

Women's Reproductive Rights: A Way to Gender Justice

Sanghapriya Samajder

Student, Presidency University Bangalore

Abstract:

For generations, women have been battling for reproductive rights. Because of moral, ethical, and religious reasons, these rights have always been a contentious issue.

Do reproductive rights simply imply the ability to reproduce? Is the issue, on the other hand, intrinsically tied to the myriad questions surrounding women's reproductive freedom? The ability to reproduce appears to be what distinguishes women from men. Do women, however, have control over their own reproduction? Do women have the right to decide whether, when, and how many children they want? Do women have access to safe methods of birth control? Do women have the right to an abortion that is safe? Is it possible to separate sexuality from reproduction? A resounding 'NO' in response to many similar inquiries sparked the birth of the women's health movement in several regions of the world in the early 1970s. It began with modest 'consciousness raising' groups that disseminated knowledge among women about the functioning of their bodies and gradually expanded into multi-faceted campaigns that have profoundly influenced health policies in many nations.

Human Rights are those rights that should be available to every individual without any form of discrimination. The foundation of freedom is recognition of the inherent dignity and equal and inalienable rights of all members of the human family. The most essential human right is the right to life. It is the highest human right, from which no exceptions are authorised. It cannot be taken away. The arbitrary deprivation of life is prohibited by Article 6(1) of the International Covenant on Civil and Political Rights. However, there are several contentious concerns surrounding this greatest privilege. One such issue is the matter of abortion rights. Among other women's rights, it is thought that every mother has a universal right to abortion. But the rights of the mother are to be balanced with the rights of the unborn.

Previously, abortion was not permitted and was vehemently opposed by society. Terminating a pregnancy was considered a murder of the foetus. However, because to changes in time and technology, most governments now recognise this right, following the historic *Roe v. Wade* decision by the US Supreme Court. However, opponents remain, and many individuals believe that it should be made illegal.

Keywords: Reproductive Rights, Pregnancy, Court

Hypothesis:

The hypothesis that "Reproductive Rights of Women: A Way to Gender Justice" posits that ensuring and promoting reproductive rights for women is not only a matter of individual autonomy but is also a crucial step toward achieving gender justice on a broader societal level. This hypothesis suggests that by recognizing and safeguarding women's reproductive rights, we contribute to the overall empowerment, equality, and well-being of women.

Key components of this hypothesis might include:

1. **Autonomy and Decision-Making:** Reproductive rights encompass a woman's ability to make decisions regarding her own body, including choices related to contraception, abortion, and family planning. The hypothesis asserts that allowing women the autonomy to make these decisions empowers them and contributes to gender justice.
2. **Health and Well-Being:** Ensuring access to reproductive healthcare services, including maternal health services and family planning, is an integral part of reproductive rights. The hypothesis may argue that prioritizing women's health in this way contributes to gender justice by addressing historical disparities in healthcare access and outcomes.
3. **Economic Empowerment:** Recognizing and supporting reproductive rights can contribute to women's economic empowerment. When women have the ability to plan and space their pregnancies, they may have more opportunities for education and participation in the workforce, which, in turn, can contribute to economic equality between genders.
4. **Social Equality and Norms:** The hypothesis might suggest that challenging and changing societal norms and expectations around women's reproductive roles is essential for achieving gender justice. This includes overcoming stigmas related to reproductive choices and challenging traditional gender roles associated with caregiving and parenting.
5. **Legal Protections:** Legal frameworks that protect and uphold reproductive rights are seen as a cornerstone of gender justice. The hypothesis may argue that clear and comprehensive legal protections for reproductive rights help to ensure that women are not discriminated against based on their reproductive choices.
6. **Intersectionality:** The hypothesis could acknowledge the intersectionality of reproductive rights with other aspects of identity, such as race, class, and sexuality. Recognizing and addressing the unique challenges faced by women with intersecting identities is crucial for comprehensive gender justice.

RESEARCH METHODOLOGY:

This is a Doctrinal Research

RESEARCH QUESTION:

1. Who can Control Women's Body?
2. Reproductive Rights in India?
3. What is Abortion?

Who can control women's body:

Control over a woman's body and sexuality is an essential component of reproductive freedom. As a result, the women's movement emphasised the variety of contexts in which patriarchal control over women's bodies manifests itself, ranging from a husband pushing his wife to have sex to the government compelling a woman to undergo sterilisation. It criticised the institutionalisation of patriarchal control over women's sexuality through monoandrous (one husband only) heterosexual marriages, as well as the dominant social norm of patrilineage (inheriting from the father's side), which only offers the stamp of legitimacy to the 'legitimate' heir while severely punishing sexual expression or reproduction outside marriage.

