EMPOWERING CHOICE: THE BATTLE FOR REPRODUCTIVE FREEDOM AND A WOMAN'S RIGHT TO TERMINATE PREGNANCY

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Introduction

"In a world brimming with choices, from fashion decisions to life partners, individuals are endowed with certain fundamental rights, often regarded as inherent. Among these rights, the responsibility of procreation has traditionally fallen upon women. However, despite the shared responsibility for childbearing, women often find themselves with limited influence over decisions related to childbirth and its aftermath.

In patriarchal societies like India, a son is typically considered the carrier of the family's legacy, a notion deeply entrenched in history. Reproduction has always been a cornerstone of society, yet it has garnered the attention of numerous organizations and stakeholders as a critical issue affecting overall health, women's emotional and mental well-being, and societal progress.

Escalating rates of global maternal and infant morbidity and mortality have sounded alarm bells worldwide. Nations including China, Bangladesh, India, the United States, and various African countries have recognized this as a pervasive social issue threatening the welfare of families due to inadequate and subpar healthcare services.

Unintended and adolescent pregnancies are prevalent issues among women, leading to symptoms such as lower abdominal pain, heavy bleeding, irregular menstrual cycles, and white discharge. These are often consequences of inadequate family planning, sometimes resulting in unsafe abortions and female foeticide. Although policymakers and administrators have worked to raise awareness over time, discussions related to sexual health remain taboo.

The right to reproduce as a human right encompasses the freedom to decide whether to have

children, the right to abortion, fertility treatments, and access to reproductive health services. However, forced sterilization, restrictions on contraception, and other forms of decision-making control deprive individuals of their right to a dignified life.

Several factors contribute to unwanted pregnancies, including pornography, sexual violence, lack of consent, prostitution, sadomasochism, rape, human trafficking, female genital mutilation, and forced marriage. These circumstances result in pregnancies against a woman's will, often leading to dire and uncertain consequences that infringe upon her right to autonomy.

At its core, medical termination of pregnancy involves the deliberate termination or miscarriage of a fetus before full gestation. Laws exist to safeguard women from unsafe abortions, with the Medical Termination of Pregnancy Act, of 1971, providing provisions and conditions for pregnancy termination. However, restrictions have been imposed to curb the rising maternal mortality rates in India, particularly due to unsafe abortion practices.

Today, there are two recognized types of abortion: induced and spontaneous. Induced abortion occurs when a woman voluntarily terminates her pregnancy through a licensed medical practitioner, while spontaneous abortion refers to the loss of a pregnancy before the 20th week, commonly known as a miscarriage—both physically and emotionally painful experiences for women."

The Imperative for Abortion Laws: Navigating Evolving Societal Needs and Reproductive Rights

In India, the concept of abortion was once met with scepticism, as the legal focus had always been on preserving life rather than terminating it. Article 21 of the Indian Constitution, which guarantees the right to life, has sparked debates over whether it encompasses the right to choose one's fate, including the right to abortion. Under this right, individuals have the freedom to make choices for themselves, extending to a woman's right to terminate a pregnancy.

Historically, myths and traditions restricted women from seeking abortions, even in situations where the physical and emotional toll of childbirth was unbearable. These beliefs, rooted in ancient scriptures like the Vedas, clashed with the evolving societal needs. With rising maternal mortality

rates and cases of pregnancies resulting from rape, the need arose to replace old ideologies with more progressive approaches.

While other countries had already implemented laws allowing women the right to terminate pregnancies when their health or safety was at risk, India took time to adapt. However, as the saying goes, 'it's better to be late than never.' India eventually established effective laws with timely amendments to safeguard women's rights in pregnancy-related matters.

In recent years, numerous countries, particularly those in the developed world, have liberalized their reproductive rights policies. Worldwide, approximately 73 million abortions are performed annually[1]. Countries with permissive abortion laws witnessed a 43% reduction in the average abortion rate between 1990–1994 and 2015–19 (excluding China and India), while nations with strict restrictions saw a nearly 12%[2] increase in abortion rates.

