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The Ramifications: Medical Termination of Pregnancy and Right to Privacy¹

Upasana Jain,⁴th semester LLM, Kalinga University

Darshi Sharma Guhey, Assistant Professor, Faculty of Law, Kalinga University, Naya Raipur, Chattisgarh

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Abstract

The legal nuances on cessation of pregnancy across the globe along with understanding the legislations, or enacted laws and judgements passed by Apex courts in a few countries, which hold the backing of granting or restricting the women of their right to keep or to terminate pregnancy.

The history of abortion and the primitive procedures of inducing labour untimely to present day modern and scientific methods of performing a procedure, from prehistoric ages where hygiene and sanitation were the inducing factors for co-morbidities following the procedure, to the contemporary developments where hygiene is no longer a concern, instead mental and psychological impact is much intense, this subject remains ever challenging.

The legal subtleties of abortion, permission or restriction, the world seems to be in a state of tug-of-war, where in some countries, amendments were brought about to protect, promote and rehabilitate women's right on other hand some developed nations introduced nationwide ban on abortion.

Along with the help of major amendments like priority to minor's consent, no need of spousal consent and court taking care of those who have difficulty in taking care themselves, were carried out to investigate the aspects associated with termination, the different circumstances, the situational variations and some contingent events in which a woman has no choice but to undergo termination procedure.

The critical need of the study is to examine the frequently overlooked postpartum or post termination phase, the most challenging phase as defined by experts in terms of emotional overturn, where a woman requires bodily, mental, physical and most importantly the psychological relief to rest, recover and rehabilitate with the help of family, friends, community groups, therapies and assistance by the means of rehabilitation aids by the government focusing on this realm.

The path ahead for upcoming changes that will influence the current legislations to suit the ever-evolving dimensions of women abortion laws which may entail further development shaped by ongoing discussions surrounding women's rights, healthcare accessibility, and societal norms. Also, there is an increased scope of liberalization in safeguarding reproductive autonomy and arguments for maintaining or tightening existing regulations. In its finality, the direction of policy and legal developments in India will depend on navigating these vividly diverse perspectives and navigating a balanced middle path between them.

Keywords: Right to have privacy (choose, rest, recover, rehabilitate), The Medical termination of pregnancy, Article 21, decisional autonomy

¹ Upasana Jain,⁴th semester LLM, Kalinga University and Darshi Sharma Guhey, Assistant Professor, Faculty of Law, Kalinga University, Naya Raipur, Chattisgarh

Introduction

To commence with the Medical Termination of Pregnancy act of 1971² (henceforth referred to as the MTP Act) was recently amended in the year 2021. The Shanti Lal Shah Committee was officially established by the Ministry of Health and Family Welfare in 1964 to look into causes of the increasing rate of abortion cases in India subsequent to which The Medical Termination of Pregnancy (MTP) Act was passed in August 1971, after this Committee's 1970 recommendations, and there have been notable alterations introduced and added to the act in the year 2021. The question arises what is medical termination of pregnancy? Well, medically and legally the answer to the question is when a woman consciously and with her free will chooses to abort the foetus, citing the wish to discontinue the pregnancy, due to her genuine reasons and then medically gets the termination done by concerned authorities, registered medical practitioners.³

The Medical Termination of Pregnancy Act allows pregnancy termination in India until the 20th week of pregnancy, to terminate pregnancies between 20 and 24 weeks, the views of two licensed medical professionals is required. This extension of the gestation period up to 24 weeks is given for special categories of women such as rape/incest victims, differently-able women, and minors, If there are significant foetal abnormalities, a state-level Medical Board will determine whether or not an abortion beyond 24 weeks can be performed. Abortions are only carried out by medical professionals who specialize in obstetrics and gynaecology. For the first seven weeks oral medications prescribed by the experts can help with the abortion. Pregnancy age is calculated from the first day of the last period. An ultrasound scan may be necessary to confirm pregnancy age. A pregnancy test is conducted, and clinical conditions are checked for anaemia and sexually transmitted diseases (STD).

A Tour down to history

To understand the intricacies of the topic better the history of abortion in the world will help us get hold of the development in the new world. Earlier in Egyptian civilization, The Ebers Papyrus, an Egyptian document from 1550 BCE, is the earliest known evidence of an induced abortion, the termination of pregnancy was induced by performing hard labour scheme like swimming, river kayaking and in some cases in primitive societies women were kicked in the womb to induce labour before full time of pregnancy.

