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# Socio-Cultural Influences on Abortion Practices in India: Legal Reforms and Public Awareness

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**ABSTRACT:** Abortion practices in India are profoundly shaped by socio-cultural factors, including patriarchal norms, son preference, dowry practices, and religious beliefs, which often conflict with the legal framework provided by the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002. These influences contribute to the prevalence of female foeticide, unsafe abortions, and restricted access to reproductive rights, undermining constitutional guarantees of equality (Article 14) and personal liberty (Article 21). Drawing on the socio-legal methodology from the document “Mother a Killer: A Socio-Legal Perspective of Abortion Law in India,” this research paper examines how socio-cultural dynamics drive abortion practices, particularly sex-selective abortions, and evaluates the effectiveness of existing laws in addressing these challenges. It analyzes the role of public awareness in mitigating stigma and cultural biases, proposing legal reforms and awareness campaigns to align abortion practices with constitutional values and international human rights standards, such as CEDAW. The paper aims to foster a framework that enhances women’s autonomy while addressing ethical concerns surrounding foetal rights.

**KEYWORDS:** Abortion, Socio-Cultural Influences, Female Foeticide, MTP Act, PCPNDT Act, Son Preference, Gender Equality, Public Awareness, Legal Reforms, Constitutional Rights.

## I. INTRODUCTION

Abortion practices in India are deeply intertwined with socio-cultural factors that shape societal attitudes, influence legal implementation, and impact women’s reproductive autonomy. Patriarchal norms, son preference, dowry practices, and religious beliefs often drive practices like female foeticide and unsafe abortions, creating significant challenges for the legal frameworks provided by the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002. These laws aim to ensure safe abortions and curb sex-selective practices, aligning with constitutional guarantees of equality (Article 14) and personal liberty (Article 21), yet their effectiveness is undermined by cultural biases and enforcement gaps. The document “Mother a Killer: A Socio-Legal Perspective of Abortion Law in India” highlights how societal stigma and gender discrimination perpetuate unsafe abortions, contributing to maternal mortality and declining sex ratios.

This research paper examines the socio-cultural influences on abortion practices in India, analyzing their impact on the implementation of the MTP and PCPNDT Acts and the role of public awareness in mitigating these challenges. It explores how cultural norms, such as the preference for male heirs, fuel female foeticide, while stigma restricts access to safe abortions, particularly in rural areas. Drawing on a socio-legal methodology inspired by the provided document, the paper evaluates judicial responses, such as Centre for Enquiry into Health and Allied Themes (CEHAT) v. Union of India (2001), and proposes legal reforms and awareness campaigns to align abortion practices with constitutional values and international standards like CEDAW. The objectives are to assess the interplay of culture and law, identify barriers to equitable access, and recommend strategies to foster gender equality and reproductive rights, ensuring a balanced framework that respects women’s autonomy while addressing ethical concerns.

## II. SOCIO-CULTURAL INFLUENCES ON ABORTION PRACTICES

Abortion practices in India are profoundly shaped by socio-cultural factors that reflect deep-seated patriarchal norms, religious beliefs, and economic pressures, significantly influencing how women access and perceive reproductive rights. These influences often conflict with the legal protections provided by the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002, leading to practices like female foeticide and unsafe abortions. The document “Mother a Killer: A Socio-Legal Perspective of Abortion Law in India” highlights how societal biases, particularly son preference, perpetuate gender imbalances, while



stigma restricts safe abortion access. This section examines key socio-cultural drivers—patriarchal norms and son preference, religious and ethical perspectives, socio-economic factors, and the role of media and community perceptions—analyzing their impact on abortion practices and setting the stage for evaluating legal responses.