The expansion of reproductive rights gained momentum with the recognition of human rights in many countries. Access to reproductive healthcare services and safe abortion procedures became central concerns. Globally, policies on abortion vary widely, ranging from strict laws to flexible, widely accepted policies.

Unsafe abortions account for 5–13% of maternal deaths worldwide, with the majority occurring in developing countries. Despite progress in women's and reproductive rights, some nations resist these advancements.

While there are significant disparities in abortion laws worldwide, most countries permit abortion under certain circumstances, such as socio-economic concerns or threats to a woman's physical or mental health. Conversely, it remains entirely prohibited in approximately a dozen nations, while others allow it without formalities.

Furthermore, there is a global trend toward relaxing abortion laws. Around 38 nations have modified their abortion laws[3], expanding legal justifications for women to obtain abortions. In

[1] World Health Organization on "Abortion" dated 25th November 2021
[2] "Abortion Law: Global Comparisons", Article by Women and Foreign Policy Program Staff, Council on Foreign Relations
[3] "Nicaragua: Abortion Ban Threatens Health and Lives", dated July 31, 2017

2020, countries like Argentina, Thailand, South Korea, and New Zealand legalized abortion with certain gestational restrictions, while Mexico decriminalized and eased its limitations. Meanwhile, some countries, including the United States and Honduras, have tightened abortion restrictions.

This ongoing battle for reproductive freedom underscores the importance of empowering women with the choice to terminate a pregnancy, addressing the complex interplay of culture, legal frameworks, and evolving societal needs.

Abortion as a Fundamental Human Right

The debate surrounding whether abortion should be acknowledged as a fundamental human right has persisted over time. Numerous international frameworks, including the UN Human Rights Committee and regional human rights courts such as the European Court of Human Rights and the Inter-American Court on Human and People's Rights, have all affirmed the right to access safe abortion as fundamental.

In 1994, during the International Conference on Population and Development in Cairo, 179 governments committed to a program of action that included preventing unsafe abortions. The World Health Organization (WHO) recognized unsafe abortion as a public health concern as far back as 1967, and in 2003,[4] it recommended the enactment of abortion laws to safeguard women's health globally.

The UN Population Fund's analysis suggests that addressing the unmet need for family planning effectively could reduce maternal mortality and abortion rates in the developing world by up to 70%.

While the Indian Constitution does not explicitly grant women a right to reproduction, the Supreme Court of India has recognized it as a personal right that can be considered a "fundamental right." This encompasses procreation, contraception, family relationships, child-rearing, and the right to legal and safe abortion. It also extends to protecting women from gender-based practices, particularly in cases where pregnancy is terminated due to the fear of giving birth to a girl child.

[4] https://www.cfr.org/article/abortion-law-global-comparisons?gclid=CjwKCAjw3qGYBhBSEiwAcnTRLlv9cTbuNpeMcHXtx5L9Kke7D

Despite the criminalization of sex determination before childbirth under the Pre-Conception and Pre-Natal Diagnostics Techniques Act, of 1994, illegal practices persist, making it imperative for the legal system to uphold women's and unborn children's rights through effective law enforcement.

In 2009, the Supreme Court affirmed women's reproductive autonomy as a fundamental right, stating that "a woman's right to make reproductive choices is also a dimension of personal liberty under Article 21 of the Indian Constitution." Additionally, in 2011, the Punjab and Haryana High Court echoed the Supreme Court's stance while dismissing a case brought by a husband against a doctor who had performed an abortion without the husband's consent. The court asserted that ***"it is a personal right of a woman to give birth to a child, and nobody can interfere in the personal decision of the wife to carry on or abort her pregnancy. Moreover, an unwanted pregnancy naturally affects the mental health of the pregnant woman."*** This reaffirms the recognition of abortion as an essential dimension of personal freedom and autonomy."