When a woman lacks bodily integrity, when her body is invaded against her will, and when her decisions are influenced by social standards rather than personal desire, she is unlikely to play an active role in

decision making, whether at the micro home or macro societal level. The women's health movement around the world has advocated women's right to voluntary maternity through access to safe contraception and abortion services in an attempt to reclaim women's control over their own fertility and provide pathways for autonomy and decision making in other parts of life.

This campaign for women's 'reproductive rights' has led in the right to contraception being granted in many parts of the world, while women continue to lack simple access to affordable contraceptives that are devoid of adverse effects. Even now, women in many other regions of the world are refused similar services. They are unable to use contraception due to religious and cultural taboos. Contraception is frowned upon in societies such as India, where motherhood is revered and infertility is regarded as a curse. Nonetheless, thirty years after it began, the struggle for women's control over their own fertility has resulted in a separation of sexuality and reproduction, where women can experience their sexuality without the inevitable result of pregnancy.

REPRODUCTIVE RIGHTS IN INDIA:

Feminist critique of patriarchal control over reproduction by women's movements worldwide.

At all levels, the globe has led individual and collective efforts to combat it. At the same time, women's groups in third-world countries have maintained that the debate over reproductive rights for women must take into account the reality that reproduction is only one part of women's physiology and lives and cannot be viewed in isolation. They argue that understanding patriarchy must include far more complex realities because we live in societies where political, economic, cultural, and social factors all interact to influence women's health and determine perceptions of fertility and infertility, sexuality, reproduction, and gender roles.

The Indian viewpoint on reproductive rights has also had to account for a number of other injustices and conflicts in society. On the one hand, traditional feudal society attempted to control every element of women's lives. Religion, caste, and cultural values have all played significant roles in defining and controlling female fecundity. Sharp class conflicts have not only produced, but also exacerbated disparities that have a direct negative influence on women's health. On the other hand, colonialism's past has exacerbated the situation by contributing to the systematic eradication of indigenous healing and health systems and imposing allopathy or 'modern western medicine' as the standard.

This heritage has been given fresh life in the current economic liberalisation context, culminating in global pharmaceutical firms exploitation of Indian markets and people. These variables, when combined, are causing rural-urban divisions to widen even further, resulting in ever-widening gaps in development and planning, access to resources, and opportunities. Overarching this scenario is the first world's population control agenda, which is mandated by foreign financial institutions and implemented through Indian population initiatives and policies.

Situation in which women have no 'right' to clean drinking water, basic facilities, health care, or education; in which society decides where women will live, how they will live (and, in many cases, how they will die), who they will marry, and whether they will study; in which the State (and international development and aid agencies) believe they have the 'right' to determine how many children women will bear, when they will be sterilised, and what form of contraception women must 'opt' for.

RIGHT TO ABORTION:

Human Rights are those rights that should be available to every individual without any form of discrimination. The foundation of freedom is recognition of the inherent dignity and equal and inalienable rights of all members of the human family. The right to life is the most important human right. It is the highest human right, from which no exceptions are authorised. It cannot be taken away. The arbitrary deprivation of life is prohibited by Article 6(1) of the International Covenant on Civil and Political Rights. However, there are several contentious concerns surrounding this greatest privilege. One such issue is the matter of abortion rights. Among other women's rights, it is thought that every mother has a universal right to abortion. However, the rights of the mother must be balanced against the rights of the unborn.

Previously, abortion was not permitted and was vehemently opposed by society. Terminating a pregnancy was considered a murder of the foetus. However, because to changes in time and technology, most governments now recognise this right, following the landmark Roe vs Wade ruling by the US Supreme Court.

However, opponents remain, and many individuals believe that it should be made illegal.

The question that has sparked this debate is whether a mother has a right to abortion vs the unborn's right to life. What are the international tools that legalise abortion?

What Is Abortion :-

Abortion is the removal or expulsion of an embryo or foetus from the uterus, which results in or is caused by the death of the embryo or foetus.

This can happen naturally as a miscarriage or be induced artificially through chemical, surgical, or other techniques. Commonly, "abortion" refers to any induced procedure at any stage of the pregnancy; medically, it is defined as a miscarriage or induced termination before twenty weeks gestation, which is considered nonviable.

