LIFE AND CHOICE IN LEGAL DISCOURSE: NAVIGATING THE TENSIONS BETWEEN PROTECTION AND FREEDOM

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VOLUME 1, ISSUE 2 (JULY- DECEMBER 2025)

ABSTRACT

The freedom to make personal reproductive decisions in India is upheld for every pregnant person, inclusive of transgender and gender non-binary individuals. As abortion is an inevitable right of Reproductive justice, which is in line with the Human rights of pregnant women. Articles 14, 19, and 21, of Indian Constitution support a woman's right to make reproductive choices, while also examining the countervailing ethical and legal arguments advocating for the protection of foetal life. The right to abortion has been recently upheld by the Supreme Court of India as a fundamental right guaranteed by Article 21 of the Constitution. Consequently, it provides Individual Autonomy, gender equality, and the Right to bodily choice, with regard to reproduction to a woman. In contrast, the same Article has also provided that, every individual (including child in the womb) has also the right to live, and their life cannot be taken away except in accordance with the prescribed legal procedures.so, in order to tackle both the situations, MTP Act, was enacted. Herein, this article we will critically examine how the MTP act is in favour of the saving of a child (in womb), then to provide the absolute right of abortion to a woman.

Keywords: Medical termination of pregnancy, Reproductive Justice, Right to Life, Choice, Balance of Interest.

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INTRODUCTION

Even after 78 years of Indian independence, women continue to remain one of the most vulnerable sections of society. Despite constitutional guarantees, many women are still denied the full enjoyment of fundamental rights—particularly the right to make decisions concerning their own bodies. This includes the freedom to choose a life partner, the autonomy to reproduce, and the right to seek an abortion. While these rights are theoretically recognized, the practical exercise of such autonomy is often constrained by deeply rooted social stigma, cultural conservatism, and patriarchal norms embedded within Indian society.[3] In recent years, the discourse around reproductive rights has gained constitutional importance. These rights are not merely medical or social issues but are strongly linked to individual autonomy, bodily integrity, and human dignity, which are integral to the right to life and personal liberty under Article 21 of the Constitution of India.[4]

The Supreme Court in Suchita Srivastava v. Chandigarh Administration recognized that a dimension of "personal liberty" extends to woman's right to make reproductive choices".[5] It held that reproductive autonomy includes the right to carry a pregnancy to full term or to terminate it. The Medical Termination of Pregnancy Act, 1971, amended in 2021, attempts to balance a woman's right to reproductive autonomy with the State's interest in protecting the life of the unborn.[6]

It permits abortion under specific medical, humanitarian, and social conditions, though within gestational limits (20 weeks, extendable to 24 weeks in exceptional cases). However, the Act still retains a doctor-concentric model, requiring approval from registered medical practitioners rather than empowering women through an explicit rights-based framework. As a result, many women are compelled to approach the judiciary in cases of rape, incest, or foetal abnormalities beyond the prescribed limits.

The Indian Penal Code of 1862 criminalized abortion for both the woman and the abortionist, with an exception only to save the woman's life. This law remained unchanged until 1971. The move toward liberalizing abortion laws began in 1964, driven by rising maternal mortality

[3] Government of India, *National Family Health Survey (NFHS-5)*, Ministry of Health & Family Welfare (2021).
[4] *Justice K.S. Puttaswamy v. Union of India*, (2017) 10 SCC 1 (India).
[5] *Justice K.S. Puttaswamy v. Union of India*, (2017) 10 SCC 1 (India).
[6] Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021 (India).

caused by unsafe abortions performed by untrained individuals.7 Medical professionals observed that most women seeking abortions were married and not trying to hide their pregnancies, prompting a push for decriminalization to promote safer procedures. While health experts focused on protecting women's health, policymakers and demographers supported legalization primarily as a means to advance family planning and control population growth. The convergence of these motivations ultimately led to the legal reform of abortion laws in India.

Shah, a distinguished medical practitioner, to conduct an in-depth study of abortion from legal, medical, and sociocultural angles. This body, later known as the Shah Committee, was entrusted with examining how the prevailing abortion laws affected women's health and overall welfare. After an extensive review, the committee advocated for the legalization of abortion, emphasizing the need to protect women's lives and health on both humanitarian and medical grounds.[8]

The Shah Committee recognized that restrictive abortion laws contributed to high rates of mortality and maternal morbidity, primarily due to unsafe and clandestine procedures performed by unqualified individuals. Consequently, the committee proposed a liberalized legal framework that would enable access to safe and regulated abortion services. The Shah Committee submitted its final recommendations to the government on December 30, 1966.