Abortion Access and Socio-Economic Disparities Across Nations

Abortion Rights in the United States: Legal Battles, Legislative Actions, and the Socio-Economic Impact

In June 2022, the United States Supreme Court made a pivotal decision, overturning ***Roe v. Wade***[5], a landmark case that guaranteed the constitutional right to abortion. This decision marked a significant victory for opponents of abortion rights. While Roe v. Wade had allowed for some restrictions on abortion after the first trimester of pregnancy, it was a momentous milestone for women in the United States as it recognized their constitutional right to abortion.

The right to abortion faced further scrutiny in the case of ***Planned Parenthood v. Casey***[6], where the right to abortion was reaffirmed but with additional restrictions, including waiting periods and parental consent. State laws regarding abortion exemptions vary, with some permitting abortions only in life-threatening situations and others not exempting pregnancies resulting from rape or

[5] 410 U.S. 113 (1973)
[6] 505 U.S. 833 (1992)

incest. This Supreme Court decision drew both applause from Republican lawmakers and criticism from Democratic lawmakers and abortion advocates.

Over the years, a flurry of abortion-related laws were introduced and implemented, with some aimed at protecting abortion access and others imposing stringent regulations on abortion providers, leading to the closure of over 160 clinics[7]. Some states, like Oklahoma, passed legislation prohibiting nearly all abortions after six weeks, except in cases of life-threatening pregnancies, resulting in stricter abortion access laws. Additionally, Texas passed a law allowing private citizens to sue anyone suspected of facilitating abortion.

Recognizing the right to reproduction as an essential component of personal liberty under Article 21 of the Indian Constitution, the Supreme Court of India has affirmed women's reproductive autonomy as a fundamental right. The Pre-Conception and Pre-Natal Diagnostics Techniques Act, of 1994, criminalized sex determination before birth, yet illegal practices persist, emphasizing the need for robust legal enforcement to protect women's and unborn children's rights.

The Patient Protection and Affordable Care Act (ACA) of 2010 expanded access to preventive women's health services, contraceptives, and counselling for millions of women and facilitated states' ability to expand Medicaid family planning services. However, legal restrictions on women's reproductive rights have grown in various states, hindering access to necessary reproductive health services and information[8].

State legislators introduced 332 provisions to restrict abortion services in the first quarter of 2015 alone. Indicators such as the percentage of women living in counties with abortion providers, waiting periods for abortions, restrictions on public funding for abortions, and infertility coverage contribute to the reproductive rights composite index, assigning states composite scores and letter grades based on their performance.

Despite the legal establishment of abortion rights through Roe v. Wade, disputes over abortion access, parental notification and consent, waiting periods, and public funding persist at the state

[7] https://www.cfr.org/article/abortion-law-global-comparisons?gclid=CjwKCAjw3qGYBhBSEiwAcnTRLlv9cTbuNpeMcHXtx5L9Kke7D
[8] NARAL Pro-Choice America and NARAL Pro-Choice America Foundation, 2015

level. Federal law prohibits the use of federal funds for most abortions since 1977, allowing exceptions only in cases of rape, incest, or life-threatening situations.

The practice of limiting abortion access through state legislation has become increasingly common, with regulations targeting abortion providers, restricting health insurance coverage for abortions, and banning abortions at later stages of pregnancy. Parental consent or notification laws are in place in 43 states, with 38 of those states enforcing them, 12 requiring parental notification, and 21 requiring parental approval for minors seeking abortion.

The Patient Protection and Affordable Care Act (ACA) of 2010 played a crucial role in increasing women's access to contraception by requiring health insurance to cover FDA-approved contraceptive methods, counselling, and services[9]. However, prior to the ACA, only 28 states had legal protections ensuring affordable contraception access. The Supreme Court's ruling in ***Burwell v. Hobby Lobby Stores***[10] expanded exemptions for family-owned businesses with religious objections to contraception, potentially limiting contraceptive coverage for employees.

The complex landscape of abortion rights and access in the United States continues to evolve, impacting women's socio-economic well-being, healthcare access, and personal autonomy.