Patriarchal norms and son preference are central to India's abortion landscape, fueling practices like female foeticide, as noted in the document. Cultural valuation of male heirs, rooted in traditions that view sons as economic providers and lineage bearers, contrasts with daughters, often seen as financial burdens due to dowry practices. This bias drives the misuse of diagnostic technologies like ultrasonography for sex determination, despite the PCPNDT Act's prohibition, contributing to a declining sex ratio (from 945 females per 1,000 males in 1991 to 927 in 2001). The document underscores that these norms pressure women and families to terminate female pregnancies, undermining constitutional guarantees of equality under Article 14 and perpetuating gender discrimination, necessitating robust legal and cultural interventions.

Religious and ethical perspectives further shape abortion attitudes, often reinforcing stigma. Hindu scriptures, such as Vedic texts cited in the document, condemn abortion as interfering with life, though practical interpretations vary. Islamic views generally permit abortion before ensoulment (around 120 days), but conservative interpretations can restrict access. Christian and Sikh perspectives also emphasize the sanctity of life, contributing to societal disapproval. These beliefs, while not legally binding, influence community attitudes, as the document notes, leading to stigma that deters women from seeking legal abortions and pushes them toward unsafe practices, violating their right to life and health under Article 21.

Socio-economic factors, including economic pressures and family planning decisions, significantly influence abortion practices. The document highlights that financial constraints often lead families to limit family size, with abortions serving as a tool for economic stability. In rural areas, poverty exacerbates reliance on unsafe abortions due to limited access to approved MTP facilities, contributing to high maternal mortality rates (approximately 100,000 deaths annually from unsafe abortions). Urban-rural disparities further restrict access, as marginalized women face logistical and financial barriers, while wealthier families exploit legal loopholes for sex-selective abortions, highlighting the intersection of economic inequality and cultural biases.

The role of media and community perceptions amplifies these challenges by perpetuating stigma and misinformation. The document notes that media often sensationalizes abortion, reinforcing negative stereotypes and discouraging open discourse. Community perceptions, shaped by patriarchal norms, stigmatize women seeking abortions, particularly unmarried women, as seen in cases like *D. Rajeshwari v. State of Tamil Nadu* (1996). Misinformation about abortion risks and legal rights further drives women to illegal practitioners, undermining the MTP Act's intent. These dynamics underscore the need for public awareness campaigns to counter cultural narratives and promote reproductive rights, as explored in subsequent sections.

### **III. LEGAL FRAMEWORK GOVERNING ABORTION**

India's legal framework for abortion, primarily governed by the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002, seeks to regulate reproductive choices while addressing socio-cultural challenges like female foeticide and unsafe abortions. These laws operate within the constitutional guarantees of equality (Article 14), personal liberty (Article 21), and the right to privacy, aiming to balance women's autonomy with ethical considerations surrounding foetal rights. However, as highlighted in the document "Mother a Killer: A Socio-Legal Perspective of Abortion Law in India," socio-cultural influences such as son preference and stigma often undermine their effectiveness. This section examines the provisions of the MTP Act, the PCPNDT Act, their constitutional context, and recent amendments, analyzing how they address abortion practices shaped by cultural norms and identifying gaps that require reform.

The Medical Termination of Pregnancy Act, 1971, marked a significant step toward liberalizing abortion in India, allowing termination up to 20 weeks (extended to 24 weeks in 2021) on medical grounds (risk to the mother's life or health), eugenic grounds (foetal abnormalities), humanitarian grounds (rape), and socio-economic grounds (contraceptive failure for married women). Section 3 requires one or two registered medical practitioners' opinions, depending on gestation, and restricts abortions to approved facilities, aiming to ensure safety and reduce maternal mortality, as noted in the document's statistic of 100,000 annual deaths from unsafe abortions. However, these conditions limit autonomy, particularly for rural women, by imposing medical and institutional oversight, and the





gestation cap has restricted access in cases of late-diagnosed abnormalities, as seen in *Dr. Nikhil Dattar v. Union of India* (2008).