In response to the committee's findings and in alignment with evolving public health priorities, the Indian Parliament enacted the Medical Termination of Pregnancy (MTP) Act in 1971. This legislation marked a significant shift in reproductive health policy in India, institutionalizing access to legal abortion under specific conditions and thereby aiming to reduce preventable maternal deaths and safeguard women's reproductive rights.

THE MEDICAL TERMINATION OF PREGNANCY ACT 1971

The Medical Termination of Pregnancy (MTP) Act of 1971 created a legal structure for allowing abortion in certain medical and humanitarian situations. Under Section 3(2), pregnancy may be terminated when medical practitioners, acting in good faith, determine that continuation would threaten the woman's life, cause grave physical or mental harm, or where there is a substantial risk that the child, if born, would have serious physical or mental disabilities.[9]

Initially, the pregnancy may be terminated on the above-mentioned grounds

[7] Law Commission of India, *263rd Report on The Medical Termination of Pregnancy Act, 1971* (Aug. 2017).
[8] Shantilal Shah Committee Report, Government of India (1966), https://archive.org/details/dli.ministry.20283 (accessed July 30, 2025).
[9] Medical Termination of Pregnancy Act, 1971, § 3(2) (India).

(a) Where the pregnancy duration is twelve weeks or less, the decision of a single registered medical practitioner suffices.

(b) When the length of the pregnancy surpasses twelve weeks but does not exceed twenty weeks, the opinion of a minimum of two registered medical practitioners is essential.

Under the Medical Termination of Pregnancy (Amendment) Act, 2021 (w.e.f. 24-9-2021), section 3 of the Act got amended, & lengthened the period for medical termination of pregnancy, done by the registered medical practitioner, on the same above-mentioned grounds.[10]

The elongated period is as follows-

I. For pregnancies of up to twenty weeks, the decision of a single medical practitioner alone is considered sufficient.

II. For pregnancies between twenty and twenty-four weeks in specified categories of women, the approval of two or more medical practitioners is required.[11]

Explanation 2 to clauses (a) and (b) states that if a pregnant woman claims that her pregnancy was caused by rape, the psychological distress caused by the pregnancy is presumed to be a grave injury to her mental health. This legal presumption qualifies as a valid ground for medical termination under the relevant provisions of the MTP Act.

Section 3(3) of the act provides that, in evaluating whether the continuation of pregnancy entails a risk of injury to the woman's health, as specified under section 3(2), due consideration may be afforded to the pregnant woman's prevailing circumstances and her reasonably anticipated environmental conditions, encompassing socio-economic, psychological, and physical factors influencing maternal well-being.[12]

Section 3(4) states that a minor (a woman under the age of eighteen) or a "lunatic" woman can only have her pregnancy terminated lawfully if her legal guardian gives written authorization. In all other cases, the Act requires that no pregnancy be terminated without the pregnant woman's explicit and informed agreement, preserving her autonomy in reproductive decision-making. The MTP Act did not authorize termination of pregnancy purely for purposes of family planning or based only on the pregnant woman's personal unwillingness to continue the pregnancy.

A significant constitutional dilemma arises at this point—between the right of the woman to bodily autonomy and decision freedom, and the presumed right to life of the unborn foetus. This

[10] Medical Termination of Pregnancy (Amendment) Act, No. 8 of 2021 (India).
[11] Medical Termination of Pregnancy Act, 1971, § 3(2)(a) expl. 1 (as amended)
[12] *Ibid.*, § 3(3)

dialectic raises the fundamental question: Whose rights should prevail when both are rooted in constitutional morality and human dignity? In Justice K.S. Puttaswamy v. Union of India, the Supreme Court recognized the right to privacy as a fundamental right under Article 21,[13] thereby reinforcing the legal foundation for reproductive choice.[14] Yet, no fundamental right is absolute, and when foetal viability becomes a factor, moral and legal considerations regarding the protection of life enter the discourse.[15]

Reproductive rights and justice have arisen as a new area of human rights for pregnant women. They ensure that women, girls, and individuals have the social, economic, and political authority and resources to make informed and healthy decisions about their bodies, sexuality, and reproduction on behalf of themselves, their families, and their communities. Reproductive justice is generally applicable since everyone has equal human rights, which is a fundamental principle of reproductive justice.[16]

