International Journal for Public Policy, Law and Development

Volume 1, Issue 1, Year 2024

Law, Society and Gender Justice: An Analysis of Supreme Court Decision in X V. The Principal Secretary, Health and Family Welfare Department & ANR.

Ms. Aneesha Singla
Research Scholar, Panjab University, Chandigarh, India

Corresponding Author:
Aneesha Singla
Research Scholar, Panjab University, Chandigarh, India
E-mail: aneeshasingla@gmail.com

Received: 28-10-2024, Manuscript No. JQR/IJPLD/3; Editor Assigned: 29-10-2024, Manuscript No. JQR/IJPLD/3; Reviewed: 14-12-2024, Manuscript No. JQR/IJPLD/3; Published: 31-12-2024

ABSTRACT:

Article 21 of the Constitution of India guarantees the right to personal liberty to every individual irrespective of gender. Thus, women have the right to make reproductive choices i.e. whether to indulge in procreation or to refrain from it either by denying to indulge in sexual activity or by insisting on contraception. This right to exercise choice by the woman is indispensable to her basic right to life and personal liberty. Right to privacy and dignity were other aspects which were added to Article 21 by the apex court in various cases. Viewing these rights in the context of reproductive rights of women, these find mention under international law also. These rights when clubbed together along with the gender aspect, lead towards protection of every element related to gender identity. Personal matters viz. family, matrimony, reproduction and sexual identity are all interconnected to the dignity of an individual. Forcing a woman to continue with an unwanted pregnancy, represents the violation of these rights further resulting in denial of her bodily integrity, adding to her mental trauma, thus adversely affecting her mental well-being. Denial of these rights especially in the case of unmarried women, amounts to deprivation of her personal liberty. Thus, in the present case, the apex court acknowledged the right to safe abortion for unmarried women.

KEYWORDS: Gender Justice, Health, Abortion Rights, Reproductive Choices, Article 21, Bodily Integrity, Safe Abortion, Right to Privacy, Self Determination

1. INTRODUCTION

Before discussing the issue of abortion rights, there is a need to know the meaning of the word "abortion". As per the Black's Law Dictionary, abortion is defined as "the expulsion of the foetus at a period of utero-gestation so early that it has not acquired the power of sustaining an independent life. The unlawful destruction, or the bringing forth prematurely, of the human foetus before the natural time of birth." Abortion, from "abort" in general parlance means to bring to an end before maturation due to any defect or fault. It has been derived from the Latin word "aboriri" which means to miscarry. Thus, abortion and miscarriage sound synonymous to each other, but in medical connotation, abortion and miscarriage are two distinct terms, although, both of them mean the removing or expelling of an embryo or foetus from the uterus before it completes its full gestation period i.e. nine months ordinarily, owing to or resulting in its death. In medical science, however, abortion, miscarriage and premature labour are three different phenomena, depending upon the stage of pregnancy the concerned foetus has reached in the uterus. While "abortion" implies the termination of the foetus before it has completed the twenty-first week of its pregnancy, the term "miscarriage" signifies the expelling of the foetus while it is between the fourth and seventh months of period of gestation; the latter term i.e. "premature labour" connotes the delivery of the foetus before completing the complete gestation period, which is ordinarily nine months. It is worth emphasizing that while in the former two cases, the expelled foetus is unable to survive on its own, which resultantly leads to foeticide, the latter case involves the immature child being delivered which has the possibility to survive. Further, abortion can be classified into two

CITE THIS ARTICLE: Singla, A. (2024). Law, Society and Gender Justice: An Analysis of Supreme Court Decision in X V. The Principal Secretary, Health and Family Welfare Department & ANR. International Journal for Public Policy, Law and Development, 1(1), 1-7. https://ijpld.com/ijpld/article/view/3

International Journal for Public Policy, Law and Development
Volume 1, Issue 1, Year 2024

categories- natural and induced. In natural abortion, there is no involvement of any explicit human interference as a reason for the termination of pregnancy. It can happen owing to various reasons like defects in the formation of pelvis, injury due to any mishap, certain disease or fevers proving fatal to pregnancy and other miscellaneous conditions. Induced abortion is here the main focus of the paper as well as central to law.[1] Induced abortion means the deliberate act of termination of pregnancy either through chemical, surgical or other means. Thus, the word abortion in law means the overt act of causing pregnancy to terminate which necessarily results in the death of the foetus as it is usually carried out before twenty weeks of gestation period, leaving the embryo/foetus unviable. The leading legislation dealing with abortion matters in India i.e. Medical Termination of Pregnancy Act, 1971 does not define abortion; it defines "medical termination of pregnancy".

