



INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS

Open Access, Refereed Journal Multi Disciplinary
Peer Reviewed Edition :

www.ijlra.com

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INTERNATIONAL JOURNAL FOR LEGAL RESEARCH & ANALYSIS
ISSN

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THE CONSTITUTIONAL FRAMEWORK FOR REPRODUCTIVE RIGHTS, INCLUDING ACCESS TO ABORTION SERVICES

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ABSTRACT

The recognition of women's autonomy in making choices about their reproductive life has been affirmed in many significant legal judgements throughout the last several decades. The Judiciary has acknowledged the constitutional provisions pertaining to women's reproductive health and autonomy, particularly in matters concerning maternal health, contraceptive services, and abortion. Furthermore, it has emphasised the primacy of women's right to life in the context of reproductive decision-making. Nevertheless, the Judiciary has abstained from questioning the criminalization of abortion, which presents significant barriers to women's ability to obtain safe abortion services. However, a landmark ruling in 2009 on reproductive autonomy, along with the consideration of comparative and international human rights law, the Puttaswamy case emerged. This case acknowledged that reproductive rights are encompassed within the realm of the right to privacy, thereby establishing a novel framework concerning reproductive rights. Nevertheless, it is important to note that within the legal system, abortion continues to be seen as a contingent entitlement, with courts yet to recognise it as an essential element of pregnant individuals right to equality.

In continuation with the aforementioned, this paper will first provide an overview of the historical context surrounding reproductive rights in India. The discussion then shifts to the

judiciary's contribution to India's different reproductive laws. This paper aims to provide a comprehensive analysis of the gaps that currently exist within our reproductive framework after the Puttaswamy verdict. It will also provide relevant suggestions and closing comments to address these gaps.

Keywords- Reproductive, Abortion, Maternal Health, Reproductive Autonomy, Equality.

1. INTRODUCTION

We are well aware of our responsibilities and rights under the Indian Constitution. However, certain rights, such as the Reproductive Rights of Women in India, are not widely recognized. This is an important word that females ought to be knowledgeable on. It gives people the freedom to choose their own reproductive choices free from pressure, prejudice, or violence. The Indian courts have made a series of ground-breaking decisions in recent years addressing the recognition of this right as a crucial component of the unalienable rights safeguarded by the basic right to life. For the first time, the court has acknowledged the importance of women's reproductive rights in achieving gender equality. This funding supports a woman's right to make choices about her pregnancy.

The phrase "reproductive rights" refers to a person's ability to have children or to obtain reproductive health care. This includes a right to contraception, the authority to decide if and when to get pregnant, the choice to receive comprehensive sex education in public schools, access to reproductive health care, and the freedom for couples to decide how many and how often to have children.

Reproductive rights have been emphasized by Indian courts as a crucial component of gender equality, which has been made clear. They are aiming to create a culture where women may choose their reproductive health choices without being subjected to pressure or injustice via this acknowledgment and promotion. This is a significant step toward ensuring women's autonomy and physical autonomy.

2. ORIGIN OF REPRODUCTIVE RIGHTS:

Reproductive rights comprise a vast variety of privileges that are vital for the fulfilment of all human rights. These rights include the freedom from torture and other cruel treatment, the right to health and life, equality, non-discrimination, privacy, and information. Reproductive rights are an essential element of guaranteeing the well-being and agency of women and girls, since they entail the opportunity to make choices about their own bodies, sexuality, and reproductive health.

In order to defend these rights, it is necessary for states to not only guarantee that women and girls have access to complete reproductive health information and services, but also to actively promote favourable reproductive health outcomes. This involves lowering rates of unsafe abortion and maternal mortality, as well as tackling other concerns connected to reproductive health. By providing access to these information and assistance, governments can empower women and girls to make educated choices about their reproductive health, and ultimately enhance overall health outcomes for everyone.

Furthermore, it is necessary to identify and address the different types of violence, discrimination, and coercion that women and girls may encounter in respect to their reproductive rights. Women and girls should have the liberty to make fully informed choices about their sexuality and reproduction, without fear of violence, discrimination, or compulsion. By building an atmosphere that respects and defends these rights, we may work towards attaining gender justice and improving women's equality.

