

ABORTICIDE: A SACROSANCT HUMAN RIGHT

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Abstract:

The legalisation of Voluntary Abortion is the most controversial debate ongoing across the globe. This article submits a legitimate research paper on why voluntary abortion is an essential human right of any woman in India, considering the right of a foetus carried by a woman in her womb with core understanding of supporting statutes and case studies. The research is followed by both theoretical and empirical methodology. The theoretical part highlights important medical, ethical, moral, religious, social, and economic documents and the crucial legal elements and facts representing a complex perspective on abortion. The empirical part presents the results of a sociological survey based on the opinion survey method on a sample of the responses of the citizens across India, the purpose of the survey is to give a synergetic effect to the essay and identify the Indian perception of women, which is likely to be left unheard by our lawmakers. The law of our land, the Constitution of India, is enshrined with fundamental rights, which are sacrosanct to carry on livelihood, and the right of abortion when abstaining shall violate Article 14 and Article 21 of the Constitution of India, 1950. The paper shall also cover the most ignored element, mental health, and how it is interlinked with a woman's right to interrupt pregnancy, following the definition of WHO, "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." Most importantly, regardless of the legislative restrictions how, unsafe abortion, which is rather known to be illegal abortion, leads to a risk to a woman's health lastly, determining core reasons for carrying out an abortion. The aim is to prove that the Right to abortion falls under the purview of Article 21 of the Constitution of India.

Keywords: *abortion, sociological research, India, Morality, Statues.*

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Introduction:

"To deny people their human rights is to challenge their very humanity."

-Nelson Mandela

Human right is the very essence of the existence of human life as it pertains to not only mere physical existence but also a life with equal human liberty and dignity. One of the most contentious issues at par across the nation and internationally has been abortion. Whether a woman should be permitted to abort her child or not, and whether the right to an abortion fit under the umbrella of the right to life under the law of our land. The right to an abortion must be accorded the same consideration as other rights that women in India have been granted, such as the freedom to conceive and bear children. Whether the right to abortion is covered by the right to life is the

question at hand in this situation. The right to life is a fundamental freedom. Numerous rights, including the right to privacy and the right to a means of support come under its jurisdiction. Additionally, the right to life is protected by Article 21 of the Indian Constitution, which states that everyone living on Indian territory has a right to life and personal freedom unless an exception is made in accordance with the law. Logically, Constitutional law does cover the right of a woman to make her own choices for her body which pertains to the right to abort and so does the right to abortion has been recognized as the Right to personal liberty and privacy by our lawmakers which takes birth from right to life under Article 21¹. Several factors, including religious, ethical, moral, and legal values, govern the issue of the right to abortion. All religions strongly oppose abortion.

Nevertheless, the issue of whether the woman has the right to an abortion or the child has the right to life still emerges. In some cases, abortion is allowed in India. It can be done until the 20th week of pregnancy for various reasons². A judge, at their discretion may approve a termination after 24 weeks in rare circumstances. Contrarily, where the movement to legalise abortion has been turbulent and involved intense public debates, India's transition from a regime of proscription against abortion by treating it as a criminal offense punishable under the Indian Penal Code (IPC) and Bharatiya Nyaya Sanhita, 2023 to legitimizing the practice as a health and family planning measure through the enactment of the MTP Act of 1971 had been relatively smooth.

Research Objective:

Hypothesis- A woman who is pregnant may decide whether or not to end her pregnancy.

Research Methodology- The methodology adopted for the present research is both doctrinal and non-doctrinal wherein,

- i) Doctrinal Method- Thorough scrutiny of existing statutes, Articles, Newspapers, Case laws, and Books.
- ii) Non-Doctrinal Method- Empirical Study followed by a questionnaire to the general public about their say on Abortion and its rights.

Abortion Laws in India:

The Constitution of India:

The very essence of the Indian Constitution is Article 21 which states that “No person shall be deprived of his life and personal liberty except according to procedure established by law.” The right to life and personal liberty of an individual is not only protected from Executive action but also the Legislative action. Though there is no specific provision enlisted under Indian Constitution about abortion, thus when subject to interpretations and by the Judicial Precedent in *Suchitra Srivastava V. Chandigarh Administration*³ wherein it was pronounced through appellate judgment- A woman has the right of choice to have personal liberty which is backed by the Article 21 of Constitution and there shall be no restriction to a woman while exercising her right on choice of reproduction by either refusing to participate or alternatively insisting to use contraceptive methods thus giving liberty to reproduce a child. Also, the basic right of women to decide whether to have children is guaranteed under Article

¹ Report on Shah Committee to study the question on legalization of Abortion, 1996 by Government of India.