Reproductive Rights in China: A Journey from Coercion to Choice

China began liberalizing its abortion laws in the 1950s but later implemented the one-child policy in 1979 to control population growth, imposing measures like fines, compulsory sterilization, and abortions to discourage unauthorized births. However, in 2016, China relaxed the policy to allow for two children, and in 2021, it expanded the limit to three children while advocating against "non-medically necessary abortions."

The United Nations Population Fund (UNFPA) envisions a world where every pregnancy is wanted, childbirth is safe, and young people's potential is fulfilled. They advocate for every

[9] U.S Department of Health and Human Services, 2014
[10] Inc., 573 U.S. 682 (2014)

woman's right to Sexual and Reproductive Health (SRH), encompassing healthy pregnancies, intimate relationships, and happy families.

China has made significant strides in reducing preventable maternal deaths and improving women's SRH. Maternal mortality decreased from 89 per 100,000 live births in 1990 to 16.9 per 100,000 live births in 2020[11], although disparities and inequalities persist.

The Sustainable Development Goals (SDGs) and the Healthy China 2030 agenda emphasize improving overall health, including sexual and reproductive healthcare. The SDGs set targets for universal access to SRH services, family planning, information, and education in China by 2030.

The ninth Country Programme between China and UNFPA (2021–2025) focuses on ensuring universal access to SRH free from coercion, discrimination, and violence.

In recent years, China has aimed to enhance national capacity for universal access to sexual and reproductive health rights, with a focus on disadvantaged women, young people, and minorities. UNFPA provides technical support for rights-based SRH programs.

UNFPA partners with the UN and national health entities to promote policy discussions and capacity building for SRH service packages, including emergency situations. They collaborate with partners to emphasize the importance of midwives and support their professional development, especially in underserved areas.

In light of China's "three-child" policy, UNFPA advocates for rights-based, peoplecentred approaches to ensure individuals have the freedom to responsibly choose the number and timing of their children, aligning with the 1994 International Conference on Population and Development (ICPD) Programme of Action.

UNFPA strengthens China's public health programs for maternal and child healthcare and midwifery services to reduce maternal mortality and secure reproductive health commodities. They

[11] UNFPA China, https://china.unfpa.org/en/node/15318

facilitate international and South-South cooperation to share knowledge and experiences, in line with the 1994 ICPD Programme of Action and the 2030 Agenda for Sustainable Development.

Reproductive Rights in Canada: A Journey to Freedom

Canada's history of reproductive rights once mirrored the restrictive landscape of the United States. Abortion and contraceptive sales were illegal in Canada until 1969, when Prime Minister Pierre Trudeau's Liberal administration partially relaxed restrictions. Abortions were allowed in hospitals only if a committee of doctors deemed the pregnancy posed serious or deadly risks.

A turning point came in 1988 with the landmark ***R. v. Morgentaler***[12] decision, which formally decriminalized abortions in Canada. Dr. Henry Morgentaler, a pro-abortion physician, had established an abortion clinic in Montreal in 1969 and faced legal

battles. The Canadian Charter of Rights and Freedoms, established in 1982, played a significant role in this decision by asserting the rights of Canadian citizens and residents.

After opening a second abortion facility in Toronto, Morgentaler faced fresh legal challenges, leading to the 1988 Supreme Court appeal. The court ruled that the existing abortion laws violated a woman's rights to life, liberty, and security, as guaranteed by the Charter of Rights and Freedoms. While the criminal restrictions were struck down, medical regulations vary by province.

Currently, there is no significant threat to the 1988 decision. All major political parties, except the Canadian Conservative Party, have consistently supported reproductive rights. Leaders like Yves-François Blanchet and Prime Minister Justin Trudeau have expressed support for reproductive rights, even following the US Supreme Court's decision on Roe v. Wade[13].