Many techniques used in prehistoric cultures were non-surgical. Physical exercises like hard work, climbing, canoeing, weightlifting, or diving were typical methods. Other methods included applying hot water to the abdomen, bloodletting, fasting, using irritant leaves, and lying on a heated coconut shell. As late as the Early Modern Period, English women continued to frequently use physical methods of inducing abortion, such as exercise, battery, and tightening the girdle. The Vedic and Smriti laws and dharmshastras, considered aborting

²The Medical Termination of pregnancy 1971 enacted on 1st April, 1971

³AIIMS-consortium on National consensus for medical abortions in India-

https://www.aiims.edu/aiims/events/Gynaewebsite/ma_finalsite/report/1_3_7.html

a child is the same as killing one's spouse and a Brahmin, a learned scholar. And the Priests who performed abortions were subject to various penances by the religious courts. A section of the epic Ramayana describes how barber surgeons perform abortions. The Rig-Veda presents four pregnancy rituals: Jatakarma (at the time of delivery), Garbhadhan (conception), Pumsavana (end of the first trimester), and Garbharakshana (fourth month). The Hindu perspective on abortion is just as complex and balanced as any other. Hindu Dharma recognises pregnancy termination and may even suggest it when it's required for the health of the expectant mother. Such an exemption is only made in dire situations and other situations, though.

In the absence of that, Hindu Dharma views abortion as a moral and social sin. It is for The Code of Assura, c. 1075 BCE, is the only instance in ancient law where the death penalty is required for abortion; exclusive to women who obtains an abortion against her husband's wishes. Early surgical attempts to remove a foetus have been revealed by archaeological finds. A Sanskrit text from the eighth century advises women who want to induce an abortion to sit over a pot of steaming or stewing onions. Southeast Asia is known to be home of the "massage abortion" method, which involves applying pressure to the growing foetus. One of the carvings at the

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herb used to facilitate childbirth. In de Antidotes, Galen included it in a potion formula, but Dioscorides said it could be taken orally or as a vaginal peccary along with pepper and myrrh.

The world has evolved from very primitive ways of inducing untimely labour to well advanced modern medical scientific ways of inducing or terminating pregnancy before the full term is complete. Unlike the old times the current upgraded set up ensures the sanitary standards are maintained along with avoiding any unhygienic exposure which may instigate any kind of morbidities to the woman who opts for the procedure. Standards are maintained along with avoiding any unhygienic exposure which may instigate any kind of morbidities to the woman who opts for the procedure.

Stance of the world on the concept of abortion

The world is showing dichotomy of opinion on this topic as some nations which are pretty much developed today and are restricting women from practicing their decisional autonomy to terminate pregnancy and introducing ban on abortion whereas on the other side a few emerging nations are showing their openness and liberal approach towards giving a reasoned decisional autonomy to the women whom might or might not wish to continue the pregnancy.

For the past two decades, the turn of events has left the world⁴ in a divide as the decisions are either liberalising or stringent, for e.g. abortion still remains illegal in about 20 countries, mostly in

- Africa, including Djibouti, Egypt, Guinea-Bissau, the Democratic Republic of Congo and Senegal abortion is still illegal in several countries.
- In El Salvador, abortion was banned in all circumstances in the 1990's, even when the mother's life was threatened,
- In Honduras, Nicaragua, Suriname, Haiti and the Dominican Republic as well as the Philippines, Laos and Palau, Vatican State, Andorra and Malta abortion is prohibited.⁵

Nevertheless, some nations such as in the Ivory Coast, abortion is only allowed if the mother is sexually assaulted or pregnant again.

- Many countries allow abortion, but citing severe restrictions only if the mother's life is in danger and such countries include Afghanistan, Bangladesh, Ivory Coast, Libya, Myanmar, Sudan, Iraq, Syria, Uganda, Venezuela and Yemen.

The permission for abortion is very limited in Brazil, only in cases of sexual assault or again, if the life of an expectant mother is under death risk. Chile in 2017 ended almost 30 years of a blanket ban and now allows interventions for rape, or if the life of the expectant mother or baby is at risk.