The right to reproduce also includes the right to abortion, which is an intrinsic component of reproductive justice. However, abortion remains one of the most contentious and complex issues, as it involves debates over individual autonomy, reproductive rights, and the protection Abortion is a fundamental aspect of reproductive justice and is included in the right to procreate. But since it encompasses discussions about individual autonomy, reproductive rights, and the preservation of human life, abortion continues to be one of the most complicated and divisive topics within society.[17]

FOETAL PERSONHOOD IN LEGAL CONTEXT

After a certain gestational threshold, typically set at 24 weeks, the foetus in the womb achieves a level of biological independence and viability, prompting a growing recognition in Indian constitutional and criminal jurisprudence that this foetus, now an unborn child, possesses an interest in life protected under Article 21 of the Constitution.[18] Though Article 21 does not explicitly refer to the unborn, courts and jurists have increasingly interpreted the term “life” to

[13] *Justice K.S. Puttaswamy v. Union of India*, (2017) 10 SCC 1 (India).
[14] Constitution of India, art. 21.
[15] Sai Abhipsa Gochhayat, Understanding of Right to Abortion under Indian Constitution, (accessed Aug. 1, 2025).
[16] Zakiya Luna & Kristin Luker, Reproductive Justice, 9 *Ann. Rev. L. & Soc. Sci.* 327 (2013).
[17] Aparna Chandra, Mrinal Satish, Shreya Shree & Mini Saxena, Legal Barriers to Accessing Safe Abortion Services in India: A Fact-Finding Study, (accessed July 28, 2025).
[18] Constitution of India, art. 21.

include life in its potential and developing form, especially when the foetus can survive outside the womb.[19]

This position finds support in Supreme Court judgments such as ABC v. Union of India (2023)[20] and Jyoti v. Union of India (2023) [21], where abortions beyond 26 weeks were denied on the ground that foetal life had reached a stage that warranted constitutional consideration. The Medical Termination of Pregnancy Act, 1971 (as amended in 2021), does not confer an absolute or unconditional right to terminate a pregnancy; rather, it carefully regulates the circumstances under which abortion can be permitted. While women's reproductive autonomy is respected, the legislation reflects a deeper ethical commitment to the protection of nascent life.

Abortion is legally permissible up to twenty weeks of gestation based on the opinion of a single Registered Medical Practitioner (RMP) when justified by specified medical or humanitarian grounds. For pregnancies between twenty and twenty-four weeks, termination requires the concurrence of two RMPs, and this provision applies exclusively to vulnerable categories such as survivors of rape, minors, women with disabilities, and those experiencing significant social or physical hardship. Beyond twenty-four weeks, termination is permitted only in instances of severe foetal abnormalities or when continuation poses a grave risk to the mother's life, subject to approval by a duly constituted Medical Board as mandated under Section 3(2B) of the Act.

This layered and restrictive framework indicates a statutory acknowledgment that as the foetus matures, its moral and legal status increases, necessitating stronger justification for termination. The Act, therefore, imposes clear procedural and ethical thresholds that reflect a legislative concern for foetal life and not merely for maternal choice.

This concern is further amplified under the newly enacted Bharatiya Nyaya Sanhita, 2023 (BNS), which codifies criminal penalties for unauthorized abortions and offers legal recognition to the foetus, particularly in its later stages of development. Section 88 of BNS criminalizes causing a miscarriage without the woman's consent or outside the bounds of the MTP Act [22],, prescribing imprisonment and fines.

More significantly, Section 92 of BNS criminalizes the act of causing the death of a "quick unborn child"—a term historically associated with a foetus that has begun to show movement

[19] *Francis Coralie Mullin v. Administrator, Union Territory of Delhi*, AIR 1981 SC 746 (India).
[20] *ABC v. Union of India*, 2023 SCC OnLine SC 134 (India).
[21] *Jyoti v. Union of India*, 2023 SCC OnLine SC 254 (India).
[22] Bharatiya Nyaya Sanhita, 2023, § 88 (India).

and viability, often around the fifth month of pregnancy.[23] This offense is treated as equivalent to culpable homicide not amounting to murder, with punishment extending up to ten years' imprisonment and fine, even when the woman consents. Such provisions, far from being mere procedural rules, are grounded in a jurisprudential and ethical shift towards treating the foetus as a subject of law once it has crossed a certain gestational stage. They align with the idea of gradualist moral theory—a philosophical position which holds that the moral value and legal protection of foetal life increase as the foetus develops.