Abortion remains a protected right under Canadian law, with the federal government responsible for ensuring access to reproductive healthcare. Individuals aged 14 and older can obtain an abortion without needing permission from anyone. Safe access zones around abortion clinics and

[12] [1988] 1 S.C.R. 30 (Morgentaler (1988))
[13] Breaking down reproductive rights in Canada by Tony Xun in "The Varsity" on August 25, 2022

healthcare facilities protect access to abortion services by prohibiting behavior that intimidates or obstructs clients or providers.

While abortion is legal in Canada, practical access can still pose challenges, particularly for those facing financial instability or residing in remote areas. Some women find it difficult or costly to travel to urban areas where abortions are primarily performed.

Geographic and financial barriers disproportionately affect Indigenous populations, as those in isolated or rural areas may need to cover travel expenses for abortions. Additionally, bias based on gender identity adds complexity for Indigenous individuals who identify as two-spirit, transgender, or gender non-conforming.

Access to abortion services can be uneven, with lengthy waiting lists, even for those who can access healthcare relatively easily. Mifegymiso, an abortion pill approved in 2015, has helped bridge gaps in abortion access. However, long waiting times for doctor visits can delay its prescription until the ninth week of pregnancy.

Accessibility also varies by province, with some provincial health insurance programs not fully covering abortion costs. Limits on abortion gestational ages differ among provinces, with some allowing abortions up to 23 weeks and 6 days. Canada aims to improve sexual and reproductive health services for youth by allocating funds and enhancing existing facilities.[14]

Empowering Women's Reproductive Rights in India

Reflecting on India's journey 70 years after gaining independence, it's evident that women have transitioned from being confined to the domestic sphere to emerging as empowered individuals[15]. However, when it comes to women's sexual and reproductive rights, the nation still grapples with limited awareness. Reproductive rights discussions in India often revolve around issues like child marriage, female foeticide, sex discrimination, and menstrual health, leaving crucial aspects unaddressed.

[14] August 24, 2022 – Calgary, Alberta- Health Canada, Government of Canada
[15] https://www.drishtiias.com/daily-updates/daily-news-editorials/reproductive-and-sexual-rights-of-women-inindia/

India faces alarming rates of maternal mortality[16], with approximately 45,000 maternal deaths annually, translating to one death every 12 minutes[17]. Unsafe abortions contribute significantly to maternal fatalities, with nearly a third of pregnancies ending in abortion, half of which are unwanted. Many women resort to unsafe and illegal abortions due to doctor refusal or demands for parental or partner approval, even when no legal requirement necessitates such consent.

The Medical Termination of Pregnancy Act, 1971, permits abortion only up to 20 weeks of pregnancy, forcing women seeking abortions beyond this limit to navigate a complex and time-consuming process involving medical boards and courts. Nonmedical factors like the financial burden of raising a child remain unconsidered by the law.

The silence surrounding unsafe abortions conceals grave issues, including barriers preventing teenage girls from accessing reproductive health services, particularly abortion services.

India's Supreme Court has taken a progressive stance on women's reproductive rights. Notably, in the ***Navtej Johar[18]*** case, the court affirmed that ***"women have a right to sexual autonomy," integral to their "right to personal liberty"*** under Article 21 of the Indian Constitution. This right was further acknowledged in the ***Puttaswamy[19]*** decision.

The Supreme Court's judgment in ***Independent Thought v. Union of India[20]*** underscored the enduring human rights of female children, whether married or not. The court reemphasized the stance taken in ***Suchita Srivastava v. Chandigarh Administration[21]***, recognizing a woman's right to reproductive freedom, including the choice to carry a pregnancy to term, give birth, and raise children, integral to her right to privacy, dignity, and bodily integrity.

India's sexual and reproductive rights landscape encompasses maternal mortality, safe abortion access, contraception availability, acceptance of adolescent sexuality, prohibition of forced

[16] UNICEF India and World Bank Report
[17] https://www.unicef.org/rosa/media/10566/file/India.pdf
[18] Navtej Singh Johar & Ors. V. Union of India through Secretary Ministry of Law and Justice; AIR 2018 SC 4321
[19] Justice K.S.Puttaswamy (Retd.) & Anr. v. Union of India (2017) 10 SCC 1.
[20] (2017) 10 SCC 800
[21] (2009) 9 SCC 1

medical procedures, elimination of gender-based stigma and discrimination, and access to treatment for women, girls, and LGBTQ+ individuals.[22]

Comprehensive amendments to the Medical Termination of Pregnancy Act are essential to make it more inclusive and compassionate, particularly for married women coerced into unwanted pregnancies. Addressing the financial burden of raising a child is equally imperative.

