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BEYOND ABORTION: WOMEN'S RIGHTS AND BODILY AUTONOMY

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INTRODUCTION

Sexual and reproductive rights are fundamental human rights. They uphold human rights that are currently safeguarded by various international, regional, and national legal frameworks, standards, and agreements. The right to personal autonomy empowers individuals to make independent and informed choices regarding their bodies, gender identity, health, relationships, and decisions about partnering, marriage, and parenthood without facing discrimination, stigma, coercion, or violence. This right encompasses everyone's ability to experience and express their sexuality, to make personal sexual and reproductive choices free from interference, and to access relevant reproductive and sexual health information, education, services, and support. It also includes the right to protection against torture, inhumane or degrading treatment or punishment, and guarantees freedom from violence, abuse, exploitation, and neglect.

The reproductive capabilities of women shifted from being seen as a mechanism for controlling population growth to a way for women to gain empowerment and exercise autonomy regarding their reproductive and sexual health within their social, economic, and political contexts. Women's overall well-being, particularly in relation to their reproductive and sexual health, is affected not only by their access to healthcare services but also by their social position and prevalent gender discrimination.

This research paper aims to analyze the nature and scope of rights related to women's sexual and reproductive health by examining the legal documents that establish these rights, including the Convention on the Elimination of All Forms of Discrimination Against Women. The importance of these legal provisions is highlighted by real-life examples of rights violations cited in nation reports submitted to the monitoring body of the Convention. The examination is organized into two main categories: personal autonomy, which arises from the right to liberty and includes the rights to life, reproductive choices, and informed consent; and gender equality

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as a facet of equitable resource distribution in society.

AUTONOMY

Autonomy signifies a woman's entitlement to make choices regarding her fertility and sexuality without any form of coercion or harm. Our understanding of coercion and violence plays a significant role in this context. In healthcare environments, the rights to informed consent and confidentiality are essential for ensuring the client's ability to make free choices. These rights obligate healthcare professionals and service providers to work together in specific ways. They must provide information about possible treatments and alternatives to obtain the informed consent of the client, while also respecting her right to refuse treatment. In the same vein, they must maintain confidentiality to allow her to make personal decisions without interference from unapproved individuals who may not prioritize her best interests. The concept of "Autonomy" also implies that a woman seeking medical assistance for her fertility and sexual health deserves to be recognized as an individual, the sole client of the medical professional, and fully capable of making informed decisions regarding her health. This includes, among other factors, her right to equal treatment under the law concerning legal competence.

The Women's Convention, as mentioned earlier, implicitly safeguards women's human rights to manage their reproductive health and sexuality without coercion. The principle of autonomy in health-related decision-making, particularly concerning sexual and reproductive choices, is a derived right from the fundamental human right to freedom. Although the term "Autonomy" is not explicitly referenced in the convention, the principle itself is clearly inherent in the basic rights it grants to women on par with men. Autonomy is closely connected to several fundamental human rights, including freedom, dignity, privacy, personal safety, and bodily integrity. These rights form the basis for asserting claims to informed consent and confidentiality in medical services and health care. Additionally, Article 15 guarantees women equal rights under the law and complete legal capacity. This encompasses the right of women to make free and informed choices relating to their health, medical procedures, and research. Women are entitled to be well-informed about their health care options, including the anticipated benefits and possible adverse effects of recommended treatment options and alternatives, including the choice to refuse treatment.

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ABORTION- A REPRODUCTIVE CHOICE

Unsafe abortion is still a major contributor to maternal death and health issues. Because abortion is illegal in many countries, States Parties' reports to the Committee frequently lack concrete data on the subject, but they consistently show a link between unsafe abortion and higher rates of maternal mortality and health issues, such as excessive bleeding and complications during pregnancy.

For example, Zimbabwe claimed that complications such as bleeding and infections after abortion are the leading causes of mortality; however, precise data is unavailable due to the abortion prohibition. Similarly, the Dominican Republic reported that "illegal abortions" are the third largest cause of maternal death (after toxemia and post-delivery hemorrhages), while also acknowledging severe underreporting.

There is a basis to argue that laws targeting health care services exclusively needed by women, whether aimed at providers or patients, are inherently discriminatory. The criminalization of abortion is particularly egregious as it not only undermines women's rights to make reproductive choices—essentially the ability to make informed and responsible decisions about crucial aspects of their lives—but it also puts them at risk of serious health complications from unsafe abortions, violating their rights to both physical health and, in the most severe scenarios, their very lives.