² Medical Termination of Pregnancy Act, 1971 and Indian Penal Code, 1860.

³ AIR 2010 SC 235

21 of the Indian Constitution, which the Supreme Court particularly affirmed. Therefore, abortion falls under the definition of "personal liberty" as stated in Article 21 of the Indian Constitution. Similarly, abortion is acknowledged as a right under the Medical Termination Act of 1971.⁴

Thus, it is understandable that a woman with such a right would use her freedom and transform her body in any way she sees fit. To fit her needs, she could alter anything to her body. She has complete control over her body. Thus her decision to carry the baby or not should be the only one that matters.

Indian Penal Code, 1860:

With antecedents in the British Offences against the Person Act of 1861⁵, the Indian Penal Code of 1862, and the Code of Criminal Procedure of 1898, it made abortion a felony punishable for both the woman and the abortionist unless it was done to save the woman's life. Abortion laws were liberalized in the United States and Europe throughout the 1960s and 1970s, and this trend continued into the 1980s in many other regions of the world. In India, abortion policy liberalization started in 1964 in response to high maternal death rates brought on by unsafe abortion practices. In India, induced abortion⁶ is prohibited under the Indian Penal Code, which recognizes all the elements of the human aspect, i.e. social, mental, and medical effects of abortion. Abortion in the penal code is defined as "causing miscarriage" in Section 312 of the Indian Penal Code, 1860. It pertains to a lady who intentionally causes a miscarriage. But nowhere in the law has the word "abortion" been mentioned. The term Miscarriage officially refers to an unintentional abortion, but intentionally inducing a miscarriage, which is illegal under Section 312, will be referred to as an intentional abortion. There is no apparent distinction between the two. However, the same provision does proclaim therapeutic abortion to be permissible. The pregnancy may be terminated in cases where the mother's life is at risk. Accordingly, killing an unborn child in the womb is forbidden unless doing so is necessary to safeguard the mother's life.

The Bharatiya Nyaya Sanhita, 2023:

The Bharatiya Nyaya Sanhita, 2023 (BNS), which replaces the Indian Penal Code, 1860 (IPC), continues to recognize abortion as a criminal offence when carried out in violation of prescribed legal safeguards. The relevant provisions addressing abortion are primarily found in Section 85 of the BNS, which substantially mirrors Sections 312 to 316 of the IPC. These provisions pertain to offences involving the voluntary termination of pregnancy or causing miscarriage, with varying degrees of culpability based on consent, intention, and consequences.

Under Section 85 of the BNS, a person who causes a woman to miscarry without her consent commits a grave offence, punishable with imprisonment that may extend to ten years or even life imprisonment, along with a fine.

⁴ Justice K S Puttaswamy [Retd.] V. Union of India, 2018

⁵ Section 58 and Section 59 of Offences Against the person Act, 1861 [Offences Against the Person Act 1861 (legislation.gov.uk)]

⁶ Abortion that is intentionally performed, for which medicine is taken, and a procedure is carried out, is referred to as an "induced abortion." Two more classifications for induced abortion are as follows:

1. Therapeutic Abortion- A therapeutic abortion is performed when the mother's life is at risk or a handicapped child will be delivered.
2. Elective Abortion – This type of abortion is performed for any cause other than those listed above.

Even where the woman consents, if the miscarriage is not covered under the permissible conditions laid down by law, the person responsible may be punished with imprisonment up to three years and/or a fine. Thus, the degree of punishment depends significantly on whether the woman has consented and whether the procedure is in accordance with the law.

