avoid documentation. The sex selection and female foeticide also

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leads to illegal and forceful abortions. According to section 4 of the Act, termination of pregnancy shall not be made at any place other than a hospital established or maintained by Government, or a place for the time being approved for the purpose of this Act by Government or a District Level Committee constituted by that Government with the Chief Medical Officer or District Health Officer as the Chairperson of the said Committee. Rule 3 of The Medical Termination of Pregnancy Rules, 2003 explains the composition of District Level Committee. One member of the District Level Committee shall be a Gynaecologist/ Surgeon/Anaesthetist and other members from the local medical profession, non-governmental organization, and Panchayat Raj Institution of the District. There shall be at least one-woman member. Section 5 states that the termination of pregnancy by a person who is not a registered medical practitioner shall be an offence punishable with rigorous imprisonment.

In Mamta Verma V Union of India the petitioner aged 26 years, filed a writ petition seeking directions to the respondents to allow her to undergo medical termination of her pregnancy. She apprehended danger to her life, having discovered that her foetus was diagnosed with Anencephaly, a defect that leaves foetal skull bones unformed and is both untreatable and certain to cause the infant's death during or shortly after birth. This condition is also known to endanger the mother's life. On the basis of report of the medical board petition was allowed by the Supreme Court.

4. RIGHT TO PRIVACY AND TERMINATION OF PREGNANCY IN INDIA

There is no explicit clause in the Constitution of India that ensures privacy for its citizens. However, through an innovative interpretation of article 21 of the Constitution, the judiciary has elevated the status of right to privacy to a fundamental right. The recognition of the right to privacy was very slow and gradual in India. In Francis Coralie Mullin V. UT of Delhi, Bhagwati J., stated that "The right to life as outlined in article 21 should not be limited to mere survival. Right to life means right to a dignified life." The Supreme Court interpreted that right to life includes all those rights which are necessary for a person to lead a meaningful life.

In Rajagopal V State of Tamil Nadu, Supreme Court while dealing with right to privacy and freedom of press observed that a citizen has a right to safeguard the privacy of his own, his family, marriage, procreation, motherhood, child-bearing and education among other matters. It is the right to be let alone.

In Kharak Singh V State of U.P Court held that "Personal autonomy includes both the negative right of not to be subject to interference by others and the positive right of individuals to make decisions about their life, to express themselves and to choose which activities to take part in."

In Suchitra Srivastava V Chandigarh, Administration the apex court held that "Woman's right to make reproductive choices is also a dimension of personal liberty under article 21 of the Constitution of India. Reproductive choices included right to procreate as well as to right to abstain from procreating. It is necessary that woman's right to privacy, dignity and bodily integrity should be respected."

In the landmark judgement of Justice K.S. Puttaswamy (Retd) V Union of India which is popularly known as Aadhar case, the Supreme Court affirmed that the right to privacy is constitutionally safeguarded and is part of article 21, which includes the right to a dignified life. The sanctity of marriage, the liberty of procreation, the choice of a family life and the dignity of being are matters which concern every individual irrespective of social strata or economic well

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being. The pursuit of happiness is founded upon autonomy and dignity. Both are essential attributes of privacy which makes no distinction between the birth marks of individuals."

Dr. Chandrchud J., Observed that "The ability of an individual to make choices lies at the core of the human personality. The right to privacy is an element of human dignity. The sanctity of privacy lies in its functional relationship with dignity. Privacy ensures that a human being can lead a life of dignity by securing the inner recesses of the human personality from unwanted intrusion. Privacy recognises the autonomy of the individual and the right of every person to make essential choices which affect the course of life. In doing so privacy recognises that living a life of dignity is essential for a human being to fulfil the liberties and freedoms which are the cornerstone of the Constitution.". The right to privacy is not an absolute right and may be subjected to reasonable restrictions imposed by law. Mr. 'X' V Hospital 'Z' Court emphasised that privacy is not an absolute right and may be lawfully restricted for the prevention of crime, disorder or protection of health or morals or protection of rights and freedom of others.

After the decision of Aadhar case, it can be inferred that right to take a decision on termination of pregnancy comes under the right to privacy which is constitutionally protected in India. Reproductive autonomy of a woman shall be consistent with her right to termination of pregnancy.

Marital rape is not a punishable offence in India and it is considered as an exception to rape under Bharatiya Nyaya Sanhita (BNS)2023. The M TP Act is silent on pregnancy caused by marital rape. According to CEDAW ,"Family violence is one of the most insidious forms of violence against women. It is prevalent in all societies. Within family relationships women of all ages are subjected to violence of all kinds, including battering, rape, other forms of sexual assault, mental and other forms of violence, which are perpetuated by traditional attitudes. Lack of economic independence forces many women to stay in violent relationships."

The right to health is also a fundamental aspect of the right to life.The health issues experienced by women differ from those of men because of their reproductive functions. The gender imbalance present in families and society puts women in a less favourable position regarding healthcare as well. In the case of State of Punjab V Mohinder Singh Chawla,the court emphasized that the government has a constitutional duty to provide health services.