Civil society and development actors bear the responsibility of elevating these issues in public discourse and advocating for change. Despite significant progress for women in various fields, challenges such as human trafficking, maternal health, and abortion-related deaths persist, often undermining progress. Recognizing the denial of reproductive rights as a violation of fundamental human rights is a significant stride forward, supported by the Indian Judiciary.

The concerns surrounding human rights violations related to reproductive rights have been communicated to the Indian government by UN human rights experts and bodies, emphasizing the need for action and awareness[23].

Analysis of the Medical Termination of Pregnancy Act (1971) and Its

Amendments

The Medical Termination of Pregnancy Act of 1971 addresses the termination of pregnancies, which may be unwanted or unsafe, by registered medical practitioners and associated matters. The Act outlines specific situations in which termination is permissible:

- When the pregnancy poses a risk to the mother's life.
- When the physical or mental well-being of the mother is in jeopardy.
- If the child is likely to suffer from physical or mental abnormalities.

[22] Legal Services India, E-Journal by Tanvi Mathur
[23] Legal Services India, E-Journal by Tanvi Mathur (https://www.legalserviceindia.com/legal/article-3372reproductive-rights-for-women-in-india.html)

- When a medical emergency necessitates choosing between saving the child or the mother.
- When pregnancy results from rape.

The Act also mandates the establishment of State-level Medical Boards, typically comprising a gynecologist, pediatrician, radiologist or sonographer, and other members as specified by the state government. While the Act safeguards a woman's right to choose abortion, it lacks specific criteria for determining which category of women can terminate pregnancies between 20-24 weeks, leaving such details to be prescribed through rules. Furthermore, the Act specifies that abortions should be performed by doctors with expertise in gynecology and obstetrics.

Amendments have been made to the original Act, altering the conditions under which pregnancy termination is permitted. The 2021 amendment raised the termination limit from 20 to 24 weeks and removed this limit for cases involving significant fetal abnormalities. It also facilitated the establishment of State-level Medical Boards to grant approval for such abortions. The amended law has liberalized the terms of abortion to a considerable extent in India.

The amended law allows doctors to assess the circumstances to determine if the pregnancy poses a risk and act accordingly, following consultation with the mother and relevant family members.

Previously, if the pregnancy had not exceeded 12 weeks, a single doctor's satisfaction with the specified conditions was sufficient for abortion. The amendment extended this limit to 20 weeks. However, in cases where the pregnancy has progressed beyond 12 weeks but is below 20 weeks (now 24 weeks after the amendment), at least two medical practitioners must confirm that the conditions for abortion are met. If a doctor deems an immediate abortion necessary to save the mother's life, the gestation period becomes irrelevant."

Abortion in the Eyes of the Law: Criminal Offense or Right to Privacy?

Under the Indian Penal Code of 1860, ***Section 312*** criminalizes abortion, making it a punishable offence. It states that anyone who intentionally attempts to cause a miscarriage in a woman, except in cases where it is done in good faith to protect the woman's life or under certain specified circumstances, may face imprisonment for up to three years, a fine, or both. Additionally, anyone

who procures an abortion can be imprisoned for up to seven years. This section also extends to women who cause their own miscarriages. The offence is classified as non-cognizable and triable by a Magistrate of the first class. Furthermore, Section 320 of the Criminal Procedure Code of 1973 requires prior court permission before a woman can induce a miscarriage.

