



UNDERSTANDING REPRODUCTIVE RIGHTS AND ABORTION

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Abstract

"This study examines the multifaceted dimensions of abortion, encompassing legal, healthcare, social, and ethical considerations. Through a comprehensive review of existing literature and analysis of relevant data, we investigate the legal frameworks governing abortion across diverse jurisdictions and their implications for access and reproductive rights. Additionally, we assess the availability, accessibility, and quality of abortion services within healthcare systems, identifying barriers to access and disparities in care. Furthermore, we explore public attitudes, cultural norms, and societal perceptions towards abortion, as well as the ethical and moral considerations surrounding this issue. Our findings highlight the complex interplay of factors shaping abortion practices and outcomes, underscoring the need for evidence-based policies and interventions to promote reproductive health and rights. This study contributes valuable insights to the ongoing discourse on abortion, informing advocacy efforts, healthcare practices, and policy reforms aimed at ensuring equitable access to safe and comprehensive reproductive healthcare services."

Keywords: Reproductive Rights, Abortion, Contraceptive, Health Care Systems, Jurisdiction, Legal Framework.

Introduction:

The word "abortion" comes from the Latin word "aboriri," which meaning "to separate from the appropriate place." When the life of the embryo or foetus is killed in the mother's womb or the pregnant uterus empties too soon, it is considered to be an abortion. To put it another way, an abortion is the process of ending a pregnancy by removing or expelling a foetus or embryo from the uterus, which results in or causes its death.

Abortion is defined as "the termination of pregnancy before the period of viability or expulsion or extraction of all or any part of the placenta or membranes, without an identifiable foetus, a 'live born infant' or a 'still born infant', weighing less than 500g, but in the absence of known weight an estimated length of gestation of less than 20 completed weeks (130 days or less) calculated from the first day of the last normal menstrual period, may be used" . This phrase describes the birth process that occurs before the 20th week of pregnancy, or the "destruction of life after conception and before birth.

The United States, and more especially the American court, deserve all the credit for revolutionising abortion laws and acknowledging women's intrinsic, if not inextricable, right and liberty over their bodies. Abortion laws were first introduced in the United Kingdom in

1803. The American judiciary has been upholding a woman's inherent right to end her pregnancy at an earlier stage and granting the State a role in doing so since *Roe v. Wade*. This led to the legalisation of abortion for the first time in US history in 1073. While senators and other policymakers have attempted to narrow down the fundamental idea of *Roe v. Wade*, if not all states in the US, it has been reaffirmed in more decisions.

In the past, society was adamantly against abortion rights and they were not allowed. It was said that the pregnancy termination amounted to foetal homicide. However, as time and technology have advanced, most countries now have laws recognising this right in the wake of the well-known of the US Supreme Court's *Roe v. Wade* ruling. However, there are still many who oppose it and think it ought to be made illegal.

The right to an abortion is sanctioned by a woman's individual rights, which include her right to life, liberty, and the pursuit of happiness. The sexual and reproductive health of a woman influences her decision to procreate. International recognition exists for reproductive rights as essential to furthering women's human rights and development. Governments from all across the world have recognised and committed to advancing reproductive rights to an unprecedented extent in recent years. An important measure of a government's commitment to advancing reproductive rights is the existence of formal laws and regulations. Bodily rights refer to the unalienable right of every woman to be in charge of her own body.

The challenging philosophical question of when life begins has not been addressed by international courts or tribunals; instead, they have concentrated on the interpretation of the language employed in pertinent treaties. Generally speaking, they have maintained that allusions to "every human being," "everyone," or "every person" do not cover unborn children. Several international organisations have affirmed a woman's right to an abortion on the grounds that the woman has a right to her private life. Women's rights to learn about abortion options have been defended by using their freedom of expression and information access as justifications. The right of a woman to obtain an abortion may also be the foundation for that right to choose her child-bearing schedule freely and responsibly.