2. HISTORICAL BACKGROUND

The concept of abortion is not of recent origin; it has been prevalent since the ages. One can find instances related to abortion in various scriptures which have been a major source of Hindu Law like- Vedas especially the Rig Veda, Dharmsutras, Smritis amongst others. The common thread which binds all of these religious authorities is that they all not only condemn the act of abortion but also consider it as a sin. The classification of abortion as a sin has been reasoned by them as they hold women at the utmost level of respect and dignity as can be seen from the words written in Dharmshastra authored by Manu "where women are honoured there the very Gods are pleased, but where they are not honoured, no sacred rites even could yield reward."[2] and abortion being against the dignity of women, falls under the condemned acts, thus a sin. The fact of abortion being viewed as something negative is not limited to one particular religion but religions all over the world have negative perspective of it and thus prescribe their own restrictions on it in a way to regulate such acts or totally prohibiting them by further mentioning it as immoral or a taboo. Not only the religious texts but also the religious leaders have time and again come against the issue of abortion, supporting themselves by quoting the reason of sanctity of the life, here, the life of the foetus sought to be ended. But there were instances provided by the same religious texts, where exceptions were created in favour of abortion. The thought process has undergone a change to accommodate the changing circumstances. The contemporary world has now struck a compromise between the religious ideals and the realities of the modern world.

The law on abortion finds its first mention in the Indian Penal Code, 1860 which is a British piece of legislation. It outrightly prohibited the act of abortion by making it a punishable offence vide Sections 312, 313, 314, 315 and 316. The punishments under the forementioned sections extend to minimum of three years and maximum of ten years with fine, also some of these offences being listed as cognizable and non-bailable. These sections extend the culpability not only to the abortionist but also to the prospective mother. However, it recognised an exceptional circumstance where abortion is not punishable, that is the case where the life of the prospective mother is in danger owing to the pregnancy.

Owing to the illegal abortions becoming rampant in the country, the union government in 1964 appointed an Abortion Study Committee as recommended by the Central Family Planning Board to consider the legalisation of abortions in India. The committee was headed by Dr. Shantilal Shah, a medical professional himself.[3] This was followed by submitting of report by the said committee on December 30th, 1966 which analysed various aspects of abortion – medical, socio-cultural and legal along with recommending its legalisation by making the abortion laws liberal. It also provided for drafting a comprehensive adoption care law. It was this above-mentioned report which formed the foundation stone for the enactment of the first specific law relating to abortions in India under the title of Medical Termination of Pregnancy Act, 1971. Tracing the origin of this piece of legislation, one comes under the illusion that the current legislation was enacted with the purpose of securing some rights related to abortion to women, who had no option of exercising choice when it came to matter of giving birth. In actual, the concern for making the abortion law liberal had its birth in the minds of people seeking to subvert the criminal law, supported by the medical professionals practicing in the field, who had their own reasons for demanding the same. This demand was further advocated by the supporters of family planning and population control for arresting the prevalent birth rate. Medical community apprehended the side effects of abortions conducted illegally; on the well-being of women; which were usually carried out in unhygienic conditions by ill-trained, unqualified and non-equipped persons working in a clandestine manner to avoid the clutches of law. The research which was conducted on abortion in 1950s and 1960s revealed that the objective of research was to understand the patterns with respect to the age, marital status, social status, economic status, number of pregnancies and history of contraception. Due to the

population growing at a very alarming rate around the 1960s more and more stress was given on need to adopt family planning measures, thus leading to recommendations for liberalising the adoption laws.

3. LAWS IN INDIA

Till 1960s abortion was illegal in India. The only law prevalent during this time was the Indian Penal Code, 1860, which was the basic penal law of the country. As mentioned above, it criminalised abortion by making it a punishable offence.