It is worth mentioning that abuses of reproductive rights disproportionately harm women, since their capacity to procreate renders them more susceptible. By identifying reproductive rights as human rights, we may raise attention to the unique obstacles and injustices that women confront in respect to their reproductive health. This acknowledgement is vital in attaining gender justice and advancing women's equality, as it enables for focused actions and policies to address these concerns and build a more fair and equitable society for everyone.

In accordance with the Indian Constitution, the state is required to protect a number of fundamental rights. These rights include, but are not limited to, the right to life (as stated in

Article 21) and the right to equality and non-discrimination (as outlined in Articles 14 and 15). According to legal precedents, the right to life includes a number of fundamental liberties, including the right to privacy, the right to health, dignity, and freedom from torture and other cruel treatment. These basic rights are the cornerstone of an equal and fair society in India and are essential for preserving individual liberties. To promote the welfare and dignity of its people, the government must prioritise and uphold these rights.¹ India is a signatory to numerous international agreements, including the “Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR), and the Convention on the Rights of the Child (CRC),” all of which uphold the right to an abortion.² The courts and the Indian Constitution’s Article 51(c) have established the government’s constitutional duty to uphold international law and treaty commitments.³

Furthermore, the Indian government must uphold its constitutional mandate to provide legal recourse for violations of basic and human rights. Article 39(a) specifically states that in order to ensure that no person is denied access to justice because of financial or other barriers, the government shall aggressively promote fair access to justice and provide free legal help.

3. CURRENT SCENARIO IN INDIA:

India has made great strides in putting in place the regulatory and policy frameworks necessary to safeguard access to abortion and contraception. The complete fulfilment of reproductive rights for women and girls in the nation, however, is still being hampered by significant barriers, notwithstanding these efforts. These challenges include the provision of insufficient healthcare and the restriction of women’s and girls’ access to decision-making.

In the past, India has not approached its laws and policies on reproductive health from the standpoint of women’s rights. Instead, the emphasis has been on achieving demographic objectives, such as population management, which unintentionally jeopardized women’s right to

¹ Parmanand Katara v. Union of India, (1989) 3 S.C.R.997.

² Convention on the Elimination of All Forms of Discrimination against Women, 18 December 1979, Art. 4(2), 5(b), 10(h), 11(1)(f), 12, 14(2)(b), 16, G.A. Res. 34/180 U.N. GAOR, 34th Session.

³ Apparel Export Promotion Council v. Chopra, (1999) 1 SCR 117.

choose how and when they conceive. This has been done via the use of discriminatory practices, such as the necessity of spouse permission in order to get reproductive health care. India still has a lot of work to do to reduce the prevalence of child marriages and improve maternal health outcomes, despite having a comprehensive national law that makes child marriages illegal and putting policies and programs in place to give women access to maternal healthcare. India really has the regrettable distinction of having the most child marriages worldwide, which accounts for around 20% of all maternal fatalities globally⁴. Even though India's National Population Policy guarantees women the freedom to choose from a variety of contraceptive options, certain state governments nevertheless promote female sterilization programs that are reliant on meeting predetermined goals. This phenomenon has resulted in occurrences of coercion, use of substandard sterilisation methods that jeopardise women's well-being, and a scarcity of reversible contraceptive options. Despite the legal provision for abortion in India up to 20 weeks of gestation for various justifiable reasons, as well as the allowance for abortion at any stage of pregnancy when the life of the pregnant woman is at risk, a considerable proportion of abortions (approximately 56% of an estimated 6.4 million annually) are conducted under unsafe conditions. This unsafe practise significantly contributes to a 9% incidence of maternal mortality, thereby impacting the overall rate of maternal deaths.⁵

The Indian government has been alerted to the concerns of United Nations human rights experts and organisations over the violation of human and reproductive rights. These worries cover a wide range of topics, including maternal mortality and morbidity, unsafe abortion procedures, inadequate post-abortion care, a lack of effective contraceptive options, coerced and subpar female sterilization practices, the prevalence of child marriage, and a lack of knowledge and education about reproductive and sexual health. The Indian government has been urged to remedy these infractions and enhance access to reproductive healthcare as a result of these experts' and organizations' calls.⁶ Courts in India play a crucial role in ensuring women's reproductive rights and should actively work towards addressing these issues.

⁴ World Health Organization (WHO), Child Marriages: 39,000 every day, U.N. Press Release (2013); Paul Hunt -Addendum - Mission to India, para. 94, U.N. Doc. A/HRC/14/20/Add.2 (April 15, 2010).