Numerous nations provide exceptions to the unlawful criteria, allowing legal abortion in restricted circumstances such as when the mother's or fetus's life is in danger, or when the pregnancy is the consequence of rape. In Indonesia, however, rape is not considered a viable justification for legal abortion, implying that the government is compounding the woman's anguish by forcing her to live with the consequences of the assault.

The connection between these ideas and current conversations regarding women's reproductive autonomy stresses both the ongoing desire for individual agency and the significance of societal and political responses[1]. Women have openly or discreetly sought abortion to regulate their sexual options, but their access to services has been impeded by cultural and legal barriers. The legislation governing abortions has continually been updated to reflect the unique historical

[1] Philip Pettit, 'The Instability of Freedom as Noninterference: the case of Isaiah Berlin',2011, Ethics, University of Chicago, Vol 121, Number 4, ISSN- 8866082166.

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and social environment in which they are applied. Regardless of their different forms, goals, and viewpoints, these restrictions have generally focused social expectations while ignoring women's fundamental freedom to choose their own sexuality, fertility, and reproductive alternatives[2]. Thus, the subject of women's physical autonomy emerges.

Clearly, a pregnant woman who wants an abortion must defend her decision. The claim that a pregnancy was intended at conception but is now undesired is not considered an acceptable rationale. She must offer reasons that are consistent with the Act's broad yet rigorous standards. This situation highlights that abortion remains regulated by state-sanctioned conditions rather than a women's right[3].

There is consensus regarding Justice Chandrachud's stance, as he noted in K.S. Puttaswamy V. Union of India[4] that the ability to make decisions about reproductive health is a fundamental guarantee of individual rights under Article 21 of the Indian Constitution, 1950. This indicates the importance of protecting women's rights to privacy, dignity, and bodily autonomy. Critics contend that the MTP Act gives precedence to significant harm to women's physical or mental well-being. This argument suggests that it may put personal liberty at risk. Privacy and the right to make reproductive decisions are also essential considerations. This brings up the issue of whether women possess the exclusive right to decide whether to end a pregnancy.

"Before the fetus is viable" or "before the fetus is able to live autonomously in the extrauterine surroundings, usually before the 20th week of pregnancy" is when a pregnancy is terminated[5]. Every country performs induced abortions, but the choice to end a pregnancy entails many considerations related to health, morality, ethics, religion, society, economy, and the law.

Every state has legal abortion regulations that define the circumstances for abortion. Abortion was not criminalized in Europe or America until the seventeenth century, when it was deemed a minor misdemeanor or a crime, depending on the circumstances. Because of the enormous number of illegal terminations of pregnancy and fatalities, two centuries later, several states have modified regulations within the meaning of allowing voluntary termination of pregnancy[6].

[2] 2 George J. Anna, "The Supreme Court, Privacy and Abortion", 321(17) The New England Journal of Medicine 1200-03 (1989).
[3] Sudha Kulkarni, "Claiming our Sexuality", in Our Lives Our Health 76-82 (Dr. Malini Karkal ed., 1995)
[4] Writ Petition (Civil) No 494 of 2012; (2017) 10 SCC 1; AIR 2017 SC 4161
[5] *The Medical Dictionary Illustrated from A to Z.* Bucharest: Latera Publishing House; 2014.
[6] Bulgaru Iliescu D, Ioan B. Abortion - between procreative liberty and rights of the unborn child. *Revista Română*

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In today's culture, international organizations such as the United Nations and the European Union see the rights to sexual and reproductive health as essential rights and encourage the acknowledgment of abortion as one of those rights[7] [8]. However, not every state has passed legislation allowing for voluntary pregnancy termination.

Currently, there are four types of legislation governing pregnancy termination on the national level:

(i) Prohibitive law: This legislation forbids abortion but usually makes exceptions when the pregnant woman's life is in danger. Abortion is illegal in several nations; but, it may be legalized in emergency instances if the mother's life is at risk. Similar limits exist in a number of countries, with abortion permitted in situations of rape, incest, fetal abnormalities, and other circumstances. This group includes 66 nations, accounting for 25.5% of the world population.[9]

(ii) A restricted law allowing abortion for medical reasons: The term "Health" should be liberally defined in accordance with the World Health Organization's (WHO) definition, which defines "Health" as a state of full physical, mental, and social well-being, rather than the absence of sickness or infirmity[10]. This form of law has been passed in 59 nations, covering 13.8% of the world's population.