⁵ Abortion laws around the world, a coverage by Livemint- <https://www.livemint.com/news/world/abortion-laws-around-the-world-11656088710521.html>

In *Planned Parenthood of South Eastern Pa. v. Casey* The court's ruling in *Roe v. Wade* upheld an individual's right to an abortion, but the state has the power to forbid the abortion of a developing baby in any situation other than one in which the mother's health is in danger due to its compelling interest in safeguarding the life of the unborn child. Additionally, rather than using a strict scrutiny analysis, laws prohibiting abortion should be assessed using the undue burden criterion.

In June 2022 with *Dobb v. Jackson Women's health Organization*⁶), A landmark decision of the Supreme Court of the United States in which the court held that the Constitution of the United States does not confer a right to abortion and the ruling struck down the 1973 decision by the US Supreme Court overturned *Roe v. Wade*, eliminating nationwide guarantees for the right to an abortion. Since then, while a few states in the US have imposed greater restrictions, others have made abortion illegal.

Where defying all the earlier legislations On 4th March 2004 the French government, overwhelmingly approved a bill to enshrine abortion rights in France's constitution, making it the only country to explicitly guarantee a woman's right to voluntarily terminate a pregnancy.

Where most Australian federal states had legalised abortion by early 2018, New South Wales took a year longer. New Zealand chose to only decriminalise abortion in 2020. South Korea ended the ban in 2019, diluting the highly restrictive regulations. In traditionally Catholic Ireland abortion became legal in 2018 following a referendum overturning a constitutional ban. In 2019 Northern Ireland saw liberalisation, the sole part of the United Kingdom which still is holding out. Britain legalised abortion in 1967 by the act of parliament, the Soviet Union (erstwhile USSR)⁷ was the initiator to off mark globally with legalisation in 1920.

An entitlement guaranteed by the constitution to an early-pregnancy abortion that is safe, legal, and free was acknowledged by the Mexican Supreme Court in its unanimous decision in 2021. Ever since; the states of Mexico have been liberalizing their laws to reflect that right. Before 1971, in India the Indian Penal Code 1860 (IPC)'s Sections 312–314 exclusively regulated abortions, which could only be executed in order to save a pregnant woman's life. The MTP Act was passed in 1971 with the goals of lowering maternal morbidity and mortality and doing away with abortions performed by unskilled individuals and in unhygienic conditions. Following the MTP Act's passage in 1971, changes to laws and other developments were not definitive.

India is one of the countries that is constantly working for women rights and is also liberal to allow women to terminate pregnancy and in some cases also approach the apex court to get a

⁶ 597 U.S. 215 (2022).

⁷ Union of Soviet Socialist Republics

approving the pregnancy's termination even after 28 weeks and in rare cases up to 32-36 weeks with proper precautions and in association with proper authorities.

In 2006, The Honorable High Court of Rajasthan dismissed a contest against the MTP Act's constitutionality in *Nand Kishore Sharma v. Union of India*⁸ on the grounds that it infringes upon the fundamental right to life of the unborn child.

In the case of *Suchita Shrivastava Versus Chandigarh administration*⁹- When the State must make choices to safeguard the interests of people who are unable to care for themselves, it invokes the common law theory known as "Parens Patriae." This theory has typically been used in situations involving minors' rights and people who have been determined to be mentally incapable of making their own decisions. Different common law jurisdictions' courts have established two different standards for utilizing their 'Parens Patriae' power to make reproductive decisions for individuals with mental retardation. "Best interests" and "substituted judgment" tests are the names of these two criteria. As its literal wording makes clear, the "best interests" test requires the Court to determine the action that would serve the best interest of the person concerned.

The Honourable High Court of Bombay, in *High Court on its Own Motion v. State of Maharashtra*¹⁰, reiterated the position stated in *Suchita Shrivastava v Chandigarh Administration*¹¹ and further opined that:

“A woman's decision to terminate a pregnancy is not a frivolous one. Abortion is often the only way out of a very difficult situation for a woman. ... These are decisions taken by responsible women who have few other options. They are women who would ideally have preferred to prevent an unwanted pregnancy, but were unable to do so. If a woman does not want to continue with the pregnancy, then forcing her to do so represents a violation of the woman's bodily integrity and aggravates her mental trauma which would be deleterious to her mental health.

... According to international human rights law, a person is vested with human rights only at birth; an unborn foetus is not an entity with human rights. The pregnancy takes place within the body of a woman and has profound effects on her health, mental well-being, and life. Thus, how she wants to deal with this pregnancy must be a decision she and she alone can make. The right to control their own body and fertility and motherhood choices should be left to the women alone. Let us not lose sight of the basic right of women: the right to autonomy and to decide what to do with their own bodies, including whether to get pregnant and stay pregnant.”