⁵ Ravi Duggal & Vimal Ramachandran, *The abortion assessment project - India: key findings and recommendations*, Reproductive Health Matters, 12(24 Suppl):122-9 (2004).

⁶ Committee on the Rights of the Child, Concluding Observations: India, U.N. Doc. CRC/C/IND/CO/3-4 (2014).

According to the State of the World Population Report 2022 by the United Nations Population Fund (UNFPA), unsafe abortions are the third biggest cause of maternal death in India. Each day, over 8 women pass away from reasons associated to unsafe abortions. In India, 67% of abortions between 2007 and 2011 were deemed unsafe.

The 'Seeing the Unseen: the case for action in the neglected crisis of unintended pregnancy'⁷ report, found that there are 121 million unintended pregnancies worldwide each year, or an average of 331,000 per day. India is home to one in seven unplanned pregnancies worldwide. Abortions that follow unexpected pregnancies have a direct impact on how the nation as a whole is developing. According to the survey, unplanned pregnancies decline as income and education levels rise.

Although there are several laws in place to prevent illegal abortion and pre- natal diagnostic techniques, their implementation is still lacking effectiveness. Let's examine these laws.

a) The Medical Termination of Pregnancy (Amendment) Act, 2021

Over time there have been advancements in both ultrasonography and genetics which have enabled the diagnosis of a range of fetal disorders during pregnancy. Typically, fetal anomalies are identified after 20 weeks of gestation due to biological factors. This highlights the importance of extending the limit for terminating pregnancies. Considering the growing number of petitions seeking pregnancy terminations in cases of severe fetal abnormalities medical professionals have urged the Ministry of Health and Family Welfare to amend the MTP Act to align with international standards⁸. Consequently, the MTP Act of 2021 has been enacted with amendments compared to its predecessor from 1971⁹. These changes aim to provide couples with more freedom when it comes to late term termination while allowing sufficient time for accurate diagnoses by specialists in fetal medicine, obstetrics and reproductive medicine.

⁷ UNESCO, State of world population 2022: Seeing the unseen; the case for action in the neglected crisis of unintended pregnancy, UNFPA (2022).

⁸ Royal College of Obstetricians and Gynaecologists. The care of women requesting induced abortion. (Evidence-based Clinical Guideline No 7). London: RCOG; 2011 Nov 23 [cited 2018 Sep 6]. Available from: https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf

⁹ Ministry of Law and Justice, Govt of India. The Medical Termination of Pregnancy (Amendment) Act 2021, no 8 of 2021. The Gazette of India. CG-DL-E-26032021-226130.

Key amendments include;

- Extending the gestational limit from 20 to 24 weeks for specific groups such as survivors of rape, incest victims and other vulnerable women (including differently abled women and minors).
- Requiring only one providers opinion, for termination within the first 20 weeks of gestation.
- In order to proceed with the termination of a pregnancy between 20 24 weeks of gestation it is necessary to obtain the opinions of two healthcare providers.
- However it's important to note that there should be no limit on gestational age, in cases where substantial fetal abnormalities have been diagnosed by a Medical Board.
- Confidentiality clause–The amendment includes a provision of confidentiality for the victim. The provision states that the name and particulars of the women whose pregnancy has been terminated cannot be revealed except to a person authorised by law.
- The broader availability of Medical Termination of Pregnancy (MTP) services to unmarried women, in light of the failure of contraceptive methods, aims to ensure their access to safe abortion procedures, regardless of their marital status.

b) The Pre-Conception and Pre-Natal Diagnostic Techniques Act 2003

The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act of 1994 is an act enacted by the Parliament of India with the objective of curbing the practice of female foeticide and addressing the issue of diminishing sex ratio in the country. The legislation imposed limitations on prenatal sex determination. Every genetic counselling group, genetic research center, or genetic facility that provides prenatal diagnostic methods, including In Vitro Fertilization (IVF) with the ability to select the sex of the embryo (Pre-implantation Genetic Diagnosis), adheres to the regulations outlined in the PC-PNDT Act, 2003, and is strictly prohibited.