The law permits abortion solely for therapeutic reasons, specifically to protect the life of the mother. It acknowledges the right to life of the foetus, emphasizing that the unborn child should not be terminated unless it is necessary to safeguard the mother's life. In response to the stringent provisions outlined in the Indian Penal Code, the Medical Termination of Pregnancy Act of 1971 was enacted. This act aimed to reduce the prevalence of illegal abortions while also recognizing a woman's right to privacy, which encompasses the right to make decisions about her own body and family planning.

In cases where causing a miscarriage results in the death of the woman, ***Section 314*** of the criminal code comes into play, designating the offence as cognizable, nonbailable, and triable by a court of sessions. Offenders may face imprisonment for up to ten years, either simple or rigorous, as well as fines. If the act is committed without the woman's consent, the punishment can be life imprisonment or up to ten years, in addition to fines. Importantly, it is not necessary for the offender to be aware that their actions might lead to the woman's death.

Do Unborn Children Possess Legal Rights in India?

In India, unborn children are recognized to possess certain legal rights. ***Section 316*** of the Indian Penal Code deals with the causing of death to an unborn child through actions that amount to culpable homicide. This legal recognition implies that unborn children have rights, including the right to life under Article 21 of the Indian Constitution and property rights under the Hindu Succession Act of 1956.

Although the termination of a pregnancy is generally subject to restrictions, the legislature has allowed expectant mothers the option of abortion under specific circumstances. However, it's important to note that the mother's choice is not absolute but is subject to reasonable restrictions as outlined in the law, primarily aimed at protecting the life of the unborn child.

Furthermore, according to Mitakshara law, unborn children hold an interest in coparcenary property. The Transfer of Property Act of 1882, ***Section 13***, empowers individuals to transfer property in the interest of an unborn child through trust arrangements. Additionally, under ***Section 416*** of the Criminal Procedure Code of 1973, if a pregnant woman is sentenced to death, the court has the authority to postpone the execution of the sentence or alter the punishment to imprisonment."

Conclusion and Recommendations

The realization of all human rights, spanning civil, political, economic, and social realms, is crucial to ensuring the well-being and dignity of individuals. These rights encompass fundamental aspects such as the right to life and health, equality, privacy, freedom from discrimination, and protection from torture or cruel treatment.

Governments bear the responsibility of safeguarding these rights, particularly concerning women's and girls' access to comprehensive reproductive health services and information. This includes promoting positive outcomes like reducing unsafe abortions and maternal mortality rates. It also entails enabling individuals to make fully informed decisions regarding their sexuality and reproduction, free from violence, discrimination, or coercion.

Efforts to advance global family planning strategies and reach teenagers with sexual health information and services have gained momentum. Valuable lessons from gender-based violence prevention programs have informed clinical and policy recommendations. Nevertheless, there are persisting challenges:

- **Limited Contraceptive Use:** In many countries, less than 30% of women of reproductive age use modern contraception. Methods remain limited due to issues related to access, provider biases, and program considerations, even in nations with high contraceptive prevalence.

- **Abortion Access:** Despite the availability of safe abortion options, stigma, inadequate training, and legal restrictions hinder access in numerous countries. Efforts are needed to expand the provision of secure, efficient, and cost-effective abortion care programs.

- **Gender Norms and Violence:** Gender norms contribute to violence and disrespectful behaviours, particularly as children enter puberty. These norms perpetuate gender-based violence and place females at risk of unwanted pregnancies. Programs must address these harmful norms and ensure young people have access to condoms and contraception to protect their reproductive health.

- **Meeting Contraceptive Demand:** Better meeting the demand for contraceptive options can reduce the need for safe abortion care but may not eliminate it entirely. Contraception may fail, and women may become pregnant in situations where contraception is not an option or where consent is lacking. Therefore, access to safe abortion services remains essential.

In conclusion, comprehensive efforts are required to protect and fulfil the reproductive rights of women and girls. This entails addressing barriers to contraception, expanding access to safe abortion care, challenging harmful gender norms, and promoting informed decision-making. By doing so, societies can empower individuals to exercise their rights and enhance the overall well-being of women and girls globally.