The relationship of Article 21 with women's right to take a reasonable decision as per her perspective, alongside the latest amendments in the legislation pertaining to

⁸AIR 2006 Raj 166.

⁹*Suchita Shrivastava Versus Chandigarh administration*, AIR 2010 SC 235

¹⁰*High Court on its Own Motion v. State of Maharashtra*

¹¹ CIVIL APPEAL NO.5845 OF 2009

abortion

The right to reproductive autonomy is an expression of the right to decisional autonomy, which includes the right to one's sexual and reproductive health. These rights are fundamental components of the Indian Constitution's articles 14 and 21, which guarantee the right to privacy, self-determination, and dignity.

Under article 21¹² and 42¹³ of the India's Constitution both the right to privacy and the benefit of maternity leave are protected.

- The right to choose a woman's reproductive course is likewise a component of "personal liberty" as defined by article 21.
- It is important to recognise that reproductive choices can be exercised to procreate as well as to abstain from procreating.
- The most important thing to remember is that women should have the right to privacy, dignity, and physical integrity.
- This implies that there need to be no limitations of any kind placed on the exercise of reproductive options, including the freedom of a woman to decline engaging in sexual activity and the choice to bear or not bear children.

Taking in view the landmark judgement of Justice K S Puttaswamy vs. Union of India 2017¹⁴, the scope of Article 21 can be understood as constantly developing realm, as it covers the life and personal liberty of a citizen. The subject of personal liberty got expanded in its true sense after the case of Justice K S Puttaswamy v. Union of India, in which the Apex Court held –

“Privacy includes at its core the preservation of personal intimacies, the sanctity of family life, marriage, procreation, the home and sexual orientation... Privacy safeguards individual autonomy and recognises the ability of the individual to control vital aspects of his or her life.”

The judgement was groundbreaking as it broadened the spectrum of women's-rights, instead of concentrating on the general demographic requirements, the micro level was presented with decisional autonomy. The Karnataka High Court's judgement begins by recognizing that one's attire is an aspect of decisional autonomy and privacy, as outlined in the ruling in K S Puttaswamy v. Union of India by the Supreme Court.

V. Krishnan v. G. Rajan (1994) 2 MWN (Cri) 333¹⁵

A father, whose daughter had left home and married against his will, petitioned the Madras High Court to end his minor daughter's pregnancy. Despite the daughter's desire to carry on with the pregnancy, the father contended that the MTP Act did not take into account a

¹²Article 21: “Protection of Life and Personal Liberty”

¹³Article 42 The State shall make provision for securing just and humane conditions of work and for maternity relief.

¹⁴(2017) 10 SCC 1

¹⁵(1994) 2 MWN (Cri) 333

minor's consent for MTP. The Indian Constitution's Article 21, which protects everyone's right to life and personal liberty, including minors, guided the Court's decision-making. After his daughter ran away and married someone against his desires; he filed for the pregnancy to be annulled. Despite his daughter's consent to carry on with the pregnancy, he maintained that the Indian Constitution does not apply to a minor's consent for medical termination of pregnancy (MTP). The High Court made its decision based on Article 21, which protects everyone's right to life and liberty, including minors.

Similarly, in *Marimuthu v. Inspector of Police*¹⁶ the court declared that Section 3(4) could not be interpreted to mean that a child does not need to give consent in order to carry on her pregnancy. The Court cited the Convention on the Rights of the Child, the MTP Act's purpose, women's autonomy, and their bodily integrity as supporting evidence. The Court examined issues with adolescent pregnancy, child marriage, and the age of consent in addition to the Protection of Children from Sexual Offences Act, 2012.

In *X (since minor through her mother) v. Union of India*¹⁷, the Bombay High Court upheld Section 5 of the MTP Act by allowing the deaf and silent minor rape victim with Down syndrome to terminate her pregnancy. In addition to the risk to her life posed by the unwanted pregnancy, the Court pointed out the psychological damage that affects the victim and concluded that the pregnancy was not in her best interests as it violates her personal freedom and causes mental agony.