Upon first examination of the fundamental requirements of the Act, it becomes apparent that the Act has a certain degree of simplicity, but also exhibits a defiant nature. The legislation imposes penalties for all activities, whether including sexual protection or failure to maintain records. The manner in which it is implemented is a potential hindrance to those seeking to achieve the objective of gender equality. The concerning decline in the male-female sex ratio

has necessitated the implementation of stringent measures, including the temporary suspension of enrollment with the medical council, the documentation of criminal cases, and the establishment of mechanisms for monitoring and addressing this issue. Additionally, the criminal prosecution may result in the suspension and revocation of the individual's enrollment as granted by the State Medical Council.

The Preconception and Prenatal Diagnostics Techniques (Prohibition of Sex Determination) Act 2003, together with its accompanying Rules, serves as legislation aimed at safeguarding the well-being of women. The judiciary has consistently and comprehensively rendered verdicts indicating that the Pre-Conception and Pre-Natal Diagnostic Techniques (PC-PNDT) Act serves as a tool to penalize individuals advocating for gender equality and to impede others. The Act intends to achieve the following objectives:

- To guarantee the effective execution of all promotional programmes targeting female children at the district level.
- The monitoring and evaluation of the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PNDT) Act facilitated through community engagement.
- To promote accountability of implementing agencies, it is essential to monitor the execution of the Act by actively involving the community.
- The monitoring of pregnancies, medical termination of pregnancies (MTPs), and birth registration is facilitated by the assistance of Anganwadi staff and Accredited Social Health Activists (ASHAs).
- Detecting Act offenders by carrying out thorough audits of the form "F" filled out for pregnant patients at clinics.
- Come up with an annual plan at the national, state, and district levels.

4. JUDICIARY OF ACCESS TO ABORTION SERVICES:

The judiciary's progressive stance on reproductive rights is reflected in India's current abortion-related law rulings. Women's autonomy over reproductive decisions was first limited by a Supreme Court judgment from 2004 that defined a woman's decision to have an abortion or sterilization without her spouse's permission as a kind of psychological

injury.¹⁰ But further court decisions have strengthened the constitutional protection for this right. The Supreme Court emphasized that “a woman’s prerogative to exercise reproductive choices is encompassed within the realm of ‘personal liberty’ as per Article 21” in its recognition of women’s reproductive autonomy as an important prerogative in 2009¹¹. In addition, the High Court of Punjab and Haryana dismissed a case brought by a spouse against a doctor who conducted an abortion without his permission in 2011, upholding the reproductive autonomy of women. The court held that the choice of whether to carry a pregnancy to term is a woman’s personal right, and that any interference with her choice would be harmful to her mental health.¹² In the 2013 case of *Hallo Bi v. State of Madhya Pradesh and Others*¹³, the High Court of Madhya Pradesh has underscored the significance of granting victims of rape the right to access abortion without the need for judicial authorization. The court noted that forcing a victim of a brutal rape or forced sexual contact to bear the perpetrator’s child would cause her great emotional pain and humiliation, endangering her mental health.

Numerous lawsuits around the country have been filed since 2008 that attempt to interpret Section 5 of the Medical Termination of Pregnancy (MTP) Act. In accordance with this clause, an abortion may be carried out to preserve the life of a pregnant woman. The goal of these litigation is to extend the window of opportunity for legal abortion beyond the 20-week mark. These cases specifically seek to use rape or fetal disability as grounds for abortion.

Although there are currently two cases before the Supreme Court that are still pending regarding the constitutionality of access to abortion past the 20-week mark on broader grounds, it is important to note that the Supreme Court has ruled in favor of allowing abortion past 20 weeks three different times since 2015. Medical review boards in each of these cases concluded that the woman’s physical and mental health would be at danger if the pregnancy was continued.¹⁴

In 2017, the Supreme Court clarified that if a pregnant woman has anencephaly, a serious fetal defect that puts her life in danger, she may lawfully terminate the pregnancy at 24 weeks. The emphasis on a woman’s right to bodily autonomy and reproductive freedom,

¹⁰Ghosh v. Ghosh, (2002) 2 SCC 73.

¹¹Suchita Srivastava & Anr v. Chandigarh Administration, (2009) 11 S.C.C. 409.

¹²Dr. Mangla Dogra & Others v. Anil Kumar Malhotra & Others, 2011 SCC OnLine P&H 16211.

¹³Hallo Bi v. State of Madhya Pradesh and Others, 2013 (1) MPHT 451.