Abortion as a human Right :-

Induced abortions have been the subject of much debate and controversy throughout history. The personal attitude of an individual on complicated ethical, moral, and legal questions has a close relationship with the particular individual's value system. A person's abortion position can be defined as a combination of personal opinions about the morality of induced abortion and the ethical limit of the government's legitimate jurisdiction.

Individual rights, such as the right to life, liberty, and the pursuit of happiness, support a woman's right to have an abortion. The reproductive and sexual health of a woman influences her reproductive decisions. Reproductive rights are widely acknowledged as vital to furthering women's human rights and encouraging development. Governments from all over the world have acknowledged and vowed to improve reproductive rights to unprecedented levels in recent years. Formal laws and policies are important signs of the government's commitment to advancing reproductive rights. Every woman has an ultimate right to regulate her body, which is sometimes referred to as physical rights.

The Historic Decision Of ROE v. WADES

Roe v. Wade went down in history as one of the most politically significant Supreme Court decisions, altering national politics, dividing the country into "pro-choice" and "pro-life" camps, and sparking grassroots movement. This is a major United States Supreme Court judgement that establishes that most

anti-abortion laws violate a fundamental right to privacy, thus overturning all state laws prohibiting or regulating abortion that were inconsistent with the decision. The complainant, Jane Roe, wanted to terminate her pregnancy because she claimed it was the product of rape.

The ruling, based on current medical knowledge, established a trimester system that aimed to reconcile the state's legitimate interests with the individual's constitutional rights. The Court ruled that the state cannot restrict a woman's right to an abortion during the first trimester, that the state can regulate the abortion procedure during the second trimester "in ways that are reasonably related to maternal health," and that in the third trimester, demarcating the viability of the foetus, a state can choose to restrict or even outright prohibit abortion.

In response to *Roe v. Wade*, several states passed abortion-restricting legislation, such as laws requiring parental consent for minors to obtain abortions, parental notification laws, spousal consent laws, spousal notification laws, laws requiring abortions to be performed in hospitals rather than clinics, laws prohibiting state funding for abortions, and laws prohibiting most very late term abortions. In a protracted sequence of decisions from the mid-1970s to the late 1980s, the Supreme Court overturned various state prohibitions on abortion. The Supreme Court of Canada was interpreting Article 7 of the Canadian Charter, which provides a person's right to life, liberty, and security.

The Court focused on the bodily security of pregnant women in the landmark decision of *Morgentaler v. The Queen*. The country's Criminal Code required a pregnant woman seeking an abortion to make an application to a therapeutic committee, which caused delays. The Supreme Court ruled that this procedure violated a person's right to security. This caused the pregnant mother psychological distress. Furthermore, Article 2 of the United Kingdom's Abortion Act of 1967 does not grant the foetus an absolute right to life. It was placed in *Paton v. United Kingdom*.³ Abortion is legal if the continuation of the pregnancy poses a risk.

The right to life of a foetus is subject to an implied constraint that allows pregnancy to be terminated in order to protect a mother's life. The same was determined in *H vs. Norway*. Furthermore, the Supreme Court ruled in 1992 that a woman has the same exclusive right to abortion as she does to any other medical procedure. Prospective dads have no right to be consulted in this regard.

Abortion In India :-

In India, there are numerous statutes that address this issue. Now we will go over Indian law in order to determine the position of both the mother and the unborn child. Miscarriage is penalised under section 312 of the INDIAN PENAL CODE, 1860. 312. Causing miscarriage. - Whoever causes a woman with child to miscarry shall, if such miscarriage is not caused in good faith for the purpose of saving the woman's life, be punished with imprisonment of either description for a term which may be extended to three years, or with fine, or with both; and if the woman is quick with child, shall be punished with imprisonment of either description for a term which may be extended to seven years and shall also be liable to fine.

EXPLANATION: This section applies to a woman who induces herself to miscarry.

Section 312 punishes the person who causes a woman's miscarriage. The provision's explanation underlines that women have no right to miscarry themselves. The terms miscarriage and abortion are used interchangeably. Section 312 grants women the right to motherhood and offers considerable protection for this right, but it also denies women the right to abortion, implying that she has no control over her own

body. It is not simply a question of a woman's right to her body, but also of a child's right to life in a woman's womb.

There is a conflict between the right to life of the unborn child and the right of women to control their bodies, i.e. the right to abortion. This issue also involves the question of when life begins--whether it begins immediately after the egg is fertilised, when the foetus acquires a soul, when the foetus can exist independently outside the mother, or when the mother delivers the baby. However, when life begins is a philosophical topic, according to Jeffrey M. Drazen (Editor in Chief of The New England Journal of Medicine).