In *Bhavikaben v. State of Gujarat*¹⁸ the Honourable High Court of Gujarat permitted medical termination of pregnancy in light of the rape survivor's young age and good health, the serious mental harm brought on by the unintended pregnancy, and the medical opinion stating that there was no risk to her life from the pregnancy termination. Similarly, in *Madhuben Arvindbhai Nimavat v. State of Gujarat*¹⁹ and *Pujaben Subedar Yadav v. State of Gujarat*²⁰ the court ruled what was in the best interest of the minor rape survivor.

The Honourable High Court of Punjab and Haryana in *R v. State of Haryana*,⁵⁰ further relied on the best interest test and took into account the serious harm—supported by the medical opinion—that the underage rape survivor's social and emotional implications of carrying the pregnancy caused to her bodily and mental health. However, the Court felt averse to allow such a termination since the medical board that was formed in this case expressed opposition to the pregnancy termination on the grounds that the pregnancy had progressed over the 20-week mark specified in the MTP Act. The Court also stressed in its ruling the need to amend the MTP Act's time limit in order to allow abortions to take place later than 20 weeks. It recommended the State revise the MTP Act to make it clear that

¹⁶(2016) 6 CTC 90

¹⁷ Writ Petition No. 1137 of 2023 (Civil)

¹⁸(2016) 3 RCR (Cri) 362.

¹⁹2016 SCC OnLine Guj 662.

²⁰ 2017 Cri LJ (NOC 719) 225

physicians who act lawfully and in good faith to preserve the life of a victim of rape or avert serious harm to her physical or mental state would not be unnecessarily prosecuted.

The will to terminate a pregnancy or to keep a child is absolutely opted by the woman, and consent for it is voluntary, any form of coercion, undue influence is unacceptable at any instance, and nobody else has the ability to grant consent to the procedure not even on behalf, this is applicable in case of married woman and they can go ahead with the decision to terminate and the consent of spouse is not at all required as decided by Honourable court in the case of *Anil Kumar Malhotra v. Ajay Pasricha*²¹ this applies in case of minor girls as well, if an under 18 girl wishes to either keep or terminate the child, the decision will solely be hers, parents or guardians cannot intervene as decided by the Honourable High court of Madras in the matter of *V. Krishnan v. G. Rajan*.

In the case of *X v. the Principal Secretary Health and Family Welfare Department & Another*²² the Court was requested to broaden the application of Section 3(2)(b), which controls the termination of pregnancies between 20 and 24 weeks of gestation, to single women. The High Court rejected, claiming that because the Petitioner is an unmarried woman whose pregnancy resulted from a consenting relationship, Rule 3B of the MTP Rules "clearly not covered" her situation. Following which a Special Leave Petition under Article 136²³ was then filed before the Supreme Court, where the Chief Justice of India D.Y. Chandrachud noted, "A changed social context demands a readjustment of our laws. Law must not remain static and its interpretation should keep in mind the changing social context and advance the cause of social justice".

- Secondly, the Court stated that as it is not feasible for the "legislature or the Court to enumerate every possible event which would qualify as a change of material circumstances," each situation must be evaluated on an individual basis. Pregnant women have the last say over what to do, taking into account their personal circumstances.
- Thirdly, the Court made it clear that marital rape qualifies as a reason for abortion. The Court stated that it is not unheard of for married women to become pregnant after experiencing sexual abuse at the hands of their spouses. It is crucial to make clear that the Court observed that, for the purposes of the MTP Act, marital rape should be considered rape, since the Act does not include married women who may become pregnant as a result of their husbands' coerced or abusive sexual behaviour.
- Finally, the Court compassionately declared that MTP is a helpful law designed to provide all pregnant women with access to abortion services. As a result, licensed

²¹Civil Appeal No. 4704 of 2013 (Order dated Oct. 27, 2017) (Supreme Court).

²²2022 SCC Online SC 1321.

²³Article 136 vests the Supreme Court of India, the apex court of the country, with a special power to grant special leave, to appeal against any judgment or order or decree in any matter or cause, passed or made by any Court/tribunal in the territory of India.

medical professionals should provide abortion services without imposing any extralegal requirements, such as needless paperwork, spouse or family approval, or onerous court authorization.