In addition, the Supreme Court has also begun to assert that the state's compelling interest in protecting foetal life grows as pregnancy progresses. In Suchita Srivastava v. Chandigarh Administration (2009),[24] while recognizing reproductive rights under Article 21, the Court observed that such rights are subject to "reasonable restrictions" to protect compelling state interests, one of which is potential human life.

More recently, in *X v. Principal Secretary, Health and Family Welfare Department (2022),*[25] the Court allowed unmarried women to seek abortion up to 24 weeks but still upheld that after this point, a stringent medical and legal standard must be applied. The Court did not, at any point, suggest that a woman's choice trumps all other interests. Instead, it affirmed that both autonomy and state concern for foetal life must be balanced with caution and oversight.

Furthermore, the Law Commission of India in its 263rd Report (2017) acknowledged advances in medical science that push foetal viability earlier into the pregnancy—suggesting that the legal threshold must keep pace with scientific reality.[26] The report also recommended forming permanent Medical Boards to ensure that requests for post-24-week abortions are scrutinized strictly, once again reflecting the state's interest in safeguarding unborn life. This reflects a clear constitutional and legislative trajectory that, while empathetic to the plight of pregnant women, especially victims of rape and incest, is ultimately cautious and leans towards foetal protection in the second and third trimesters.

Crucially, the MTP Act provides a strict procedure that strengthens this ethical commitment. The woman must receive counselling, and the opinion of RMP(s) must be documented. Abortion may only be performed in registered medical institutions, and confidentiality under Section 5A is

[23] Bharatiya Nyaya Sanhita, 2023, § 92 (India).
[24] *Suchita Srivastava v. Chandigarh Administration,* (2009) 9 SCC 1 (India).
[25] *X v. Principal Secretary Health & Family Welfare Department*, 2022 SCC OnLine SC 905 (India).
[26] Law Commission of India, *263rd Report on The Medical Termination of Pregnancy Act, 1971* (Aug. 2017).

mandated. Section 3(4) of the Act requires guardian consent if the woman is a minor or mentally ill. The establishment of Medical Boards under Rule 3B of the 2021 Rules ensures expert review in late-term abortion cases.

These checks and balances are designed not to frustrate the woman's autonomy, but to guarantee that the decision to terminate is made with medical, ethical, and legal due diligence, especially when foetal life is at stake. Unlawful abortions—even with the consent of the pregnant woman—may attract criminal liability under BNS, further reinforcing the sanctity attributed to unborn life by Indian penal law.

RIGHT TO CHOICE WITH RESPECT TO THE ABORTION

Prior to the implementation of MTP, 1971, the concept of miscarriage was dealt with under section 312 of the IPC 1860 (now, section 88, BNS), which prohibits the intentional induction of miscarriage and punishes it with imprisonment for up to three years, a fine, or both—unless the act is performed in good faith solely to save the pregnant woman's life.[27] If the lady is "quick with a child," the penalty increases to up to seven years in prison and a fine.[28]

Viewed through a rights-based lens, Section 312 delineates a crucial legal exception that upholds women's bodily integrity by permitting life-saving abortions while criminalize unauthorized interference.[29] herein the miscarriage of women is done with the consent of the pregnant women. By differentiating between medically necessary terminations and unlawful acts, the provision implicitly reinforces the notion of reproductive agency. It ensures that only medically justified, good-faith procedures are lawful, thereby safeguarding the pregnant woman's health, dignity, and access to medically supervised reproductive care.[30] Although not an affirmative guarantee of abortion-on-demand, this provision creates a legal safe space for medically authorized interventions and establishes boundaries around coercive or exploitative miscarriage under criminal law.

However, Section 313 IPC (section 89 BNS) explicitly criminalizes miscarriage without the pregnant woman's consent, it is immaterial whether she is "quick with child" (i.e., in an

[27] Indian Penal Code, 1860, § 312; now Bharatiya Nyaya Sanhita, 2023, § 88 (India).
[28] *Ibid.*
[29] Sai Abhipsa Gochhayat, Understanding of Right to Abortion under Indian Constitution, (accessed Aug. 1, 2025).
[30] *Ibid.*

advanced gestational stage). The law provides the punishment for life or imprisonment extended to ten years, along with a fine, for such offenses.[31]

From a bodily autonomy perspective, this provision plays a crucial protective role:

- It reinforces the principle that no person may interfere with a woman's reproductive choices absent her informed and voluntary consent, thereby bolstering her control over her own body and pregnancy.[32]
- By setting this offence apart from other criminal provisions, the statute affirms that non-consensual intervention is a grave violation, deserving of the most severe penalties—even stricter than those for causing miscarriage with consent.
- Crucially, it delineates a legal safeguard ensuring that only lawful, consented medical procedures, such as those permitted under the MTP Act, are protected from criminal liability—while unauthorized coercion is unequivocally penalized.[33]

Thus, Section 89 strengthens reproductive autonomy by creating a firm legal boundary that upholds a woman's right to make decisions about her own pregnancy, free from external compulsion or interference.[34]

In the beginning, the Medical Termination of Pregnancy (MTP) Act of 1971 allowed abortion on a limited number of grounds: when the mother's life or physical or mental health was in danger, when there was a significant chance that the unborn child would have severe physical or mental abnormalities, when the pregnancy was the result of rape or when the woman was mentally ill, and when a married woman's contraceptive methods had failed. The Act permitted abortions up to 12 weeks into a pregnancy with the consent of one doctor and up to 20 weeks with the consent of two doctors. Beyond these time constraints, abortion was allowed for pregnancies that endangered the woman's life. The lady had to give her approval, and a legal guardian had to provide their consent if the woman was a minor or mentally ill.[35]

Although the 1971 framework broadened access to abortion, it posed substantial limitations: notably, the rigid 20-week ceiling proved problematic in instances of delayed detection, such as foetal anomalies or sexual violence, where diagnostic certainty often emerges only after 20 weeks. Previously, women in such circumstances had to resort to court petitions or carry

[31] Indian Penal Code, 1860, § 313; now Bharatiya Nyaya Sanhita, 2023, § 89 (India).
[32] Saumya Maheshwari, Reproductive Autonomy in India, *NALSAR Student L. Rev.*, (accessed Aug. 1, 2025).
[33] *Ibid.*
[34] *Ibid.*
[35] Medical Termination of Pregnancy Act, 1971, §§ 3–5 (India).

pregnancies to term, generating significant physical, psychological, and legal distress[36].The 2021 Amendment broadened the scope by allowing abortion up to 24 weeks for special categories, including rape survivors, incest victims, minors, and women with physical or mental disabilities, irrespective of their marital status.[37]

The Act now recognizes that foetal abnormalities might not be diagnosed until after 20 weeks, thereby extending the upper limit for these cases. Furthermore, it removed the marital status condition for contraceptive failure, granting all women, married or unmarried, access to abortion on this ground.[38] In late-stage pregnancies, the law established a Medical Board, comprising specialists, to review cases of potential foetal abnormalities beyond 24 weeks. These changes collectively empower women by recognizing their autonomy over reproductive decisions and providing comprehensive access to abortion care.[39]

Additionally, the amendments eliminated the restriction limiting contraceptive-failure grounds to married women, extending it to unmarried women as well. Privacy protections were strengthened by prohibiting disclosure of the identity or personal details of individuals undergoing abortion, penalizing breaches with fines or imprisonment.[40]

In Suchita Srivastava & Anr. v. Chandigarh Administration, 2009,[41] SC, the Supreme Court considered whether a 19-year-old mentally handicapped woman's pregnancy might be aborted without her consent. She became pregnant after an alleged rape while staying in a government care home in Chandigarh. The Administration got High Court permission to terminate the pregnancy, citing it as being in her "best interests."

A medical board classified her condition as “mild to moderate mental retardation” and found that she expressed a wish to continue the pregnancy. Despite this, the High Court ordered termination. The Supreme Court stayed that order, sharply distinguishing between “mental illness” and “mental retardation” under the Medical Termination of Pregnancy (MTP) Act. It held that mental retardation does not remove a woman’s right to bodily autonomy or

[36] *Ibid.*
[37] S.N. Pai & K.S. Chandra, Medical Termination of Pregnancy Act of India: Treading the Path Between Practical and Ethical Reproductive Justice, *Indian J. Community Med.*
[38] Medical Termination of Pregnancy (Amendment) Act, 2021, § 3(2)(b) (India).
[39] Medical Termination of Pregnancy Rules, 2021, r. 3B (India).
[40] *Ibid.*
[41] *Suchita Srivastava v. Chandigarh Administration*, (2009) 9 SCC 1 (India).

reproductive choice once she attains majority—and that statutory consent requirements must be strictly respected.