Furthermore, if the act of causing miscarriage results in the death of the woman, the offence becomes more serious. The punishment in such cases may extend to life imprisonment, reflecting the legislature's intent to deter unsafe and unlawful abortions. Additionally, Section 85 also penalizes acts done with the intention of preventing a child from being born alive or causing its death after birth, with imprisonment that may extend to ten years and a fine. Where an unborn child is caused to die in circumstances amounting to culpable homicide, the person responsible is liable to punishment equivalent to that prescribed for culpable homicide not amounting to murder. However, it is essential to note that the punitive provisions of the BNS are subject to the exceptions carved out by the Medical Termination of Pregnancy Act, 1971 (as amended in 2021). The MTP Act permits abortion under specific conditions, such as pregnancies up to 20 weeks with the opinion of one registered medical practitioner, and between 20 to 24 weeks for certain categories of women with the opinion of two practitioners. Abortions beyond 24 weeks are permitted only in cases of substantial risk to the life of the pregnant woman or in instances of significant foetal abnormalities, subject to the approval of a duly constituted medical board.

In summary, while the BNS upholds the criminality of unlawful abortions, it does not override the protections and exceptions provided under the MTP Act. The continuance of a strict penal framework alongside a liberalised medical regime for termination of pregnancy reflects an attempt to balance the protection of unborn life with women's reproductive rights. The restructured and renumbered format of the BNS retains the core intent of the IPC provisions while aligning with contemporary legal and medical perspectives.

The Medical Termination of Pregnancy Act, 1971:

In 1969, based on findings of the Shantilal Shah Committee which was established by the Central Family Planning Board in India (1964), a Medical Termination Bill was introduced in the Lok Sabha and Rajya Sabha which was adopted by the legislature in 1971 as Medical Termination of Pregnancy Act, 1971. With the implementation of this law, it was now simpler to get legally sanctioned abortions in certain situations. It permits the termination of pregnancies by a licensed, authorized medical practitioner. The Medical Termination of Pregnancy Act of 1971 states that only a qualified healthcare professional has the authority to terminate a pregnancy under specific circumstances, such as a gestation period not exceeding 20 weeks or where the unborn child, when born, will have poor physiological and mental health and may also be disabled. This act contained more complexity with pre-existing complex legal procedures, which were later rectified by the amendment of 2002, which eliminated the lacune of the 1971's enactment and gave permission to the private health sector to conduct legal abortion and the amendment mentioned psychological illness as a reasoned condition of woman to opt for abortion. The status of the foetus and the expectant mother worsened despite the strict rules. Abortion practices that were outlawed were nonetheless common. New restrictions were required due to increased

maternal mortality and incidents of infants being thrown in trash bins. As a result, new legislation in the shape of the Medical Termination of Pregnancy (Amendment) Act, 2021, was proposed.

The Medical Termination of Pregnancy (Amendment) Act, 2021 addressed concerns ranging from the right to privacy to the illegal gender evaluation that results in female foeticide.⁷ The amended act had 2 major amendments-

- A) Extending the maximum gestation period for some groups of women—including rape and incest survivors and other vulnerable women from 20 to 24 weeks (differently abled women, minors).
- B) No matter a woman's marital status, the failure of the contraceptive clause extended MTP services to unmarried women to enable access to safe abortion.

Protection of Children from Sexual Offences Act (POSCO),2012:

The age limit for consenting to sexual activity under this Act is set at 18. According to this law, all pregnant women under the age of 18 are regarded as rape survivors, regardless of whether the sexual act was with the consent of a minor. The court often grants termination of a minor rape victim's pregnancy. However, courts disagree when a rape victim's pregnancy has lasted longer than the 20-week maximum specified under the MTP Act. But in 2015, the Supreme Court approved the termination of post-20-week pregnancies in cases where a medical team found that the gestation would be harmful to the girl's physical and mental well-being. It sets a significant precedent that will enable minor rape survivors to have more access to safe abortion procedures. Therefore, even after the 20-week period has elapsed, a rape victim can be terminated even if it is not specifically stated in the statute.

Other Laws related to Abortion in India:

- A) Pre-Conception and Pre-natal Diagnostic Technique Act, 1994 makes sex determination of a foetus illegal, ensuring the prohibition of gender-biased abortion.
- B) Comprehensive Abortion Care- Service Delivery and Training Guidelines, 2010- It is a detailed guideline regarding the comprehensive and detailed information regarding abortion such as counselling, clinical assessment techniques for medical termination of pregnancy in the first trimester, termination of second-trimester pregnancies, and their medical methods. These Guidelines are applicable and are followed by both State Governments and Union Territories for comprehensive abortion care in India.
- C) National Mass Media Campaign- It was launched by the Ministry of Health and family welfare in 2014 to make abortion safer and was the first-ever mass media campaign that focused to normalize abortion and to adopt safer practices regarding abortion.