(iii) Legislation that permits abortion for socioeconomic reasons: This group includes factors such as the woman's age or capacity to care for a child, fetal abnormalities, incidents of rape or incest, and similar situations. Thirteen nations come under this group, accounting for 21.3% of the global population[11].

(iv) Legislation that allows abortion: Under this law, abortion is allowed for any reason within the first 12 weeks of pregnancy, although there are specific exceptions (e.g., Romania - 14 weeks, Slovenia - 10 weeks, Sweden - 18 weeks). However,

de Bioetică (Rom J Bioethics) 2005;3(2):50–58.

[7] *The European Parliament, The Committee for Women's Rights and Gender Equality. Report about sexual and reproductive health and related rights (2013/2040(INI). 2013. [Online]* http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A7-2013-0306+0+DOC+XML+V0//RO[Accessed 26.05.2018]

[8] Vădăstreanu CI. Legislative measures on violence against women. From international to Romanian law. *Sociology and Social Work Review.* 2017;1(2):14–25.

[9] Center for Reproductive Rights. The World's Abortion Laws 2018. Center for Reproductive Rights, New York, 2018. [Online]

[10] World Health Organization (WHO). Introduction to the Constitution of the WHO, ratified during the International Health Conference in New York from June 19 to July 22. Basic Documents, 45th edition, Supplement, October 2006. [Online] http://www.who.int/governance/eb/who_constitution_en.pdf [Accessed 02.06.2018].

[11] Center for Reproductive Rights. The Global Abortion Regulations 2018. Center for Reproductive Rights, New York, 2018. [Online]

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terminating a pregnancy beyond this period is subject to certain restrictions. This type of legislation is in place in 61 countries, accounting for 39.5% of the world's population.

The WHO's 2011 study titled "Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008" highlighted that in regions with strict abortion laws, there may be a considerable number of unlawful abortions. Such illegal procedures can endanger women's health and lives due to the use of unsafe methods, poor sanitary conditions, and incorrect medical care[12]. While medically conducted abortions carry a very low risk of complications, 1-3 unsafe abortions are a significant contributor to maternal morbidity and mortality worldwide[13].

WHO estimates that in 2008, women aged 15 to 44 performed 21.6 million "unsafe" abortions, which had a high level of risk and were broken down as follows: 0.4 million in industrialized areas, and a total of 21.2 million in developing states[14].

LAW ON ABORTION IN DIFFERENT COUNTRIES

Although the statutory meaning of abortion varies greatly by location, the vast majority of nations allow abortion under certain conditions; twenty-two countries outright prohibit abortion. Most industrialized nations permit the treatment without limitation. Approximately one hundred nations have certain limitations, with abortion being permitted only in restricted circumstances, such as economic reasons, hazards to a woman's physical or mental health, or the existence of fetal defects. However, legislative wording establishing exemptions for fetal disability is typically ambiguous, leading to doubt for medical practitioners about the legality of performing particular abortions.

Many international frameworks, along with the UN Human Rights Committee and regional human rights courts like the European Court of Human Rights, the Inter-American Court of

[12] Department of Reproductive Health and Research; World Health Organization (WHO). Unsafe abortion: global and regional evaluations of the frequency of unsafe abortion and associated mortality in 2008. 6. Geneva, Switzerland: WHO Publication; 2011. pp. 199-200.
[13] G. Sedgh, S. Singh, I. Shah, E. Åhman, S. K. Henshaw, and A. Bankole. Induced abortion: Global occurrence and trends from 1995 to 2008. Lancet. 2012;379(9816):625–632.
[14] Department of Reproductive Health and Research; World Health Organization (WHO) *Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008.* 6. Geneva, Switzerland: WHO Publication; 2011. pp. 199–200.

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Human Rights, and the African Commission on Human and Peoples' Rights, have recognized the right to safe abortion as a human right. During the 1994 International Conference on Population and Development held in Cairo, 179 nations agreed on a plan of action that included a commitment to prevent unsafe abortions. In 2015, the United Nations updated its 2030 Framework for Sustainable Development to incorporate universal access to reproductive health care services. The WHO first declared unsafe abortion an epidemic in 1967, and in 2003, it published technical and policy recommendations, suggesting that countries adopt abortion laws to protect women's health. According to a report from the UN Population Fund, addressing unmet family planning needs could significantly reduce maternal mortality and abortion rates by up to 70% in low-income countries. The reference for this includes the Department of Reproductive Health and Research; World Health Organization (WHO) Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and related mortality in 2008. Geneva, Switzerland: WHO Publication; 2011. pp. 199–200. Additionally, Sedgh G, Singh S, Shah IH, Åhman E, Henshaw SK, and Bankole A reported the incidence and trends of induced abortion globally from 1995 to 2008 in the Lancet.