After the recommendation of Dr. Shantilal Shah Committee, a Medical Termination Bill was introduced in Lok Sabha and Rajya Sabha, which was passed by Parliament on 10th August 1971. It came into force on 1st April 1972 with its territorial jurisdiction extending to the whole of India except the state of Jammu & Kashmir. The Act turned India into one of the torchbearers for the world by liberalising the strict abortion laws in the country. The said Act has been amended twice vide The Medical Termination of Pregnancy (Amendment) Act, 2002 and the recent The Medical Termination of Pregnancy (Amendment) Act, 2021. The Act consists of 8 sections and is also accompanied by the rules which were amended in 2003. The Act states in its statement of object and reasons the reasons behind its enactment. Abortion was dealt with very strictly before coming into existence of this Act, leading to rampant breach of those provisions by the people. Additionally, abortion has been mainly viewed as a need of married women who don't have any kind of compulsions for concealing their pregnancy. Along with these factors, the medical infrastructure has undergone a sea change and has become better accessible and affordable for most of the society, leading to a huge rise in the cases involving seriously ill or women on the verge of death owing to the fault(s) in their pregnancy or the uterus which has been adversely affected while carrying out the abortion but ultimately failed miserably. Thus, to cater to these problems, and to save maternal health, fertility and life of such women the current Act was brought into existence. To sum up, "The proposed measure which seeks to liberalise certain existing provisions relating to termination of pregnancy has been conceived (1) as a health measure-when there is danger to the life or risk to physical or mental health of the woman: (2) on humanitarian grounds-such as when pregnancy arises from a Sex crime like rape or intercourse with a lunatic woman etc.; and (3) eugenic grounds-where there is substantial risk that the child, if born, would suffer from deformities and diseases."[4]

Prior to the recent amendments in 2021, the Act allowed the termination of pregnancies with maximum period of twenty weeks of gestation period that too for some exceptional cases of women. It classifies pregnancies for the purposes of abortion into two- pregnancy up to 12 weeks period and pregnancies more than 12 weeks but up to 20 weeks. The Act required the opinion of at least two registered medical practitioners in cases involving pregnancy of more than twelve weeks to the maximum of twenty weeks, allowing abortion only if, the abovesaid medical practitioners classify the said pregnancy as dangerous for the life of such pregnant woman or it has the potential of causing harm to the physical or mental health of such woman, or, if the child from such pregnancy is born would suffer from physical or mental deformities making it seriously handicapped. Here, the cases of pregnancy from the offence of rape or from contraceptive failure are deemed to be included in the cases of pregnancy mentioned to affect mental health of such woman.[5] The Act has excluded the culpability of the medical professionals performing the abortion on a woman, provided they fulfil all the parameters laid down by the Act. The Act details the requisites for a legal abortion. Abortion under the Act can only be conducted by a registered medical practitioner. The hallmark of the Act is that no abortion can be conducted on a woman without the consent of such woman, and consent of her partner/spouse is irrelevant here.

Now, after 2021, the law has become even more liberalised allowing abortion for the pregnancies up to a maximum period of twenty-four weeks of gestation period, which is further diluted in the cases of pregnancy with foetal abnormalities, or where such pregnancy is considered to be dangerous to the life of concerned woman, for which there is no upper limit of gestation period is given.[6] But the rules made under the Act make only certain categories of women eligible for abortion i.e. whose gestation period has crossed the limit of twenty four weeks.[7] After the passing of Jammu and Kashmir Reorganisation Act, 2019, the Act has become applicable to whole of India. Although the word abortion is not defined by the Act, the amendment has inserted the definition of "termination of pregnancy" which is defined as "a procedure to terminate a pregnancy by using medical or surgical methods." The decision of allowing the termination of pregnancy in most of the cases lies with the Medical Board, which is now a statutory entity, created by the Act. Earlier the said Boards were constituted by the orders of the court, when the petitioner women would file petition for abortion before the courts. This provision has reduced the delays which

International Journal for Public Policy, Law and Development
Volume 1, Issue 1, Year 2024

were earlier experienced by the expecting mothers apprehending their lives. The amendment of 2021 has strikingly, added Section 5A to the MTP Act, 1971 which aims to protect the privacy of the woman. It is in consonance with the law laid down by the Supreme Court in K.S. Puttaswamy v. Union of India,[8] where privacy was held to be inherent right of all individuals under Article 21 of the Constitution of India.

The amending Act also has broadened the scope of abortion rights which were earlier limited to married women only. The explanation 1 to Section 3(2) has substituted the words "married woman" and "husband" by "woman" and "partner" thus recognizing the rights of unmarried woman also, which were long demanded by this section of the society. Prior to this, the unmarried women had the only resort of abortion through illegal means, which would jeopardise their physical and mental health also leading to financial exploitation to some extent. These concerns have now been redressed by the progressive amending Act, 2021.