Abortion Law in the US:

In Roe Vs. Wade (1973), a 7-2 judgment verdict by Justice Harry Blackmun, The Texas law, as stated by the Court, infringed on Jane Roe's fundamental right to privacy and Confidentiality. Numerous physical, psychological, and financial strains that pregnant women must deal with were factors in this judgment. According to the Court's decision, the states were not allowed to outlaw or constrain any aspect of abortion

⁷ Rajya Sabha passes The Medical Termination of Pregnancy (Amendment) Bill, 2021

carried out in the first trimester of pregnancy, they were only permitted to enact abortion laws protecting the foetus life in the third trimester and only in the second and third trimesters of pregnancy. Nonetheless, a concession had to be made in order to preserve the mother's life.⁸

After 50 years of federal abortion rights, on June 2022, the historic decision that established the constitutional right to an abortion in the United States in 1973, was overruled by the Supreme Court on Friday in a 5-4 vote. The court's contentious but anticipated decision grants individual states the freedom to enact their own abortion regulations without worrying about breaking Roe, which had legalized abortions during the first two trimesters of pregnancy.

Abortion Laws Across the Globe:

Several international and regional human rights treaties and national constitutions worldwide safeguard the fundamental human right to safe and legal abortion. These tools enshrine safe abortion in a slew of rights, including the freedom from harsh, inhuman, and degrading treatment as well as the rights to life, liberty, privacy, equality, and non-discrimination. Human rights organizations have consistently criticized restrictive abortion regulations as violating those standards. 970 million women reside in nations that generally permit abortion, which accounts for 59% of women of reproductive age. Even though the majority of women reside in nations where they have access to abortions, 41% of women do. 700 million women of reproductive age are impacted by the inability to get safe and legal abortion services. The World Health Organization estimates that each year, 23,000 women die from unsafe abortions and tens of thousands more suffer grave health consequences. Legal limits on abortion do not reduce the number of abortions rather, they force women to seek unsafe abortion treatment, endangering their lives and health. Globally, the legal grounds for abortion can be determined as Life or Health Exceptions either to the mother or foetus, Consideration of broad social and economical grounds is explicitly stated as a valid ground for abortion, countries allow abortion on request, generally allow women and girls to decide on whether to continue or terminate a pregnancy within a specified gestational limit. After that limit expires, abortion may be permitted on specific grounds, such as when the woman's life or health is at risk and in cases of rape, incest, or foetal impairment.

Categories for abortion law across the globe:

a) Prohibited Altogether:

The laws of the nations in this group forbid abortion in any situation, even when the woman's life or health is in danger. 24 nations belong to this category internationally. 91 million (6%) women of reproductive age reside in nations that outlaw abortion completely.

b) To Save Women's Lives:

When a woman's life is in danger, abortion is legal in the nations that fall under this category. There are 41 nations that fit this criterion. There are 358 million (22%) women of reproductive age who reside in nations that permit abortions in order to save a woman's life.

⁸ www.thirteen.org

c) To Preserve Health:

These nations' legal systems allow abortion for medical or therapeutic purposes. 48 nations come within this group. A total of 186 million (12%) women of reproductive age reside in nations that permit abortions for medical reasons.

d) Social and Economic Ground:

These laws are typically generously construed to allow abortion in a wide variety of situations. When evaluating the possible effects of pregnancy and childbirth, these nations frequently take into account a woman's actual or reasonably anticipated surroundings as well as her social or economic conditions. This group includes thirteen nations. 386 million (24%) of women of childbearing age reside in nations that permit abortion on a wide range of social or financial grounds.

e) On Request:

There are 576 million (36%) women of sexual maturity who reside in nations that permit abortions on demand. 75 nations worldwide fit this description. For nations in this group, the standard gestational length is 12 weeks. Gestational limits are determined starting on the first day of the most recent menstrual cycle, which is taken to be two weeks before conception. Where regulations provide that gestational age restrictions must be determined from conception, these restrictions have been increased by two weeks.