In the case of X V Principal Secretary, Health and Family Welfare Department, Government of N CT of Delhi the Supreme Court has adopted a rights-based perspective to safeguard the reproductive autonomy and privacy of an unmarried women. The appellant wished to terminate her pregnancy as her partner had refused to marry her at the last stage. She stated that she did not want to carry the pregnancy to term since she was wary of the "social stigma and harassment" pertaining to unmarried single parents, especially women. Moreover, the appellant submitted hat in the absence of a source of livelihood, she was not mentally prepared to raise and nurture the child as an unmarried mother. The appellant stated that the continuation of the unwanted pregnancy would involve a risk of grave and immense injury to her mental health She challenged section 3(2)(b) and rule 3B of the M T P Act, arguing that they violated article 14 of the Constitution by discriminating against unmarried women in the application of the Act. The court allowed the appeal and ruled that Rule(3)(B)(c) should be interpreted to include unmarried women. The phrase "change in marital status" referenced in Rule 3B (c) should be understood as

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a change in relationship status to encompass unmarried women who have parted ways with their partners.

In the recent decision of the apex court in Mrs C Vs the Principal Secretary Health and and Family Welfare Department, Government of N CT of Delhi the apex court gave wide interpretation to the term "change in marital status" which is specified under Rule 3B of the M TP (Amendment) Rules 2021.The petitioner approached the Court for the termination of pregnancy arises from a live-in-relationship. She prayed that continuing the ongoing pregnancy was causing grave injury to the physical and mental health and well-being of the Petitioner and would cause social stigma. Moreover, she was already working multiple jobs to support herself and her first child, and therefore, the ongoing pregnancy caused mental strain on her as she did not have the financial stability to care for a second child. Rule 3B of the MTP (Amendment) Rules 2021 specifies that a woman who experiences a change in marital status during an ongoing pregnancy is eligible to seek termination after 20 weeks of gestation. In this case, the Petitioner, though legally married, has been abandoned by her husband. Additionally, she conceived this pregnancy from a live-in relationship, but her partner has since become untraceable, and they no longer cohabit. Supreme Court emphasised that M TP Act is a welfare legislation, aimed at providing reproductive autonomy to women which is inextricably linked to bodily autonomy and the right to live a dignified life enshrined under article 21 of the Constitution. The decisional autonomy or the right of a person to make self- determined choices is also recognised as an integral art of the right of privacy.The Court is of the opinion that the continuation of the ongoing pregnancy of the petitioner poses a risk to her mental well-being considering the reasonably foreseeable environment for both the petitioner and the unborn child and allowed the application for termination of pregnancy.

a. The right to Confidentiality

Confidentiality of data is a component of reproductive autonomy. Medical practitioners have an ethical responsibility to keep the confidentiality of treatment. Mr. 'X' V Hospital 'Z' , court opined that doctor-patient relationship, though basically commercial, is, professionally, a matter of confidence and, there-fore, doctors are morally and ethically bound to maintain confidentiality. Privacy necessitates that communication between the physician and the woman during procedures of abortion shall be kept confidential. The Medical Termination of Pregnancy Act of 1971 mandates that healthcare providers shall safeguard the identity of the woman. Those who breach the confidentiality of women may face imprisonment for up to one year, a fine, or both.

b. Informed consent

Obtaining informed consent from the woman is crucial for the protection of her autonomy. Free and informed consent of woman is essential in reproductive health care. The patient shall be informed of the nature of the proceeding, costs of proceeding its benefits and side effects. When a woman is unable to provide informed consent due to mental incapacity and in cases involving minors her guardian must make the decision regarding the abortion. The pregnancy of a woman, who has not attained the age of eighteen years, or, who having attained the age of eighteen years, is a mentally ill person shall not be terminated except with the consent in writing of her guardian.

In the case of Suchitra Srivastava V Chandigarh Administration the pregnant woman, who was a victim of rape, stated her desire to proceed with the pregnancy; however, the High Court ordered the termination, reasoning that her choice was not informed. The woman was experiencing

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mental retardation. The victim was an orphan, so the State took on the role of her guardian. On appeal,the Honourable Supreme Court stated that the woman's consent is essential to apply the provisions of the M T P Act, and in this case, she was able to provide informed consent since her mental illness was not severe. When a woman is an adult and capable of giving informed consent, the State cannot assume the role of her guardian. This means that there should be no restriction whatsoever on the exercise of reproductive choices such as a woman's right to refuse participation in sexual activity or alternatively the insistence on use of contraceptive methods. Furthermore, women are also free to choose birth-control methods such as undergoing sterilisation procedures. Taken to their logical conclusion, reproductive rights include a woman's entitlement to carry a pregnancy to its full term, to give birth and to subsequently raise children.

CEDAW specifies that women's right to education includes "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning. Compulsory sterilization or abortion adversely affects women's physical and mental health, and infringes the right of women to decide on the number and spacing of their children. In Devika Biswas V Union of India the court affirmed that a woman's choice to either bear a child or participate in a sterilization program for family planning is an aspect of her right to privacy and reproductive health. The decision regarding family planning should be made freely and voluntarily by her.