In *Hallo Bi @ Halima v. The State Of Madhya Pradesh*²⁴ An imprisoned woman who was being pushed into prostitution sought the Honourable High Court of Madhya Pradesh to request permission to end her about 12-week-old pregnancy. Her first request to the jail administration was sent to a Chief Judicial Magistrate (CJM), who denied it. The Honourable High Court granted her permission to end her pregnancy by invoking the finding in *Suchita Srivastava*, which established for a woman's right to make reproductive choices is an integral aspect of her personal liberty, as well as taking into account medical opinions regarding the viability of abortion. According to the ruling, "forced prostitution" is equivalent to sexual assault and falls under the parameters outlined under Section 3(2) of the MTP Act for pregnancy termination.

The Honourable High Court of Gujarat in *Nirav Anupambhai Tarkas v.State of Gujarat*²⁵ retained the dismissal of a criminal charge that a husband had brought against his wife and her family for ending her pregnancy against his will, on the grounds that the abortion did not need his consent.

In the *Bashir Khan v.The Punjab State*²⁶ and *Kamla Devi v.State of Haryana*²⁷ The Honorable High Court of Punjab and Haryana clarified that for a pregnancy under the 20 week gestational limit, there is no requirement to obtain permission from any authority for termination of pregnancy under the MTP framework, aside from the medical opinion of the necessary number of medical practitioners and consent from the woman or guardian in the case of a minor.

In *Nikhil D. Datar and others v. Union of India*²⁸, The woman sought permission from the Honourable High Court of Bombay to terminate her 26-week pregnancy after discovering about significant foetal cardiac abnormalities barely 24 weeks into the pregnancy. Her husband and physician joined her in contesting the constitutionality of Section 5 of the MTP Act, arguing that it lacks the provisions outlined in Section 3(2) (b)(ii) that allow for medical termination of pregnancy post the 20-week mark in situations where there is a "substantial risk" of the unborn child to have "such physical or mental abnormalities as to be seriously handicapped."

The need of the study

²⁴2013 Cri LJ 2868 (M.P.).

²⁵2011 SCC OnLine Guj 5577.

²⁶ AIR 2014 P&H 150.

²⁷ CWP No 2007 of 2015, decided on Feb. 9, 2015 (High Court of Punjab and Haryana).

²⁸ (SLP (C) 5334 of 2009)

The main contention is to throw light upon that aspect which is often not sought after and is seen as typical in nature, but on the contrary it is one of the those feelings which is the most difficult to overcome. Numerous recent studies have demonstrated that post partum, perinatal and post termination psychosis are known medical conditions in which a woman undergoes a multitude of physical, mental, physiological, emotional and psychological changes due to the process of termination or delivery occurs in approximately 1 to 2 out of every 1,000 deliveries, or approximately 0.1-0.2% of births. The onset is usually sudden, most often within the first 2 weeks postpartum, but can appear any time in the first year..

All of these changes are also observed among women who have miscarriage, when it comes to miscarriage the void is very difficult to be filled and the feeling of depression follows. Medically the experts have categorised the post partum or post abortion psychosis in three heads, depressive, mania, atypical/mixed. Postpartum psychosis is the severest form of mental illness in that category characterized by extreme confusion, loss of touch with reality, paranoia, disorganized thought process, delusions and hallucinations.

The struggle of a woman's psychological setback after termination, post partum or a miscarriage is hardly empathised by the society at large; the challenge varies from person to person, the circumstances that gave rise to the psychological hardship. The magnitude of pain differs; each one faces has their own share of struggles.

For e.g. a minor who may not even be mentally ready to bear or lose a child, when undergoes either termination or chooses to deliver full term, will have difficulties to manage her own self due to the hormonal discharges and physical changes. Whereas mental agony is caused to a rape victim in case of sexual assault, here victim has to deal with the Post traumatic Stress Disorder (PTSD) along with the pressure of an unwanted pregnancy. Termination procedure is not an easy thing, as it brings depression, hormonal discharge, psychological devoid of undergoing a procedure in which an unborn is avoided from taking birth.

In case of marital rape the woman faces agony from husband's side as well as bodily challenges poses a challenge in front of her to overcome. In case of abnormalities in the child or malformation of foetus, the mother confronts the tough decision of going forward with the decision to terminate the foetus. The Supreme Court in the case of *X v. The Principal Secretary Health and Family Welfare Department, Delhi NCT Government*²⁹ said that in order to protect women against forced pregnancies, marital rape must be regarded as falling under the definition of "rape" for the purposes of the Medical Termination of Pregnancy (MTP) Act. In *State of Rajasthan v. Jamana Suthar*³⁰ a young girl who had been sexually assaulted and became pregnant applied to the relevant authorities through her parents in order to enable a medical termination of her pregnancy. The minor petitioned to the High Court for a writ of mandamus ordering the relevant authorities to end her pregnancy because the authorities were doing nothing whatsoever. The Honourable High Court deliberated over the possibility of terminating the minor's about 25-week pregnancy through the application of Section 5 of the MTP Act.