The Pre-Conception and Pre-Natal Diagnostic Techniques Act, 2002, was enacted to curb female foeticide driven by son preference, a socio-cultural issue emphasized in the document that contributes to India's declining sex ratio (927 females per 1,000 males in 2001). The Act prohibits sex determination through technologies like ultrasonography and amniocentesis, mandating registration of diagnostic facilities and imposing penalties (up to three years' imprisonment and fines) for violations. The Central Supervisory Board (CSB) oversees enforcement, but the document highlights persistent challenges, such as lax monitoring and loopholes like pre-conception sex selection (e.g., Ericsson's method), which allow clinics to evade regulations. These gaps perpetuate gender imbalances, undermining Article 14's equality mandate.

The constitutional context, particularly Articles 14 and 21, shapes these laws. Article 14's guarantee of equality supports efforts to curb sex-selective abortions, while Article 21's right to life and personal liberty, expanded by *Justice K.S. Puttaswamy v. Union of India* (2017) to include privacy, underpins women's reproductive autonomy. The document notes that courts have interpreted these provisions to prioritize maternal health, as in *D. Rajeshwari v. State of Tamil Nadu* (1996), but the undefined status of the foetus creates ambiguity, complicating the balance between maternal and foetal rights. Articles 25–30, protecting religious freedom, also influence abortion attitudes, as religious norms often reinforce stigma, further restricting access.

Recent amendments, notably the MTP Amendment Act, 2021, have addressed some socio-cultural barriers. The extension of the gestation limit to 24 weeks for specific cases (e.g., rape survivors, minors, foetal abnormalities) and inclusion of unmarried women under socio-economic grounds reflect judicial influence from cases like *X v. Union of India* (2017). However, the document critiques the Act's continued reliance on medical opinions, which limits autonomy, and the lack of widespread rural facilities, exacerbating access disparities. The PCPNDT Act's enforcement remains weak, with clinics exploiting societal demand for male heirs, necessitating stronger regulatory measures to align with constitutional goals.

These laws represent a progressive framework but struggle against socio-cultural influences like stigma and son preference, which drive illegal practices. The next section will explore how these influences impact legal implementation, analyzing their role in perpetuating female foeticide and unsafe abortions.

#### **IV. IMPACT OF SOCIO-CULTURAL INFLUENCES ON LEGAL IMPLEMENTATION**

Socio-cultural influences, including patriarchal norms, son preference, dowry practices, and religious beliefs, significantly hinder the effective implementation of India's abortion laws, namely the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002. These factors perpetuate practices like female foeticide and unsafe abortions, undermining the constitutional guarantees of equality (Article 14) and personal liberty (Article 21). The document "Mother a Killer: A Socio-Legal Perspective of Abortion Law in India" highlights how societal biases and stigma exacerbate enforcement challenges, limiting access to safe abortions and contributing to gender imbalances. This section examines the impact of these socio-cultural influences on the implementation of abortion laws, focusing on female foeticide, unsafe abortions, and judicial responses, to illustrate the gap between legal intent and practical outcomes.

Female foeticide, driven by son preference and dowry practices, poses a significant challenge to the PCPNDT Act's implementation. The document notes that cultural valuation of male heirs, rooted in economic and social structures, leads to the misuse of diagnostic technologies like ultrasonography for sex determination, despite the Act's prohibition. The declining sex ratio, from 945 females per 1,000 males in 1991 to 927 in 2001, reflects this issue, with clinics exploiting loopholes such as pre-conception sex selection (e.g., Ericsson's method). The *Centre for Enquiry into Health and Allied Themes (CEHAT) v. Union of India* (2001) case saw the Supreme Court mandate stricter enforcement, yet lax monitoring and societal collusion, as highlighted in the document, allow violations to persist, undermining Article 14's equality mandate and perpetuating gender discrimination.

Unsafe abortions, fueled by social stigma and restricted access, further illustrate the impact of socio-cultural factors on the MTP Act's implementation. The document cites approximately 100,000 annual maternal deaths from unsafe abortions, often performed by unqualified practitioners in unhygienic conditions due to limited access to approved facilities, particularly in rural areas. Stigma, reinforced by religious and cultural norms condemning abortion, deters



women—especially unmarried ones—from seeking legal services, as seen in *D. Rajeshwari v. State of Tamil Nadu* (1996), where mental health was recognized as a valid ground for abortion. This stigma, coupled with patriarchal control over reproductive decisions, restricts women's autonomy under Article 21, pushing them toward illegal abortions that violate their right to life and health.