As previously stated, abortion at the beginning of pregnancy is not punishable in the United States, but there is no distinction in India on this basis except in the quantum of punishment: Section 312 prescribes up to three years imprisonment or fine or both for causing miscarriage to a woman with child and up to seven years imprisonment and fine for causing miscarriage to a woman who is not pregnant. The term "woman with child" simply implies "pregnant woman." When a woman conceives and the gestation phase or pregnancy begins, she is considered to be pregnant. The phrase "quick with a child" alludes to a later stage of pregnancy.

Quickening is a mother's sense that the foetus has moved, the embryo has moved, or the embryo has taken on a foetal form.

However, the question of the right of the unborn child arises when the woman's life is jeopardised as a result of the pregnancy. The law can be brutal at times, but not always: one part authorises abortion in good faith to save a woman's life. The Medical Termination of Pregnancy Act expands the right to abortion even further.

The following are the Medical Termination of Pregnancy Act's Statement of Objects and Reasons: The laws concerning abortion in the Indian Penal Code, which were passed nearly a century ago, were drafted in accordance with then-British law on the subject. Abortion was made a crime for which both the mother and the abortionist might be punished, unless it was induced to save the mother's life. According to reports, this stringent regulation has been violated in a considerable number of cases across the country. Furthermore, the majority of these mothers are married women who have no reason to conceal their pregnancy.

The Medical Termination of Pregnancy Act of 1972 made abortion legal in India. Even today, the majority of women lack access to safe abortion procedures. Legal abortion services are difficult to obtain, and women continue to resort to unsafe practises and self-induced abortions, making abortion legalisation a farce. According to studies, there are 2.2 illicit abortions for every legal abortion. Furthermore, legalising abortion has been and continues to be a weapon for coercive population control. Women who seek abortions at government institutions are forced to 'accept' contraception/sterilisation after the procedure. For women of childbearing age, unsafe abortion is a leading cause of death and health consequences. Although data on illegal abortions is difficult to obtain, it is estimated that one-third of all abortions are unlawful worldwide. Annually, 20 million unsafe abortions are conducted, with estimates ranging from 70,000 to 200,000 women dying from unsafe abortions worldwide. While advocating for women's rights to safe abortion, the feminist movement has also warned women about the consequences of having many abortions. Making safe and effective contraception available to all women, including adolescents, would significantly reduce the need for abortion.

Abortion is legal in Indian law if the continuation of the pregnancy would endanger the pregnant woman's life or cause serious harm to her physical or mental health. Many people used to practise abortion. Because

it was illegal, it was done behind closed doors. The Act made medical termination of pregnancy permissible, subject to specified criteria to protect the mother's health. Abortion is strongly opposed in Vedic, Upanishadic, later puranic (ancient) and smriti literature. According to paragraph 3 of the Medical Council of India's Code of Ethics, "I will maintain the utmost respect for human life from conception."

On August 10, 1971, the Medical Termination of Pregnancy Bill was enacted by both Houses of Parliament and obtained the President of India's assent. It was enacted into law as "The MTP Act, 1971"⁶. This law provides women in India the right to have an unplanned pregnancy terminated by a registered medical practitioner in a hospital created or maintained by the government, or in a location designated by the government for the purposes of this Act. Not all pregnancies can be ended.

According to Section 3 of the said Act, pregnancy can be terminated: (1) as a health measure when there is danger to the women's life or risk to their physical or mental health; (2) on humanitarian grounds - such as when pregnancy arises from a sex crime such as rape or intercourse with a lunatic woman, etc.; and (3) on eugenic grounds - where there is a substantial risk that the child, if born, would suffer from deformities and diseases.

A woman's right in this regard is questionable because it is contingent on certain conditions, including proof of a risk to her life or serious injury to her physical or mental health, a substantial risk of physical or mental abnormalities to the child if born, and a situation in which abortion could only save her life, all of which must be determined by medical practitioners. Can a lady ask a doctor to conduct an abortion because she does not wish to have a kid at that time? When a woman's liberty is entirely dependent on external variables, such a search cannot be considered right or reasonable. The M.T.P. Act also does not classify the pregnancy time, allowing the woman's and the state's interests to take precedence in one's own realms.