4. SUPREME COURT JUDGMENTS

Beginning from Suchita Srivastava v. Chandigarh Administration[9] to the recent judgment of the apex court in X v. The Principal Secretary, Health and Family Welfare Department & Anr,[10] the court has always championed for the reproductive rights of the women. In the former case, the court reversed the decision of the Panjab & Haryana High Court by not allowing the abortion to take place. "30. The substantive questions posed before us were whether the victim's pregnancy could be terminated even though she had expressed her willingness to bear a child and whether her 'best interests' would be served by such termination. As explained in the fore-mentioned discussion, our conclusion is that the victim's pregnancy cannot be terminated without her consent and proceeding with the same would not have served her 'best interests'. In our considered opinion, the language of the MTP Act clearly respects the personal autonomy of mentally retarded persons who are above the age of majority. Since none of the other statutory conditions have been met in this case, it is amply clear that we cannot permit a dilution of the requirement of consent for proceeding with a termination of pregnancy. We have also reasoned that proceeding with an abortion at such a late stage (19-20 weeks of gestation period) poses significant risks to the physical health of the victim. Lastly, we have urged the need to look beyond social prejudices in order to objectively decide whether a person who is in a condition of mild mental retardation can perform parental responsibilities."[11] Thus, the apex court laid down various principles in context of protection of interest of women seeking abortion. Two tests "best interest test" and "substituted judgment test" were held to be required to be fulfilled to take a call on the plea of abortion. The "best interest test" necessitates the courts to ensure that they choose that alternative amongst the options, which would meet the best interests of the concerned petitioner woman standing before the court and in evaluating the said best interest, only the concerned woman's interest needs to be considered instead of her guardian or society's interest. The second test of "substituted judgment" demands the perspective of the mentally challenged person to be adopted and reach a decision which would have been taken by the said person, had he/she been legally capable of it.[12] Additionally, there was distinction laid down between "mild mental retardation" and "mentally ill" persons. It was held that while law treats mentally retarded person as competent to take decisions, mentally ill person cannot do so. Thus, there is no requirement of consent of guardian in the former case for abortion. This distinction was taken into account by the legislature in the 2002 amendment which substituted the words "lunatic" with "mentally ill person".[13]

Justice K.S. Puttaswamy and Ors. v. Union of India and Ors.[14] and Independent Thought v. Union of India and Ors.[15] also cited the above case and held that the court has many a times dealt with the subject of rights of women relating to their bodily integrity and reproductive matters. The analysis of such rights has been done in detail leading to development of new dimensions in such arenas.

The recent case of X v. The Principal Secretary, Health and Family Welfare Department & Anr.[16] involved the case of pregnancy of an unmarried woman with the gestation period of more than twenty-four weeks already lapsed. The said pregnancy was the result of the consensual relationship between the petitioner and her partner. Since the relationship failed, the petitioner chose to abort the foetus. But the MTP Act did not provide for termination of pregnancy for women who were not married, so she had no resort but to approach the Delhi High Court under Article 226 of the Constitution of India. The High court analysed the provisions of the MTP Act, especially the amendments which were carried out to the said Act in 2021 and decided against the petitioner that since the petitioner is an unmarried woman, and her relationship was consensual, she was outside the ambit of Section 3(2)(b) of the said Act. Neither was her case covered by the explanations appended to the section nor were the rules annexed

to the Act were applicable to her as she did not qualify to be included in the mentioned categories of women, where abortion was allowed even after twenty-four weeks of gestation period. Thus, she moved the apex court under Article 136 of the Constitution of India pleading for permission to abort her foetus, immunity from any criminal proceedings which would be instituted against her and along with the direction to centre that unmarried women be included in the category of women mentioned under the rules appended to the Act. Upholding the reproductive rights of women, her bodily integrity and autonomy which have been recognized by the Act also, the court in a historical verdict allowed the abortion to the women while questioning the selective discrimination meted out to unmarried women when other mentioned categories of women are being conferred with the rights. Rejecting the restrictive interpretation taken by the High court of the expression "widowhood and divorce", the court directed that the phrase "change of marital status" should be interpreted in the light of the objective of the Act. The Parliament originally intended to include single women in the scope of the Act which can be seen from the usage of the words "partner" which were substituted in place of "husband" in Explanation 1 of Section 3(2) of the Act. "Excluding unmarried women and single women from the ambit of the statute goes against the purpose of the legislation…….. The distinction between a married and unmarried woman does not bear a nexus to the basic purpose and object which is sought to be achieved by Parliament which is conveyed specifically by the provisions of Explanation 1 to Section 3 of the Act."[17]