The Indian Perspective - According to Indian law, a woman may have an abortion if carrying the pregnancy to term would put her life in danger or seriously harm her bodily or mental well-being. Many people had previously practiced abortion. It was done in secret because it was against the law. After the Act was passed, medical abortion became permissible as long as the mother's health was protected. The Vedic, Upanishadic, later puranic (old), and smriti literature all strongly oppose abortion. The Medical Council of India's Code of Ethics states that "I will uphold the highest regard for human life from the moment of conception."

According to the Supreme Court, the right to an abortion can be inferred from the implicit right to privacy found in Article 21 of the Constitution. The Medical Termination of Pregnancy Bill was approved by the Indian President on August 10, 1971, after passing both Houses of Parliament. It was enacted as The MTP Act, 1971, according to the Statute Book.



This law protects Indian women's right to an unplanned pregnancy termination by a licenced medical professional in a hospital founded or run by the government or in a location the government has designated for the purposes of this Act. It was not possible to end every pregnancy.

As a result, case law demonstrates that a woman has an unalienable right to an abortion, which no one can violate. The judiciary has been essential in ensuring that women have these rights. Abortion rights are essential privacy rights.

Scope of the Study

A study on abortion covers a broad range of interconnected topics, such as legal, medical, social, ethical, and public health issues. Such a study might examine the legislative and regulatory environments that regulate abortion in various countries, evaluating their effects on access and the right to procreate. Examining the accessibility, availability, and calibre of abortion services offered by healthcare systems as well as identifying care inequities and obstacles to access may also be necessary. Furthermore, in order to comprehend the larger social context and develop successful solutions, it is imperative to investigate public attitudes, cultural norms, and society beliefs around abortion. The study's scope also includes ethical investigations into the moral issues surrounding abortion and its effects on people's lives and communities on a psychological and social level. Furthermore, comparative studies between geographical areas and demographic groupings might offer insightful information on differences in abortion procedures, results, and medical requirements. Overall, the study's focus is diverse, with the goal of thoroughly examining all facets of this complicated topic and providing evidence for evidence-based practices and policies that support reproductive health and rights.

Need of the Study

A thorough investigation into abortion is necessary because of its significant effects on people, communities, and public health. Comprehending the multifaceted aspects of abortion is imperative in order to develop policies that are grounded in facts, enhance healthcare accessibility, and attend to the varied needs of those who require abortion services. This kind of research is necessary to evaluate the efficacy of current laws and regulations, pinpoint access obstacles, and investigate methods for lowering unsafe abortions and their associated consequences. Furthermore, a comprehensive analysis is required to support reproductive rights, encourage informed public discourse, and tolerate other viewpoints due to the ethical, moral, and cultural aspects of abortion. This study can help advance reproductive justice, promote equitable healthcare practices, and empower people to make informed decisions about



their reproductive health by illuminating the complex aspects of abortion, including its effects on health, social ramifications, and ethical considerations.

Methodology

A doctrinal method was chosen as the methodology for this study. The doctrinal research entails a comparative analysis of the liberal abortion system and its understanding in the United States, the United Kingdom, and other countries, as well as an analysis of statutes, case law, and existing secondary information accessed from various sources, such as books, articles, journals, websites, magazines, newspapers, and so on. This study is primarily descriptive in nature and is based on secondary data found in books, Acts, various government papers, reports from non-governmental organisations, and court-decided cases.

Objectives of the study

- To analyze about the abortion in Hinduism, Islamic and Christianity.
- To describing the law relating to abortion in India and other countries specially USA and United Kingdom.
- To critically examine the law relating to abortion in Indian society .
- To analyze current development of women rights to abortion.