It is argued that a woman's decision to have an abortion should be fully up to her if she is sane and of legal age. Her freedom may be restricted only if an abortion threatens her life. All additional limits on abortion rights are unacceptable. True, a woman's decision to have an abortion may be influenced by her physical and emotional health, as well as the possible damage to the child's health. Aside from these reasons, there are several other essential considerations. She or her family may not be financially stable enough to welcome a new member. It could be the time for her to shift careers, which will necessitate free time and hard work.

Her marriage may be on the edge of disintegration, and she may prefer not to have a kid with him because it may jeopardise a future marriage. All of these considerations are important, yet the Indian abortion law does not take them into account. As a result, the law is irrational and may be held to violate the equality principles enshrined in Article 14 of the Constitution. Is it desirable to compensate a woman for all physical and mental problems and liabilities that come as a result of the situation? Finally, it should be recognised that the M.T.P. Act does not provide protection for unborn children. Any indirect protection it receives under the Act is really a byproduct of the woman's protection. The rights granted, as well as the constraints placed by the act, demonstrate that the state's primary goal is to safeguard a living woman from hazards that may develop during the abortion process. The unborn is protected by the mother's protection.

Case Laws In This Regard:-

D. Rajeswari vs. Tamil Nadu State And Others

The case is of an unmarried 18-year-old girl who is praying for the issuance of a direction to terminate the pregnancy of the child in her womb, on the grounds that bearing the unwanted pregnancy of the child for

three months caused her to become mentally ill, and the continuation of the pregnancy has caused great anguish in her mind, which would result in a grave injury to her mental health, because the pregnancy was caused by rape. The Court granted the request to end the pregnancy.

Dr. Nisha Malviya and Others vs. M.P. State

The accused raped a juvenile girl around the age of 12 and got her pregnant. According to the claims, two other co-accused abducted this girl and terminated her pregnancy. So the case against them is, first and foremost, causing a miscarriage without the consent of the girl. The Court found all three accused guilty of terminating a pregnancy without the mother's or the girl's consent.

The State v. Murari Mohan Koley

In this case, a woman desired an abortion because she had a 6-month-old daughter. She requested an abortion from the petitioner. And the petitioner consented to it in exchange for anything. However, the woman's condition deteriorated in the hospital, and she was transferred to another facility. However, it resulted in her death. The abortion was not carried out.

The petitioner, a registered medical practitioner, had to demonstrate that his action was done in good faith (including omission) in order to be immune from criminal prosecution under Section 3 of the MTP Act, 1971.

THE SUPREME COURT WILL EXAMINE FUNDAMENTAL RIGHTS VIOLATIONS CAUSED BY INDIA'S OUDATED MEDICAL TERMINATION OF PREGNANCY ACT (1971).

The Supreme Court of India ordered the Union of India and the State of Maharashtra to react to fundamental rights abuses caused by the execution of the Medical Termination of Pregnancy Act (1971) on April 21, 2014. The Human Rights Law Network (HRLN) filed a Writ Petition on behalf of Mrs. X and Mrs. Y, claiming that the outmoded and arbitrary 20-week limit for medical abortion violates women's fundamental rights to life, health, dignity, and equality.

Mrs. X was advised at her first pregnancy appointment that her foetus had significant defects and would not survive more than a few hours after birth. Mrs. X was 26 weeks pregnant and hence could not legally receive a medical abortion under the MTP Act. Mrs. X was forced to continue the pregnancy, visit the hospital on a regular basis, and attend social functions to celebrate her child's birth, all while carrying a foetus she knew would not survive.

Mrs. X gave birth to a baby who died less than three hours later after three days of agonising labour pains. Mrs. X writes in her declaration, "The entire process was extremely painful." In normal conditions, a woman endures all discomfort for the joy of giving birth to her child. However, there was no joy in my instance because I was aware of the baby's dismal prognosis. All of this could have been avoided if my pregnancy had been stopped sooner."

Doctors informed Mrs. Y in the 19th week of her pregnancy that her foetus may have had a congenital abnormality characterised by partial lack of brain tissue. Additional pregnancy test results would not be available until after the 20th week. Mrs. Y was obliged to terminate her pregnancy without a complete awareness of the medical realities due to the limitations imposed by the Medical Termination of Pregnancy Act.

Every year, roughly 2-3% of the fetuses in India's 26 million births have a severe congenital or chromosomal defect. Many problems can now be discovered at only 20 weeks using advanced technology. The MTP Act in India only allows termination beyond 20 weeks to preserve the pregnant woman's life.

Most nations with legal abortion allow termination after 20 weeks if there are serious foetal abnormalities or to preserve the pregnant woman's mental or physical health.