Statute law, which consists of laws enacted by governing authorities, often forms part of criminal or penal codes and includes regulations limiting abortion practices. The Human Fertilization and Embryology Act of 1990, which revised the 1967 Abortion Act, established specific conditions under which abortion is permitted in Great Britain (excluding Northern Ireland). In the UK, the Offences against the Person Act of 1861 made abortion a criminal offense under sections 58 and 59. The criminalization of abortion was further clarified by the Infant Life Preservation Act of 1929. Legal justifications for abortion are outlined as exemptions to the criminal code in the 1967 Abortion statute; nonetheless, the 1861 statute is still in use today and is employed in the prosecution of unlawful abortions[15].

Previously a part of the United Kingdom, Ireland was subject to the 1861 Offences against the Person Act. The Protection of Life during Pregnancy Act of 2013 rendered sections 58–59 ineffective, thus criminalizing abortion[16]. The 1861 Offences against the Person Act was repealed by Sierra Leone, a former British colony, through the Safe Abortion Act, which received overwhelming approval in December 2015 and again in February 2016. Although it

[15]*Abortion in the United Kingdom* https://en.wikipedia.org/wiki/Abortion_in_the_United_Kingdom#Section_1.281.29_of_the_Abortion_Act_1967
[16] Protection of Life during Pregnancy Act 2013. http://www.irishstatutebook.ie/eli/2013/act/35/enacted/en/pdf Ireland.

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was never formally enacted, that legislation allows for abortion on demand within the first 12 weeks of pregnancy and up to 24 weeks in cases of rape, incest, or threats to the health of the woman, girl, or fetus[17].

In 2002, varying nations permitted each of these reasons to different extents based on their geographical context. Consequently, abortion on demand was permitted in 65% of developed countries and 14% of developing nations, while 75% of developed nations and 19% of underdeveloped countries allowed abortion for social and economic reasons[18]. Some countries permit abortion based on specific circumstances, such as a woman being HIV positive, aged under 16 or over 40, single, or having multiple children. Others also authorize it to protect existing children or in cases of contraceptive failure[19].

While these figures were last documented in 2002, they have remained relatively stable. The United Nations Population Division plans to publish research from late 2017, conducted under the guidance of the Department of Reproductive Health and Research/Human Reproductive Programme at WHO, which will provide updates on global abortion legislation and include additional information on related policies[20].

Uganda has established a national policy regarding reproductive health; nevertheless, it is not being implemented effectively and lacks legislative support. In 2015, the health minister and other concerned parties developed Standards and Evidence-driven Regulations on the Prevention of Unsafe Abortion to clarify this matter. These regulations outlined details on the individuals, locations, and methods permissible for performing abortions, along with designated responsibilities for health services, including post-abortion care and the quality of care provided. But in January 2016, the recommendations were dropped because of political and religious resistance[21].

[17] Refer to the International Campaign for Women's Right to Safe Abortion. The President of Sierra Leone, Koroma, has yet to endorse the Safe Abortion Act and has requested a referendum. 2016 Jul 6; http://www.safeabortionwomensright.org/sierra-leonean-president-koroma-still-wont-sign-safe-abortion-act-into-law-and-calls-for-referendum

[18] United Nations Population Division. "Updated study on abortion policies released by UN Population Division" 2002 Jun 14; http://www.un.org/esa/population/publications/abortion/pop830.pdf press release.

[19] United Nations Population Division. A global overview of abortion policies. 2002 http://www.un.org/en/development/desa/population/publications/abortion/abortion-policies-2002.shtml

[20] key aspects of abortion policies.
Johnson B. R., Ganatra B., Khosla R. Addis Ababa: Dec, 2016. presentation at a conference.

[21] Cleeve A., Oguttu M., Ganatra B., et al. "Time to act—comprehensive abortion care in East Africa." *Lancet Global Health*. 2016;4(9): e601–e602.