¹⁴Ms. X v. Union of India and Others, 2023 SCC OnLine Del 2361; Chandrakant Jayantilal Suthar v. State of Gujarat, (2015) 8 SCC 721.

which enable her to protect her own life from avoidable damage, was used to support this decision. Despite inconsistent rulings from state high courts, two recent instances in Gujarat and Chhattisgarh show how the Medical Termination of Pregnancy Act is being interpreted to allow abortions beyond 20 weeks in circumstances of sexual abuse.¹⁵

In the case of *X v. Principal secretary of Health and family and ors.*¹⁶, The primary issue presented before the Supreme Court involved the assessment of the legitimacy of Rule 3B of the MTP Rules, 2003, with respect to Article 14 of the Indian Constitution. This rule, by excluding unmarried women, raised concerns regarding their ability to avail themselves of safe and lawful abortion procedures. The Court placed significant emphasis on the need for the interpretation of the MTP Act and its accompanying rules to accurately reflect the prevailing social circumstances, rather than being constrained by traditional conventions pertaining to age or marital status. The present study highlights the notable disparities in outcomes between unsafe abortions and legal abortions conducted by qualified healthcare professionals. In the case of *K. S. Puttaswamy v. Union of India*¹⁷, the Court reaffirmed the principle highlighted by Justice Chelameshwar that a woman's autonomy in deciding to either carry a pregnancy to term or undergo an abortion is encompassed within the realm of privacy. Furthermore, within the legal case of *Suchita Srivastava v. Chandigarh Administration*¹⁸, the court specifically acknowledged the notion of reproductive autonomy.

The Court unequivocally determined that the constitutional provisions of Article 21, which safeguard reproductive autonomy, dignity, and privacy, confer upon unmarried women the entitlement to exercise their discretion in deciding whether or not to undergo childbirth, akin to the entitlement afforded to married women. In its ruling, the Supreme Court upheld the notion that “reproductive autonomy” pertains to the capacity of individuals to exercise autonomous agency in matters pertaining to contraception, pregnancy, and childbirth. The concept incorporates a range of entitlements, which include the entitlement to access education and information pertaining to contraception and sexual health, the entitlement to make choices regarding the specific type of contraceptives to be utilized, and the entitlement to access safe and lawful abortion services. The exercise of these rights should be conducted in a manner that is unrestricted and devoid of any coercive influences.

¹⁵Madhuben Arvindbhai Nimavat v. State of Gujarat High Court, (2016) 1 S.C.R. 662.

¹⁶*X v. Principal secretary of Health and family and ors*, 2022 SCC OnLine SC 905.

¹⁷*K. S. Puttaswamy v. Union of India*, (2017) 10 SCC 1.

¹⁸*Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1

In the case of *Meera Santosh Pal v. Union of India*¹⁹, a female petitioner who was in her 24th week of pregnancy submitted a plea to the Supreme Court seeking permission for a medical termination of her pregnancy. The Supreme Court issued a directive for the establishment of a medical board. The board concluded that if the pregnancy were to continue, it would pose significant risks to the woman's physical and mental well-being. Additionally, due to abnormalities, the foetus would not be viable outside the uterus. Consequently, the Supreme Court ruled that the woman is permitted to undergo a medical termination of pregnancy in accordance with the provisions outlined in the Medical Termination of Pregnancy Act.

In the case of *Sarmishtha Chakraborty v. Union of India*²⁰, a female petitioner addressed the Supreme Court with the objective of obtaining legal authorization for a medical termination procedure. The Supreme Court issued a directive for the establishment of a medical board. Subsequently, the medical board concluded that the case warranted termination of pregnancy due to the woman's susceptibility to severe mental harm if the pregnancy were to proceed. Additionally, it was determined that if the child were to be born alive, it would require a series of complex cardiac corrective surgeries, each with a high risk of mortality and morbidity. Consequently, the Supreme Court ruled in favor of the prayers presented in the petition, so authorizing the woman to proceed with a medical termination of pregnancy.

These decisions recognize the importance of second-trimester abortions for the mental and physical well-being of women.

5. CHALLENGES AND ISSUE:

The basis for reproductive rights and access to abortion in India is provided by the country's constitution and legal system. However, there are a number of ongoing issues that must be resolved on a social and legal level.