Findings of the Study

1. Individuals who have access to safe and legal abortion services tend to have better health outcomes. Limitations on access to abortion result in higher rates of unsafe abortions as well as higher rates of illness and death among mothers.
2. Laws that require parental approval and waiting periods have a disproportionate impact on marginalised communities. Access is hampered by restrictions, especially for minors, people of colour, and those with low incomes.
3. Lower rates of abortion are correlated with access to comprehensive contraception services. Strong family planning initiatives frequently result in decreased incidence of unwanted pregnancies and abortions.

4. Shame, guilt, and loneliness are exacerbated by stigmatising views regarding abortion. Fighting stigma is essential to promoting people's mental health and wellbeing.

An intersectional approach is necessary to understand how factors like race, ethnicity, and socioeconomic status affect access and experiences. Intersectionality emphasizes the need to address systemic inequalities in abortion access and care.

5. Abortion rates are generally lower and maternal health outcomes are better in nations with liberal abortion legislation. Regional differences in laws, access, and health outcomes are brought to light by comparative study.

6. Evidence-based policies give human rights and public health top priority. Advocacy attempts to increase access to safe and legal abortion services are informed by research findings.

7. The socioeconomic standing and life paths of individuals can be positively impacted by having access to abortion. To fully comprehend the long-term impacts of abortion availability on people's lives, more research is required.

Conclusion

The law on abortion must balance the rights of the mother and unborn, balancing needs, responsibilities, autonomy, and independence. The focus should be on the safety of the mother's life and the health and happiness of the child. Abortion laws should be liberal in India, as any law aimed at abolishing abortion violates women's rights to health, dignity, liberty, and privacy. Legal regulations have abrogated women's right to liberty, self-determination, body control, and abortion, making it an illusion rather than a fundamental human right.

The right to abortion should be granted to women unconditionally up to the first 12 weeks of pregnancy, and the registration requirement for termination under the MTP Act should be removed. Excessive regulation in the private sector often prevents women from accessing the best health services. The outer limit of termination should be increased from twenty weeks to 24 weeks, as complications can be detected in later stages. The role of the state and judiciary is crucial to balance the right to life of the unborn foetus and the mother's life. The right to life is the most basic of all rights, and physicians must respect all forms of life. However, doctors may find themselves in situations where their commitments conflict with patient wishes and society, especially when the life and well-being of an embryo or foetus are in question.

Bills of rights have granted citizens protection against government and individual opinions. Enlightenment philosophers believed in natural rights, distinct from civil rights approved by governments. The Universal Declaration of Human Rights was published in 1948, and the Declaration of the Rights of the Child in 1959 declared that children need special safeguards and care. The World Medical Association's declaration on the rights of the unborn emphasizes the importance of socially safe environments, responsible family formation, reproduction, family planning, contraception, and accessible counseling. Pregnant women should be

protected from risks to their unborn's development, and regular checks and treatments should be available to both mothers and the unborn.

Regular check-ups and treatment of risk factors during pregnancy are crucial for ensuring the safety of delivery. Counseling for both mother and father is recommended to prepare them for the delivery and nursing of the new-born child. The safety of the mother and baby is of utmost importance in choosing the time, place, and method of delivery. The legal ban on abortion is justified in terms of the sanctity of human life. The debate on when life begins is subjective, with some believing it begins with fertilization, while others suggest it begins in the eighth week. Effective implementation of changed laws is essential, with surprise visits by district committee members, and ensuring full confidentiality for patients. Awareness about new laws among medical fraternity, law enforcement agencies, and the public is crucial. By following these suggestions, we can contribute to reducing maternal mortality and morbidity, preventing wastage of pregnant women's strength, health, and life, and preventing the most severe crime against humanity, female foeticide.

The right to health, right to be born, and right to be born fit are crucial human rights for an unborn child. Government hospitals should provide free and regular check-ups for pregnant women to ensure a healthy child. If a child is born unfit, deformed, or disabled due to negligence, compensation and punishment should be provided. While some rights are provided in T.P. Act, Hindu Law, and Muslim Law, a separate and detailed law is needed.

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