5. NATIONAL POPULATION POLICY OF INDIA

The National Population Policy is formulated to control population as well as to maintain reproductive health of women. It focusses on health of population especially the maternal and child health. Sound policy on birth control measures include safe and legal abortions also. In India termination of pregnancy is practised as a method of family planning also. The immediate objective of the National Population Policy (N PP)2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The policy recognises that malnutrition, frequent pregnancies, unsafe abortions, Reproductive Tract Infections, and Sexually Transmitted Infections, all combine to keep the maternal mortality ratio in India among the highest globally. The extent of maternal mortality is an indicator of disparity and inequity in access to appropriate health care and nutrition services throughout a lifetime, and particularly during pregnancy and child-birth, and is a crucial factor contributing to high maternal mortality

a. Comprehensive Abortion Care

World Health Organisation(WHO) issued technical guidance in 2003 to strengthen the capacity of health systems to provide safe abortion care (SAC) and Post abortion care (PAC). PAC is the global strategy to reduce death and suffering from the complications of unsafe and spontaneous abortion and comprises five elements:

a. Treatment of incomplete and unsafe abortion and complications that are potentially life-threatening.

b. Counselling to identify and respond to women's emotional and physical health needs and other concerns.

c. Contraceptive and family planning services to help women prevent an unwanted pregnancy or practice birth spacing.

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d. Reproductive and other health services that are preferably provided on-site or via referrals to other accessible facilities in providers' networks.
e. Community and service provider partnerships for prevention of unwanted pregnancies and unsafe abortion, mobilization of resources to help women receive appropriate and timely care for complications from abortion and ensuring that health services reflect and meet community expectations and need.

Ensuring Comprehensive Abortion Care (CAC) services is now an integral component of the efforts made by the Government of India to bring down maternal mortality and morbidity in the country. The guidelines were issued in the year 2010 and amended in 2018. According to the guidelines of Ministry of Health and Family Welfare Government of India, "Abortion care services should be transformed from being just a medical procedure into a woman centred CAC approach. This implies providing safe and legal abortion services, taking into account different factors influencing a woman's physical and mental health needs, her personal circumstances and the ability to access abortion services. The three key elements of this approach, which would help the transition of abortion care to being woman-centred care, are:
a. Choice: giving woman the options to choose from the methods for the termination of pregnancy and post-abortion contraception
b. Access: making services available near her home
c. Quality: care provided with all the standard norms followed as under high quality of care including provision of adequate time for counselling , maintenance of privacy and confidentiality ,use of internationally recommended technologies, such as MVA, EVA and MMA , adherence to appropriate clinical standards and protocols for infection prevention, pain management, management of complications and other clinical components of care , provision of post-abortion contraceptive services, including emergency contraception and provision of reproductive and other health services, such as RTI/STIs and counselling on sexual behaviour.

According to World Health Organisation States must respect, protect and fulfil abortion seekers' rights, including their sexual and reproductive health and rights. States should take positive steps to secure an enabling regulatory and policy environment that will ensure the universal availability, accessibility, acceptability and quality (AAAQ) of abortion and post-abortion care.

Maternal health is an indicator of development of a country.The government initiative called Integrated strategic approach under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) states that "In Social determinants for maternal and child mortality include marriage and childbirth at a very young age, less spacing between births and low literacy level among women, in particular those belonging to the urban poor and rural settings, and socially-disadvantaged groups (such as scheduled castes and tribes). Access to and use of contraceptives, particularly modern, non-permanent contraceptives, and access to safe abortion services are also factors that influence maternal health and child survival."

6. CONCLUSION

The woman has to face a lot of procedural hurdles and bureaucratic intervention to receive a decision on her termination of pregnancy. When the procedure for lawful abortion becomes hard, the rate of illegal abortion increases. A woman's reproductive health encompasses her reproductive freedom to make choices regarding her body and life. Any interference with her reproductive health infringes on her rights to privacy and dignity. Numerous factors such as the patriarchal family structure, sex-selective practices, restrictive abortion regulations, insufficient sex

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education, inadequate healthcare infrastructure, malnutrition, financial limitations stemming from unpaid gender responsibilities, underdevelopment in rural regions, discriminatory actions by the state and society, sexual violence including marital rape, unethical and unhealthy practices in artificial reproductive technologies, surrogacy, and female genital mutilation represent prevalent obstacles to a woman's reproductive autonomy in India. The amendments made in 2021 introduced significant changes aimed at safeguarding a woman's reproductive autonomy and privacy. It expanded the grounds on which women can seek an abortion and broadened the categories of women eligible for this procedure. The limit for pregnancy termination was raised to 24 weeks from the previous 20 weeks. Medical Boards are now authorized to assess the viability of abortions after the 24-week mark. Reproductive health can be preserved by enhancing the overall health of the community. Educated and empowered women tend to prefer spending more time engaged in the outside world rather than at home. They should have the freedom to make choices that influence their lives and freedoms. All laws, including personal regulations, should be interpreted in a way that upholds the liberty and dignity of women. When a woman is educated and financially self-sufficient, she is in a stronger position. There must be adequate awareness and financial support for women to tackle the challenges presented by a globalized society.

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