India and Unsafe Abortion:

One of India's most frequent causes of maternal fatalities is unsafe abortions. Suppose an abortion is performed using a technique advised by the World Health Organization that is suitable for the stage of the pregnancy and the training of the person performing or assisting the abortion. In that case, it is considered to be safe. Abortions are categorized by the WHO as safe, less safe, and least safe. The last two are potentially risky. According to the Ministry of Health and Family Welfare's 2019–20 Rural Health Statistics Report⁹, Obstetrician–gynecologists are 70% outnumbered in rural India, where 66% of the nation's population lives. According to the United Nations Population Fund (UNFPA)'s State of the World Population Report 2022, 67% of abortions in India are unsafe, and nearly 8 women die from causes related to unsafe abortions each day, leading to India's third major cause of maternal mortality.

However, since the lockdown, most public hospitals have adapted to Covid-19 treatment facilities, diverting their limited resources and personnel to deal with the outbreak. Due to transportation issues and a lack of safety supplies, several private clinics had to close. Nearly 900,000 certified community health workers in India who formerly dispensed contraceptives and promoted reproductive health have been reassigned to Covid-19 responsibilities. Reproductive health was not one of the critical services permitted to continue when the Indian government enforced lockdown on March 25 with barely four hours' notice. On April 14, the government only put it on the list as a result of a request from a group of physicians and activists to the health ministry.¹⁰

⁹ [https://hmis.nhp.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS 2019-20.pdf](https://hmis.nhp.gov.in/downloadfile?filepath=publications/Rural-Health-Statistics/RHS%2019-20.pdf)

¹⁰ [EssentialservicesduringCOVID19updated0411201.pdf \(mohfw.gov.in\)](#)

In India, according to legislation, if a woman is an adult and is of "sound mind" and willingly wants to have an abortion, she does not need to require the consent of her spouse, partner, or family. Despite this, women still have to overcome a number of obstacles to exercise their rights. Women find it challenging to obtain abortions in a patriarchal environment prevailing in India even though it is not required by law. Medical professionals frequently request that women obtain their husband's or family's consent to abort before receiving treatment. This leads to the violation of the fundamental aspect of a woman's life wherein she is deprived of her individuality as well as her right to privacy and confidentiality. Women who are already marginalized, such as sex workers, HIV-positive women, indigenous women, single women, and young people, have it considerably harder to have an abortion.

Unsafe abortion poses a number of physical health hazards, including partial abortion (when a sharp object penetrates the uterus), haemorrhage, or significant bleeding, when harmful things are inserted into the vagina or anus, it can result in infection, uterine perforation (which happens when the uterus is penetrated by a sharp object), and damage to the genital system and internal organs. Restrictive abortion laws can be upsetting and stigmatising, pose the danger of violating women's and girls' human rights, such as their right to privacy and their equality and non-discrimination rights, and put a financial burden on them. Laws that force women to travel in order to receive legal treatment, or that mandate obligatory counselling or waiting periods result in lost salary and other expenditures and may prevent women with limited financial means from accessing abortion.¹¹

Comparative Analysis of Abortion Rights:

The Indian abortion regulation when compared to American abortion regulations, Indian abortion laws are substantially more progressive. Although the Roe V. Wade decision in the USA declared abortion to fall within a woman's "zone of privacy," India recognized a woman's right to an abortion as being protected by Article 21 of the Constitution decades later. However, India was also quick to take into account a woman's ability to give birth, care for her unborn child, and protect her unborn child's life. Since the government primarily prioritizes the rights of the unborn child and mostly disregards the dangers to other physical integrity and mental health, the USA has strong and restricted abortion legislation. Since it could be detrimental, Indian law now forbids abortion after 20 weeks of pregnancy. However, this maximum limit has been requested to be increased to 24 weeks by the legislative amendment in light of the nation's current medical and technical advancement. These processes must still be followed according to the 2021 Amendment to the MTP Act.

The reported abortions in the United Kingdom were performed for reasons other than medical necessity, which gives rise to the hypothesis that the nation's Health Department prioritizes legalizing as many abortions as possible in order to protect a woman's physical and mental health. People in India are unable to comprehend a woman's right to privacy. Her rights to life, personal liberty, dignity, and privacy are being invaded by existing laws in India.