5. INTERNATIONAL PERSPECTIVE

The International Safe Abortion Day is celebrated worldwide on 28th September of every year. Reducing maternal mortality rate is one of the United Nations Sustainable Development Goals (SDGs) which necessarily implies the minimizing of deaths owing to unsafe abortions and unwanted pregnancies. WHO says that abortion care is an essential part of health care, which further is included in right to health. Guaranteeing safe abortion rights and safe abortion along with a comprehensive health plan involving abortion is the first step towards achieving the Sustainable Development Goals (SDGs) concerning good health and well-being (SDG3) and gender equality (SDG5). Roe v. Wade[18] is the landmark case on abortion which was decided by the Supreme Court of United States giving the right to abortion to the petitioner by making it a part of Constitution of the United States under the fundamental right to privacy, thus striking down various laws which were restricting or abolishing the right of abortion by some of its states. It initiated a debate on the issue of abortion as to whether it should be allowed under the law or not and if allowed, up to what limit it should be regulated. In the present case, the court also remarked that abortion is not an absolute right as it is qualified by the condition of protection of concerned women's health and life. The decision developed a system of trimesters based on which the state can decide whether and when to allow or disallow the abortion in each case. The court held that during the first trimester, the woman has inviolable right to abortion if she wants to terminate the pregnancy, followed by the second trimester where the discretion of state comes in, regulating the abortion rights so that maternal health is not compromised and the final trimester where state can even prohibit the abortion totally considering the status of foetus. But this historic judgment has been overruled recently by Dobbs, State Health Officer of the Mississippi Department of Health, et al. v. Jackson Women's Health Organization et al[19] in which the constitutional status given to abortion rights has been denied outrightly and instead held that states are free to restrict and enact laws on abortion.

The International Conference on Population and Development's (ICPD) Programme of Action 1994 was the first international instrument in which the states acknowledged reproductive rights as an essential part of human rights. It called upon the states to ensure and enact a comprehensive adoption care program for protecting women against unsafe abortion.

There are various regional international authorities which have recognized abortion rights as an essential corollary of human rights. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) has undoubtedly considered that abortion should be conferred as a right on women especially in cases of "sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus."[20]

As per the Population Research Institute however, it condemns abortion vehemently by interpreting article 6 of the International Covenant on Civil and Political Rights (ICCPR). "Article 6 of the ICCPR recognizes the inherent right to life for every human being. This necessarily includes the right to life of the unborn child and the human person in all stages of development and at the end of life." Thus, it holds that abortion is not a right recognized

internationally. Abortion finds no mention in any of the widely claimed international treaties or agreements. There are frequent mentions of protection of maternal health and well-being along with the right to life of every individual, which usually is interpreted to include right to life of unborn person, thus questioning the legalizing of abortion process.[21]

6. CONCLUSION

"There is no doubt that a woman's right to make reproductive choices is also a dimension of 'personal liberty' as understood under Article 21 of the Constitution of India. It is important to recognise that reproductive choices can be exercised to procreate as well as to abstain from procreating. The crucial consideration is that a woman's right to privacy, dignity and bodily integrity should be respected. This means that there should be no restriction whatsoever on the exercise of reproductive choices such as a woman's right to refuse participation in sexual activity or alternatively the insistence on use of contraceptive methods. Furthermore, women are also free to choose birth-control methods such as undergoing sterilisation procedures. Taken to their logical conclusion, reproductive rights include a woman's entitlement to carry a pregnancy to its full term, to give birth and to subsequently raise children.