Judicial responses have sought to mitigate these socio-cultural barriers, but their impact is limited by systemic issues. In *CEHAT v. Union of India* (2001), the Supreme Court issued directives to strengthen PCPNDT Act enforcement, mandating regular audits and public awareness to combat female foeticide. Similarly, *Suchita Srivastava v. Chandigarh Administration* (2009) upheld women's reproductive autonomy under Article 21, countering societal pressures against choice. However, the document notes that inconsistent lower court rulings and societal resistance, particularly in rural areas, dilute these efforts. Courts often face pressure from cultural norms, as seen in cases where gestation limits restrict abortions despite humanitarian grounds, highlighting the need for broader societal change to support legal implementation.

The interplay of socio-cultural influences with legal frameworks creates a complex barrier to effective implementation. Patriarchal norms and stigma not only drive illegal practices but also limit access to justice and healthcare, perpetuating gender inequalities and health risks. The next section will explore specific challenges in addressing these socio-cultural influences, analyzing their persistence and the systemic gaps that hinder legal efficacy.

## **V. CHALLENGES IN ADDRESSING SOCIO-CULTURAL INFLUENCES**

The effective implementation of India's abortion laws, including the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002, is significantly hindered by deep-rooted socio-cultural influences such as patriarchal norms, son preference, social stigma, and religious beliefs. These factors perpetuate practices like female foeticide and unsafe abortions, undermining constitutional guarantees of equality under Article 14 and personal liberty under Article 21. The document "Mother a Killer: A Socio-Legal Perspective of Abortion Law in India" highlights how these cultural dynamics create systemic barriers to legal enforcement, restrict access to safe reproductive healthcare, and exacerbate gender disparities. This section examines key challenges—persistent gender biases, weak enforcement of abortion laws, social stigma, and limited access to reproductive healthcare in rural areas—analyzing their impact on addressing socio-cultural influences and identifying gaps that require reform.

Persistent gender biases, particularly son preference, remain a formidable challenge in curbing practices like female foeticide, as emphasized in the document. Cultural norms that prioritize male heirs for economic and social reasons, coupled with dowry practices, drive the demand for sex-selective abortions, despite the PCPNDT Act's prohibition. The declining sex ratio, from 945 females per 1,000 males in 1991 to 927 in 2001, reflects this entrenched bias, with families and clinics colluding to misuse diagnostic technologies like ultrasonography. The document notes that societal attitudes valuing sons over daughters resist legal interventions, as seen in the continued operation of illegal clinics despite judicial directives in *Centre for Enquiry into Health and Allied Themes (CEHAT) v. Union of India* (2001), highlighting the need for cultural transformation alongside legal enforcement.

Weak enforcement of the MTP and PCPNDT Acts exacerbates the impact of socio-cultural influences. The document details how lax oversight allows clinics to evade PCPNDT regulations, with loopholes like pre-conception sex selection (e.g., Ericsson's method) undermining the Act's intent. The Central Supervisory Board's irregular meetings and inadequate monitoring, as critiqued in *CEHAT v. Union of India*, limit accountability, enabling violations to persist. Similarly, the MTP Act's restrictive conditions, such as mandatory medical opinions and gestation limits, hinder access, particularly for women facing socio-cultural pressures, as seen in *Dr. Nikhil Dattar v. Union of India* (2008). These enforcement gaps, driven by societal collusion and administrative apathy, prevent laws from countering cultural biases effectively, necessitating stronger regulatory mechanisms.