Analysis of the Perspective of the Unheard:

¹¹ Abortion (who.int)

Although, lawmakers enact statutes for the welfare of citizens in the country somehow roar of the general public are left unheard, or the citizens themselves who are underpinned and has no access to either of the medium to convey their thought to the legislators as a matter of right guaranteed under the Constitution as fundamental freedom and thus by means of interdisciplinary approach to this research, the researcher found that the backwoods congregation lacks awareness about safe abortion and the new amendments to the MTP Act of 1973 in 2021 and therefore are exposed to unsafe abortion, in instances where the parties to the unborn child are not legally wedded couples and due to failure of precautionary devices or contraceptives, are prone to practice unsafe abortion thereby affecting both physical and mental health post-abortion and many women in the modern society are also in demand of counselling sessions during gestation period because the physical agony female experiences is also accompanied by emotional stress and trauma, and if women requires then safer and better medical facilities for abortions should be followed by counselling sessions. A Mumbai-based medical practitioner also mentioned the need for sex education among students of universities and public schools to mitigate teen pregnancy which is at par followed by abortion in the modern era and to evade the health risk post-abortion. There is also an urge for the restrictions placed on women by society and religion to be lifted, and women should be made more aware of their rights. There is also a major question on the conclusiveness of a woman's decision to abort the foetus and the maximum of responders accept the fact that woman lacks their final say on abortion and expect the scenario to be improved creating space for the woman to abort or not as their ultimatum.

Conclusion:

The legal grounds for abortion doesn't explicitly violate the right of woman, However, concomitantly prohibits women's decision as the final say while choosing their bodily actions, and due to the restrictive nature of Indian legislation, women have few rights about their bodies. There are numerous accounts of women being requested to bring their spouses or parents to the surgery or being denied abortions by practitioners due to "moral" reasons. This is particularly true when the abortion is requested for reasons unrelated to a woman's physical health, as defined by the MTP Act. Even if laws change over time, they still need to be updated. Similar to how the MTP Act has undergone periodic revisions, the IPC's provisions addressing 'causing legal miscarriage' should likewise be updated in light of current societal trends and technical advancements. The Indian Penal Code's Section 312, which classifies "causing miscarriage" as an offense, has not yet been repealed. The MTP Act is regarded to be an exception to the IPC, meaning that abortion is only permitted by its guidelines. The laws governing abortion will benefit from this. In a sense, it is true that "There is potential to raise the upper gestational limit for pregnancy termination as time goes on and medical technology for safe abortion advances."¹² When the provisions relating to abortion POSCO Act, 2012 and Drugs and Cosmetics Act, 1940 are compared if a minor gives consent (although POSCO does not recognize consent from minors valid) and decides to abort the pregnancy, the police must be notified about the incident. However, the persons participating in abortion are

¹² Former Union Health Minister, Dr. Harsh Vardhan in Rajya sabha <http://164.100.47.7/newdebate/253/16032021/>

essentially guaranteed privacy under the revised MTP statute of 2021. Similarly to this, according to the Pharmaceuticals and Cosmetics Act, medical abortion pills are considered Schedule H drugs for which a pharmacist is required to keep a record of sales. Thus, it violates the MTP Act 2021's provision by breaching the confidentiality promises guaranteed by the statute.

The prevalence of safe abortions in the nation has been impacted by men's perceptions that they have a right to control women's bodies as well as women's lack of independence and ignorance about laws of abortions. To abort or not is never to be decided autonomously by either party. There must unquestionably be mutual consent. To me, the subject of abortion is delicate. The pair should make the choice jointly. However, at a point where the pair is unable to arrive at a mutual decision, the woman should have the choice of whether to continue with the foetus or not. The fact that so many males make abortion decisions is utterly unjust. The choice should only be made by women because it will primarily affect them. Everyone else can participate in the conversation, including members of family and friends, but the woman must have the ultimate say and the right to safe abortion without violating the confidentiality promised by the primary statute. Being an existent human of the evolving 21st century, it is to be marked that proper family planning and adherence to it shall decrease the rate of abortion. The decision to abort shall wholly be accessed by the woman herself as it shall affect her mental health, followed by the unplanned situation of pregnancy leading to trauma and posing endanger. People in India are unable to comprehend a woman's right to privacy. They don't realise that a woman is still the only one who can decide what she wants to do with her own body, even if she is pregnant. She is the only one who can decide whether or not to care for the unborn kid. Even if it were true that if abortion is legalised then it might result in abuse of the law, it is far simpler to end the life of an unborn kid than it is to sabotage their life once they are born and grown.

Cite This Article:

Nair A. (2025). *Aborticide: A Sacrosanct Human Right.* In **Educreator Research Journal: Vol. XII (Issue IV)**, pp. 1–10. Erj.