However, in the case of pregnant women there is also a 'compelling state interest' in protecting the life of the prospective child. Therefore, the termination of a pregnancy is only permitted when the conditions specified in the applicable statute have been fulfilled. Hence, the provisions of the MTP Act, 1971 can also be viewed as reasonable restrictions that have been placed on the exercise of reproductive choices."[22] The amendment Act of 2021 and the recent judgment of Supreme Court abolishing the long-standing discrimination between the married and unmarried women in the context of abortion rights have carved out a path for further developments in this regard. As reported by United Nations Population Fund in 2022, sixty seven percent of abortions have been conducted in an unsafe manner. Further, it reports that abortion kills eight women daily on an average. This data shows that there are many more miles to go for making safe abortion a regime in the country. The initial steps have been taken by the legislature and judiciary, what is required is now the support of society who needs to shed the tag of stigma attached thereto especially in poorer section of the population. There is a need to create awareness amongst the women about their rights in this regard and the process to realise them. With the world changing its outlook towards the LGBTQIA+ community, the MTP Act amongst other laws also need to inculcate them; as they are sadly invisible in most of the legislations; so as to ensure gender justice in complete respect.

References

1. V. Kumar, Medico-Legal Aspects of Abortion, Malaya Law Review Vol.6 No.1, pp. 17-39.
2. Dr. Reena Kapoor, Women in Rig Veda - Lesson drawn for Modern Women, IJHSSI Vol. 10 Issue 4, pp. 8-12.
3. Amar Jesani, and Aditi Iyer. "Abortion: Who is responsible for our rights?" Our lives, our health. New Delhi: Coordination unit, the world conference on women, Beijing, Vol. 6. 1995.
4. Medical Termination of Pregnancy Act, 1971 (Act No. 34 of 1971)
5. S.3(2), Medical Termination of Pregnancy Act, 1971 (before 2021 amendment).
6. Prachi Dutta, "Women and the Law: An Analysis on the medical termination of pregnancy law in India vis-à-vis the Medical Termination of Pregnancy Act, 1971 and the Medical Termination of Pregnancy (Amendment) Bill, 2020" available at: https://www.scconline.com/blog/post/2021/01/09/women-and-the-law-an-analysis-on-the-medical-termination-of-pregnancy-law-in-india-vis-a-vis-the-medical-termination-of-pregnancy-act-1971-and-the-medical-termination-of-pregnancy-amendment-bill/(last visited on October 30, 2024).
7. Rule 3B. Women eligible for termination of pregnancy up to twenty-four weeks.— The following categories of women shall be considered eligible for termination of pregnancy under clause (b) of subsection (2) Section 3 of the Act, for a period of up to twenty-four weeks, namely:- (a) survivors of sexual assault or rape or incest; (b) minors; (c) change of marital status during the ongoing pregnancy (widowhood and divorce); (d) women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)]; (e) mentally ill women including mental retardation; (f) the foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped;

and (g) women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government."

8. (2017) 10 SCC 1
9. (2009) 9 SCC 1
10. Special Leave to Appeal C No. 12612/2022 (21.07.2022 - SC Order): MANU/SCOR/70687/2022
11. Special Leave to Appeal C No. 12612/2022 (21.07.2022 - SC Order): MANU/SCOR/70687/2022
12. Prachi Dutta, "Women and the Law: An Analysis on the medical termination of pregnancy law in India vis-à-vis the Medical Termination of Pregnancy Act, 1971 and the Medical Termination of Pregnancy (Amendment) Bill, 2020" available at: https://www.scconline.com/blog/post/2021/01/09/women-and-the-law-an-analysis-on-the-medical-termination-of-pregnancy-law-in-india-vis-a-vis-the-medical-termination-of-pregnancy-act-1971-and-the-medical-termination-of-pregnancy-amendment-bill/(last visited on October 30, 2024).
13. S. 3(4)(a), Medical Termination of Pregnancy Act, 1971. (amended by 2002 Amendment Act)2022 WL 2276808
14. (2009) 9 SCC 1
15. AIR 2017 SC 4904
16. Special Leave to Appeal C No. 12612/2022 (21.07.2022 - SC Order): MANU/SCOR/70687/2022
17. Special Leave to Appeal C No. 12612/2022 (21.07.2022 - SC Order): MANU/SCOR/70687/2022
18. 410 U.S. 113 (1973)
19. 2022 WL 2276808
20. Johanna B. Fine, Katherine Mayall, and Lilian Sepúlveda 2017. "The role of international human rights norms in the liberalization of abortion laws globally" 19(1) Health and Human Rights p.69 (2017).
21. International Law and Abortion - OHCHRhttps://www.ohchr.org
22. Special Leave to Appeal C No. 12612/2022 (21.07.2022 - SC Order): MANU/SCOR/70687/2022
23. X v. The Principal Secretary, Health and Family Welfare Department & Anr. (Special Leave to Appeal C No. 12612/2022)