The Court held that terminating the pregnancy without Suchita's consent would have been arbitrary and constitutionally impermissible. As it provided under Article 21 of the Constitution, which guarantees the right to reproductive choice and dignity—even for individuals with intellectual disabilities. The State must honor this autonomy, and support mechanisms should enable informed decision-making, rather than override it.[42]

In the leading case of, X v. Principal Secretary, Health & Family Welfare Department, Govt. of NCT of Delhi & Another, (2022), The Court held that the MTP Amendment Act 2021, does not restrict Rule 3B to married women. A purposive reading aligned with the statute's use of "partner" instead of "husband"—marital status should not limit access.[43] Exclusion of unmarried women was "artificial and impermissible" under Article 14. As the court declared: "All women are entitled to safe and legal abortion"; restricting unmarried pregnant women between 20–24 weeks while permitting married ones violated the equality guarantee.

The SC clarified that for MTP Act purposes, "rape" in Rule 3B(a) includes forced sexual intercourse within marriage. Therefore, survivors of marital rape qualify for abortion up to 24 weeks, and no FIR or criminal proceedings need be registered beforehand.[44] The Courts and doctors may not impose extra-legal barriers—such as parental or spousal notarized consent—on competent adult women. Under Section 3(4)(b), only the woman's consent matters. Any additional requirement would "violate" regressively the fundamental right under Article 21.[45]

Even though, the Courts has interpreted the law in such a manner that elongates the right of abortion to certain extent, but the law in itself provide the mechanism which hinders the exercise of right to abortion to absolute manner. Therefore, A PIL is being filed in the Supreme Court in which the petitioner has challenged the constitutionality of section 3 & 4 of the Act, on the ground of violation of Right to life and Personal liberty under Article 14 & 21 of the Constitution.

The petitioners contended that the Court:

[42] Ibid.
[43] *X v. Principal Secretary Health & Family Welfare Department*, 2022 SCC OnLine SC 905 (India).
[44] *Ibid.*
[45] *Ibid.*

1. Declare s.3(2)(a) to be unconstitutional and void, up-to the extent where it requires the opinion of a medical practitioner;
2. Declare s.3(2)(b) to be unconstitutional and void because it only allows abortions up to 20 weeks after conception, and only then if the mother's life or physical health (or the child's) is in danger.
3. Declare s.3(4) violate of right to Life and Personal Liberty under Article 21;
4. Declare s.5 violate of Articles 14 and 21; and
5. Provide the mandatory guidelines to the government, in order to provide the safe access to abortion to all women, especially those who are affected by their social status.

THE ROAD MAP AHEAD

Going forward, India must aim to refine its abortion framework by harmonizing medical, legal, and constitutional principles with the evolving realities of reproductive healthcare. While the current approach under the MTP Act and Bharatiya Nyaya Sanhita provides a tiered regulatory structure, it often places a disproportionate burden on women seeking abortions beyond 20 or 24 weeks. The establishment of permanent Medical Boards at the state or district level is essential to streamline decision-making in late-term abortion cases. Delays in convening ad-hoc boards often lead to denial of timely access, forcing women to approach the judiciary—something that should be a last resort, not a routine remedy.

Additionally, there is a pressing need to shift from a doctor-concentric to a rights-concentric model. Presently, the woman's autonomy is mediated through medical gate-keeping, with access contingent on the subjective opinion of Registered Medical Practitioners. A more progressive framework would recognize the woman as a central rights-holder whose informed consent, psychological well-being, and socioeconomic context deserve equal weight in the decision-making process. Judicial clarity is also required to address the status of foetal rights—particularly how and when foetal viability triggers state interest without disproportionately restricting the woman's freedom.

To internationalize justice in reproductive health, special attention must be paid to marginalized groups such as minors, disabled women, survivors of rape, and those in rural or economically backward areas. Access to safe abortions must be made universal by strengthening public healthcare infrastructure, training medical professionals, and increasing awareness about legal

rights under the MTP Act. The legal regime must also evolve to include clear procedural timelines, mandatory review mechanisms, and accountability in cases of denial or delay.

Furthermore, law reform commissions and parliamentary committees should revisit the gestational thresholds in light of evolving medical science, particularly advances in neonatal care that affect foetal viability. Policy-making must remain responsive to both constitutional morality and empirical realities. Alongside this, public health campaigns must focus on underestimating abortion and promoting contraceptive access and reproductive education.

Ultimately, the future lies in building a framework that neither absolutes choice nor life but delicately balances both. India's constitutional vision, rooted in dignity, equality, and liberty, must guide this evolving jurisprudence with compassion, scientific foresight, and gender sensitivity.