For years, the National Commission for Women, the Federation of Obstetric and Gynaecological Societies of India (FOGSI), and notable doctors have lobbied for MTP Act modifications that would protect women's emotional and physical health throughout their pregnancies. The MTP Act violates fundamental and human rights granted by the Indian Constitution and international law in the absence of such an exception to preserve the health of pregnant women.

SAVITA HALLAPANAVAR ABORTION CASE:-

Last November, a 31-year-old Indian woman, Savita Hallapanavar, died in Ireland after doctors refused to provide her an abortion 17 weeks into her pregnancy, causing quite a stir in the Indian and Irish media. The reason for such uproar was the same argument given by the doctors for their reluctance to conduct abortions: Ireland, as a Catholic country, is required not to take the life of a foetus. It is the growing perception that Ireland is governed by a legal regime that encourages doctors to consider the ramifications of taking the life of a foetus even if it means taking the life of the mother, thus staying true to the ideals of the country's largely Catholic constitution. It is dominated by religious dogma that is demeaning to nonbelievers and shows complete contempt for a mother's life as opposed to the 'life' of a yet-to-be-born kid.

This discussion essentially boils down to pro-choice and pro-life support. Pro-choice and pro-life opponents debate whether a woman should have the right to terminate a pregnancy if she determines that she is unable or unwilling to invest a lifetime of resources in the baby she is carrying. Proponents of life argue that such an act is akin to murder because the foetus must be considered a viable human being from conception.

Pro-choice advocates, on the other hand, support a woman's freedom to manage her own body, as well as her right to an induced abortion, particularly when her own life is in danger. They claim that when the foetus is harmful to the pregnant woman's survival, she should be able to choose whether she wants to preserve her own life by exercising her natural rights over her own life and body or if she wants to try to rescue her kid.

MOTHER'S RIGHT TO ABORTION VS. UNBORN RIGHT TO LIFE

Religious, moral, and cultural sensibilities continue to shape abortion legislation around the world. The right to life, the right to liberty, and the right to personal security are key problems of human rights that are sometimes used to justify the existence or absence of abortion regulations. Many nations where abortion is legal need certain requirements to be met in order to receive an abortion, frequently (but not always) employing a trimester-based system to restrict the window in which abortion is still lawful to perform. Arguments given in favour of or against abortion in this debate centre on either the moral permissibility of an induced abortion or the legitimacy of legislation allowing or regulating abortion.

Moral and legal arguments frequently collide and merge, aggravating the situation. Abortion disputes, particularly those concerning abortion regulations, are frequently led by advocacy groups from one of two sides. Those who support the legal prohibition of abortion are commonly referred to as pro-life, while those who oppose legal limitations on abortion are referred to as pro-choice. Both are used to denote the essential ideas in arguments for and against abortion: "Is the foetus a human being with a fundamental

right to life" for pro-life activists, and "Does a woman have the right to choose whether or not to have an abortion" for pro-choice advocates.

Conclusion:-

"The touch of children is the delight of the body; the delight of the ear is the hearing of their speech" .

- by Thiruvalluvar, the renowned Tamil saint.

A woman has a natural responsibility to provide the best for her children. However, situations may emerge in which woman engages in activities that are harmful to the foetus. It could be due to ignorance, carelessness, or intentional behaviour. Abortion is a personal choice that should be made by the mother. However, given the viability of a legal standard, the unborn should be given the required protection. It is also advantageous to the mother when the state or voluntary organisations are prepared to care for the unborn. It makes no sense to give the woman the right to kill the foetus. Her right to terminate the pregnancy is limited.

It is also claimed that having 20 million infants each year would place a bigger demand on the country's medical services and economic resources than having one to five million abortions per year.

The law must protect both the mother's and the unborn's liberty. As a welcoming society, we should look for ways to help lonely and fearful mothers, as well as lonely and abandoned babies. We must provide women with unwanted pregnancies with the love and care they need, as well as aid them in discovering humane alternatives to abortion.

Bibliography:

BOOKS

1. LAW RELATING TO WOMEN AND CHILDREN:- BY: MAMTARAO
2. LAW RELATING TO WOMEN AND CHILDREN :-BY: ANJANIKANT.

WEBSITES

1. www.indiaangloinfo.com
2. www.indiatogether.org
3. www.unfpa.org
4. www.amnestyusa.org
5. www.hrln.org
6. www.indianexpress.com
7. www.cehat.org