First off, women, especially those living in rural regions, don't always know about or have access to these rights and resources. Despite the fact that safe abortion services are available and that there are legal protections in place, many women are not aware of their rights. Accessibility is a serious problem due to the uneven distribution of these services around the nation.

¹⁹(2017) 3 SCC 462.

²⁰(2018) 13 SCC 339.

Second, despite the fact that these services are legally available, the stigma associated with abortion and other reproductive health issues may discourage women from using them. This problem is exacerbated by cultural taboos and conventions since they support a derogatory view of abortion.

Thirdly, there are legal omissions that need attention. It may be difficult to have an abortion beyond 20 weeks since certain embryonic defects may not be visible at that point. This limitation reduces a woman's autonomy in making tough choices about her pregnancy and might lead to the unwelcome or medically dangerous pregnancy being continued against her will.

The lack of a reliable healthcare infrastructure, particularly in remote locations, is the last obstacle to obtaining safe abortion services. Many female patients are compelled to seek care from untrained professionals, endangering their health and wellbeing.

A thorough strategy is required to successfully address these issues. This strategy should put more emphasis on promoting knowledge of and access to safe abortion services and reproductive rights, as well as fighting stigma and cultural norms, addressing legal loopholes, and enhancing the healthcare system. India can provide women the assistance and resources they need to exercise their reproductive rights and have access to safe abortion services by putting these steps into place.

6. SUGGESTIONS:

There are a number of options to consider in order to enhance the constitutional framework governing reproductive rights and access to abortion providers in India:

1. **Comprehensive Sex Education Implementation:** It's crucial to provide developmentally appropriate comprehensive sex education in educational institutions. This will provide young people appropriate information on their rights, reproductive health, and contraception.
2. **Awareness Campaigns:** To effectively run awareness campaigns, cooperation between governmental and non-governmental organizations is essential. These initiatives seek to spread knowledge about healthcare options and reproductive rights. They are

essential in eradicating myths and combating social stigma.

3. Extending the Time limitations: Extending the time limitations for getting an abortion may help women make wise choices, particularly when fetal defects or health problems are discovered later in the pregnancy.
4. Use of Telemedicine and Technology: Remote places may have access to quality healthcare by using telemedicine and technology breakthroughs. This will make it easier for women to access knowledgeable medical professionals and pertinent information.
5. Modifications to the Medical Termination of Pregnancy (MTP) Act: The MTP Act should be regularly reviewed and modified to take into account new medical developments and social demands. This may include simplifying the approval procedure and reevaluating the gestational restriction.
7. The introduction of counseling services may guarantee that women have a thorough grasp of the procedure, its repercussions, and the available alternatives by requiring women to attend obligatory counseling sessions prior to an abortion.

8. CONCLUSION

The aforementioned instances highlight the judiciary's important and developing role in India's efforts to overcome the ethical and practical obstacles that prevent women and girls from enjoying their reproductive rights. Challenges in litigation include protracted timelines and difficulty carrying out court orders. However, the government has been forced to abandon population control strategies and face prejudiced preconceptions that limit women's power as a result of the Indian courts' strong acknowledgment of reproductive rights as basic freedoms. In contrast, the emphasis now is on putting women's rights to bodily integrity, autonomy, and dignity first in legislation and policies pertaining to reproductive health. The judiciary is also essential in ensuring that court judgments are carried out.

Indian courts will provide decisions on ongoing cases in the next years, including those requesting modern interpretations or revisions of the Medical Termination of Pregnancy (MTP) Act or the strengthening of the foundation for the law against child marriage. They

will also touch on recent problems like surrogacy. The judicial branch is strongly urged to continue protecting and maintaining women's reproductive rights by the legal protections outlined in the aforementioned judgements. These rights, which include autonomy and reproductive health, must be safeguarded for underrepresented groups in upcoming legal proceedings.

The Indian Constitution acknowledges the value of reproductive rights and the necessity for easily accessible and secure abortion procedures. Due to a lack of knowledge, societal stigma, and a deficient healthcare system, women in India still struggle to exercise their rights. India should concentrate on raising awareness, putting comprehensive policies into place, and modifying legislation to take into account new demands in order to overcome these obstacles and achieve its commitment to women's reproductive autonomy. With this strategy, all women will have access to safe and legal abortion services, regardless of their socioeconomic status or geographic location.