Social stigma surrounding abortion, reinforced by religious and patriarchal norms, significantly restricts women's access to legal services, as noted in the document. Religious beliefs across Hinduism, Islam, and Christianity often view abortion as morally objectionable, creating a climate of shame that deters women, especially unmarried ones, from seeking safe abortions. Cases like *D. Rajeshwari v. State of Tamil Nadu* (1996) highlight judicial recognition of mental health grounds, yet societal disapproval pushes women toward unsafe abortions, contributing to approximately 100,000 annual maternal deaths. This stigma, compounded by lack of awareness about legal rights, undermines Article 21's guarantee of life and dignity, requiring public education to shift cultural perceptions.



Limited access to reproductive healthcare, particularly in rural areas, is another critical challenge shaped by socio-cultural and economic factors. The document underscores that rural women face barriers due to scarce MTP-approved facilities, high costs, and patriarchal control over healthcare decisions, forcing reliance on unqualified practitioners. These disparities, rooted in socio-economic inequalities, amplify the impact of stigma and son preference, as marginalized women are more vulnerable to unsafe abortions and sex-selective practices. The MTP Amendment Act, 2021, aims to improve access, but without addressing rural infrastructure and cultural barriers, its impact remains limited, violating equality under Article 14.

These challenges—gender biases, weak enforcement, stigma, and limited access—highlight the complex interplay of socio-cultural influences and legal implementation. The next section will propose reforms and public awareness strategies to address these barriers, fostering a framework that aligns with constitutional and international standards.

## **VI. PROPOSED REFORMS AND PUBLIC AWARENESS STRATEGIES**

Addressing the socio-cultural influences on abortion practices in India, such as son preference, stigma, and patriarchal norms, requires comprehensive reforms to the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002, alongside robust public awareness strategies to shift societal attitudes. These challenges, as highlighted in the document “Mother a Killer: A Socio-Legal Perspective of Abortion Law in India,” undermine constitutional guarantees of equality (Article 14) and personal liberty (Article 21), perpetuating female foeticide and unsafe abortions. Drawing on the document’s socio-legal methodology and international frameworks like CEDAW, this section proposes legal reforms to strengthen enforcement, public awareness campaigns to counter stigma, enhanced access to safe abortions, community-based initiatives to shift cultural norms, and alignment with global standards to foster gender equality and reproductive rights.

Legal reforms are essential to address socio-cultural barriers and enhance the effectiveness of abortion laws. The PCPNDT Act, 2002, must be strengthened through stricter enforcement mechanisms, including mandatory audits of diagnostic clinics and heavier penalties for violations, as recommended in *Centre for Enquiry into Health and Allied Themes (CEHAT) v. Union of India* (2001). Closing loopholes like pre-conception sex selection, as noted in the document, requires explicit prohibitions and advanced monitoring technologies. The MTP Act should liberalize access by extending gestation limits beyond 24 weeks for cases involving severe foetal abnormalities or maternal health risks, aligning with the UK’s Abortion Act, 1967. Simplifying consent requirements, such as removing mandatory medical opinions for early abortions, would empower women, addressing the document’s critique of restrictive conditions that limit autonomy.

Public awareness campaigns are critical to counter abortion stigma and promote gender equality, as emphasized in the document. Educational initiatives targeting rural and urban communities should highlight women’s reproductive rights under Article 21 and the legality of safe abortions under the MTP Act. Media campaigns, leveraging television, radio, and social media, can challenge stereotypes, as seen in cases like *D. Rajeshwari v. State of Tamil Nadu* (1996), where mental health was recognized as a valid ground. Collaborating with NGOs to conduct workshops and seminars can educate communities about the harms of female foeticide and the importance of gender-neutral family planning, reducing son preference. These efforts align with CEDAW’s emphasis on eliminating gender discrimination through education.

Enhancing access to safe abortions is vital to address rural-urban disparities and reduce maternal mortality, with the document citing 100,000 annual deaths from unsafe abortions. Expanding MTP-approved facilities in rural areas through government subsidies and mobile health units would improve access for marginalized women. Integrating telemedicine, as supported by the MTP Amendment Act, 2021, can provide medical abortion consultations remotely, drawing on global post-COVID-19 practices. Training healthcare providers on safe abortion techniques and cultural sensitivity would ensure quality care, addressing the document’s concerns about unqualified practitioners and unhygienic conditions that exacerbate health risks for women.