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During the period when Morocco was a French protectorate, the first abortion law was established in 1920. In May 2015, a royal decree initiated a public discussion regarding the enhancement of legal protections following reports of women losing their lives due to unsafe abortions. According to the Moroccan Family Planning Association, unmarried women would be disproportionately affected as premarital sex is prohibited, despite a general consensus that abortion ought to be permitted within the first trimester if the woman's physical and mental health is in danger, as well as in cases of rape, incest, or congenital malformation[22].

In the 1950s, China relaxed its abortion laws and promoted the practice as part of its one-child policy, enacted in 1979 to control population growth by restricting families to having one child. This approach, which provided public access to abortion services, utilized severe coercive measures such as penalties, forced sterilization, and abortions to deter unwanted pregnancies. In 2016, China removed the long-standing restriction, allowing families to have two children, alongside additional incentives designed to encourage population growth due to a rising elderly demographic. By 2021, the limit was increased to a maximum of three children, and China's State Council issued guidelines for women's development advocating for a reduction in "non-medically necessary abortions".

Following colonialism, Kenya's abortion laws were modeled after the British penal code, which prohibited abortion. The introduction of a new constitution in Kenya in 2010 expanded the reasons a woman could seek an abortion to include emergencies and cases where the mother's health was at risk. In June 2019, a judge broadened the exceptions to include instances of rape. Many former European colonies are revising their abortion laws to widen the criteria for abortion. For instance, countries like Burkina Faso, Chad, Guinea, Mali, and Niger, which previously maintained strict abortion laws originating from the French Napoleonic Code of 1810, have now allowed abortion in cases of rape, incest, or fetal impairment.

Across all age groups, more than 85% of European women have taken birth control at some point in their life. The most often used forms of birth control among Europeans, according to their reports, are condoms and the pill [23].

[22] Moroccan Family Planning Association and Asian-Pacific Resource and Research Centre for Women. *Religious fundamentalism and access to safe abortion services in Morocco.* Rabat and Kuala Lumpur: Moroccan Family Planning Association and Asian-Pacific Resource and Research Centre for Women; 2016.
[23] De Irala, Jokin; Osorio, Alfonso; Carlos, Silvia; Lopez-Del Burgo, Cristina (2011). "Choice of birth control methods among European women and the role of partners and providers" (PDF). *Contraception*. 84(6): 558–64.

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96% of people in Sweden say they utilized birth control at some stage in their lives, making it the country with the highest lifetime contraceptive use rate. Postcoital medication usage is likewise highly self-reported in Sweden [24]. Three out of four youths in a 2007 anonymous study of 18-year-olds in Sweden reported being sexual, with 5% reporting an abortion and 4% reporting having had a STI [25].

The European Convention on Human Rights, its jurisprudence, and the Istanbul Convention, which prohibits and combats violence against women and domestic abuse, safeguard reproductive rights within the European Union. Nevertheless, member state laws, policies, and practices either restrict or deny these rights[26]. In actuality, some nations prosecute medical personnel, impose laws that are more stringent than those found elsewhere in the world, or deny legal abortion and contraceptive coverage under public health insurance. Policy Departments' report, ordered by the European Parliament's Committee for Women's Rights and Gender Equality, suggests that the EU tighten the laws governing equitable access to products and services related to sexual and reproductive health[27].

The first nation to have abortion rights within its constitution was France in 2024. In 1975, a contentious law decriminalized abortion, allowing the practice to be carried out up until the tenth week of pregnancy. In 2001 and 2022, the prenatal limit was increased to twelve weeks and fourteen weeks, respectively. In the same year that Roe V. Wade[28] was overturned, the nation attempted to legally protect the law by a constitutional amendment. The National Assembly and Senate approved the modified Article 34, which now protects a woman's right to an abortion. More than 80% of respondents to polls supported this amendment.