²⁹Civil Appeal No 5802 of 2022 (Arising out of SLP (C) No 12612 of 2022)

³⁰2009 SCC OnLine Raj 3468

The purpose of highlighting such intricacies of the topic is to cater the psychological, mental, physical and emotional support to women who anytime in their lives are in the tough spot of deciding to keep a child or to terminate it. The human body which is capable to bring a child can choose to take the life of one, this in itself if not addressed properly can result for the onset of a depressive state..

- The help doesn't necessarily have to be monetary; in most of the tough spots an empathetic moral support is all that a person actually requires.
- The help can flow via Group Assisted efforts to rehabilitate this section, schemes to train workers or medicos to counsel different section differently,
- Social media where a podcast or short story can be recorded by the MoHFW³¹ to assist and boost the morale of the women to cope up efficiently,
- Free legal or legislative assistance to women by the concerned Bar councils of the city to help her fetch proper guidelines and instructions to opt for procedure within the stipulated time of 20 weeks to avoid any death risk or co-morbidities,
- And in case where a woman requires the permission beyond 24 weeks the Bar council of the concerned city should assign some advocates specifically to provide free and unbiased assistance to woman who is already agonised.
- every village administration should organise workshops to educate women about rights and requirements they possess,
- Schools and colleges should organise classes for women to make them aware of their rights and accesses if at all any such contingencies are faced by anyone or any acquaintances,
- The rehabilitation should necessarily include access to supplements and nutritious food and the controlled diet should be taken by the woman exactly like what is given during the phase of 'Jaapaa' or 'Sawa Mahina'³² and to educate the woman about what to eat or not following the post termination or post-partum should be instructed by the Obstetrics and Gynaecology department of the District government hospital, and also by the Primary Health Care centres of the concerned villages.

The Right to Rest, Recover and Rehabilitate should rightly be clubbed with Right to Privacy, as encompassed under Article 21 of the Indian Constitution.

The future of abortion laws

As the globe is moving towards a new era, the upcoming Generation Z³³ as is pretty AI³⁴ adoptive. They shape culture through social media and their world revolves around it. So

³¹The Ministry of Health and Family Welfare, also known by its abbreviation MoHFW, is an Indian government ministry charged with health policy in India. It is also responsible for all government programs relating to family planning in India.

³²A 40 day confinement period of a mother following a delivery in which they rest and are cared for by family members. The mother/parent is fed special foods and drinks, and a special massage is performed using warm herbal oils

³³Members of the Gen Z are born between 1997 and 2012.

³⁴Wikipedia-Artificial intelligence is the intelligence of machines or software, as opposed to the intelligence of living beings, primarily of humans

the advancement in this subject is absolute as the transparency has gone up, compared to what it was in the early 1990s.

The future of abortion laws is dependent on various factors such as changing political set-ups, ever evolving societal attitudes towards reproductive rights, and legislations or judgments pronounced by courts. Here are some factors to consider:

- **Legal Precedents:** Landmark Judgements and legal precedents will keep setting the framework for future abortion laws and regulations. Ambiguities in the existing laws and legal nuances can lead to enhancement in legal interpretations and enforcement of laws as per the development.
- Advancement in medical technology and speed of foetal development may impact public perceptions of abortion and its legality and regulation.
- The leap of change in societal attitudes with regards to termination will influence political decisions and policy outcomes. Support from the public for abortion rights across the globe as the world order is changing will shape legislative agendas and election outcomes.
- The world is influenced by the Indian outlook and the steps taken by India with regards to women, as unlike the old times where women faced a lot of hardships due to gender biasness, today has a woman as its first citizen, The President.

The future is bright in some countries whereas in some countries there is still a restriction looming, but as the world is advancing the mindsets of people and political arenas would also liberalise.

In Indian context, laws are liberal and are getting more liberalised with every different situation which requires to be addressed. The need of the hour is to provide rehabilitation to women who face the aftermath of procedure of termination, sooner in the future there is a strong hope that this section will be addressed and looked after as well.