Community-based initiatives can shift cultural norms by engaging local leaders and women’s support networks. Establishing community peace committees, as suggested in the document for communal harmony, can be adapted to promote dialogue on gender equality and reproductive rights, countering patriarchal norms. Women’s support groups, led by NGOs, can provide counseling and legal aid, empowering women to navigate socio-cultural pressures, as seen in cases of stigma-driven unsafe abortions. Involving religious and community leaders to advocate for gender-neutral



values can challenge traditional biases, fostering a cultural shift toward valuing daughters equally, as emphasized in the document's discussion of declining sex ratios.

Aligning with international standards, such as CEDAW's Article 12 on healthcare access and the UN's Rabat Plan of Action for combating hate speech, would strengthen India's framework. Ratifying CEDAW's Optional Protocol would enable accountability for reproductive rights violations, while incorporating ICCPR's Article 6 principles, which prioritize maternal health, would clarify foetal rights debates. These alignments, as suggested in the document, would address socio-cultural biases like son preference, ensuring laws reflect global norms. The next section will conclude the analysis, summarizing findings and outlining a future outlook for equitable abortion practices.

## VII. CONCLUSION

India's abortion practices, shaped by socio-cultural influences such as patriarchal norms, son preference, dowry practices, and religious beliefs, pose significant challenges to the effective implementation of the Medical Termination of Pregnancy (MTP) Act, 1971, and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 2002. These laws, rooted in constitutional guarantees of equality (Article 14) and personal liberty (Article 21), aim to ensure safe abortions and curb sex-selective practices, yet their efficacy is undermined by persistent gender biases, social stigma, weak enforcement, and limited access to reproductive healthcare. The document "Mother a Killer: A Socio-Legal Perspective of Abortion Law in India" underscores how these factors contribute to female foeticide and unsafe abortions, perpetuating gender imbalances and maternal mortality. Judicial responses, such as *Centre for Enquiry into Health and Allied Themes (CEHAT) v. Union of India* (2001) and *D. Rajeshwari v. State of Tamil Nadu* (1996), have sought to strengthen enforcement and uphold women's autonomy, but systemic gaps remain.

The analysis reveals that while the MTP Act's liberalization and the PCPNDT Act's focus on preventing female foeticide align with constitutional principles, their implementation struggles against cultural barriers. The declining sex ratio, from 945 females per 1,000 males in 1991 to 927 in 2001, reflects the failure to curb sex-selective abortions, driven by son preference. Stigma and lack of rural healthcare facilities, as noted in the document, exacerbate unsafe abortions, contributing to approximately 100,000 annual maternal deaths. Comparative insights from the UK's Abortion Act, 1967, and CEDAW highlight the need for flexible legal frameworks and robust enforcement to prioritize women's reproductive rights while addressing ethical concerns.

Proposed reforms—strengthening PCPNDT Act enforcement, liberalizing MTP Act provisions, expanding rural healthcare access, launching public awareness campaigns, and aligning with international standards—offer a pathway to address these challenges. By clarifying gestation limits, enhancing oversight of diagnostic technologies, and promoting gender equality through education, India can mitigate socio-cultural barriers. Community-based initiatives and judicial consistency, as suggested in the document, will further support equitable access. These reforms align with India's constitutional vision and global norms, fostering a framework that respects women's autonomy while addressing foetal rights ethically.

The future of abortion practices in India depends on a concerted effort from the legislature, judiciary, and civil society to dismantle cultural biases and ensure legal efficacy. Sustained public awareness, inspired by CEDAW's emphasis on gender equality, and robust enforcement mechanisms can reduce stigma and female foeticide, creating a society where reproductive choices are free from patriarchal constraints. By prioritizing women's health and rights, India can uphold its constitutional commitment to equality and dignity, ensuring that abortion laws serve as tools for empowerment rather than restriction, fostering a gender-just future.

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