Abortion is commonly denigrated in India, and occasionally medical professionals will even advise against it due to moral concerns. They could advise women to share their pregnancy,

doi:10.1016/j.contraception.2011.04.004. hdl:10171/19110. PMID 22078183
[24] De Irala, Jokin; Osorio, Alfonso; Carlos, Silvia; Lopez-Del Burgo, Cristina (2011). "Choice of birth control methods among European women and the role of partners and providers" (PDF). *Contraception*. 84(6): 558–64. doi:10.1016/j.contraception.2011.04.004. hdl:10171/19110. PMID 22078183
[25] Larsson, Margareta; Tydén, Tanja; Hanson, Ulf; Häggström-Nordin, Elisabet (2009). "Contraceptive use and associated factors among Swedish high school students". *The European Journal of Contraception & Reproductive Health Care*. 12 (2): 119–24. doi:10.1080/13625180701217026. PMID 17559009. S2CID 36601350
[26] "Women's sexual and reproductive rights in Europe". *Commissioner for Human Rights*.
[27] Anedda, Ludovica (2018). *Sexual and reproductive health rights and the implication of conscientious objection: study* (PDF). European Parliament. ISBN 978-92-846-2976-3
[28] 410 U.S. 113, was a landmark decision of the U.S. Supreme Court in which the Court ruled that the Constitution of the United States generally protected a right to have an abortion.

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disregarding their right to make important decisions about their own bodies. The MTP Act, which prohibits abortion, primarily benefits physicians and places administrative authority in the hands of a technical team unrelated to the pregnancy. This team can even override a decision made by a woman.

As seen by decisions such as Meera Santosh Pal V. Union of India[29], Court has interpreted this broadly, highlighting women's rights to reproductive autonomy and physical integrity. When a woman's health was at risk due to her pregnancy, the Supreme Court approved termination. Similarly, the Bombay High Court claimed in Own Motion V. State of Maharashtra[30], that a woman's physical integrity is violated when an unplanned pregnancy is continued, aggravating her emotional anguish and adversely damaging her mental health.

The majority of Indian service providers believe that the permitted age for abortion services is 20 weeks. After 20 weeks, women who want abortions are either refused the procedure or told to need a judge's approval, which causes delays and occasionally rejections. Obtaining a judge's permission to end a pregnancy earlier than 20 weeks brings up[31].

The judge's interpretation of the law, prior precedent, and the strength of the case in comparison to situations where the court permitted termination all influence whether a case is expedited. To avoid setting an unfavorable precedent in court that would affect future cases, attorneys may evaluate cases only where abortion has not been allowed in the past or when it is unlikely that the medical committee will issue a favorable ruling. Attorneys frequently collaborate with vendors to assess a case's prospects for success before taking it on. To determine their chances of success, they take into account both legal and medical aspects[32]. A number of medical records from different physicians that support termination is included in the court petition, along with legal precedents. Therefore, even before appearing before the medical board, pregnant women must go through a number of medical examinations[33].

[29] AIR 2017 SUPREME COURT 461, 2017 (3) SCC 462, AIR 2017 SC (CIVIL) 564, (2017) 1 KER LJ 527, (2017) 1 RECCRIR 634, (2017) 1 ICC 817, (2017) 1 WLC(SC)CVL 311, (2017) 1 CAL LJ 231, (2017) 3 CRIMES 48, (2017) 1 SCALE 556, (2017) 2 JCR 12 (SC), (2017) 171 ALLINDCAS 83 (SC), (2017) 1 CAL HN 73, (2017) 2 RAJ LW 1294, (2017) 1 RECCIVR 807, (2017) 1 ALL WC 1043

[30] (2013) 3 ABR 119

[31] Utkarsh Anand, 'Explained: Abortion Laws in India', Hindustan Times, 2023, Available at <https://www.hindustantimes.com/india-news/explained-abortion-laws-in-india-101697097757306.htm> [24.02.2024]

[32] Centre for Reproductive Rights, 2018, 'Reform to Address Women's and Girls- Need for Abortion After 20 weeks In India'.

[33] Pratigya Campaign, (2019) 'Assessing the judiciary's role in Access to Safe Abortion'.

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CONCLUSION

International human rights legislation clearly states that you alone have the right to make decisions about your body, which is regarded as bodily autonomy. Reproductive autonomy refers to the right to make independent reproductive decisions.

Forcing someone to continue an undesirable pregnancy or to seek an unsafe abortion violates their human rights, particularly the right to privacy and physical and reproductive autonomy.

In many cases, people who are forced to have unsafe abortions suffer prosecution and punishment, including incarceration, as well as harsh, inhuman, and humiliating treatment and discrimination in and exclusion from crucial post-abortion health care.

According to the World Health Organization, one of the initial steps toward avoiding the negative consequences of abortion criminalization, such as maternal deaths and injuries, is for states to make sure that all people, including adolescents, have an opportunity for sex education, can use effective contraception, have access to safe abortion, and receive prompt medical attention for complications.