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## HOW ABORTION LAW IS HELPING INDIA TO CONTROL POPULATION GROWTH

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### ABSTRACT

This paper provides an overview of abortion laws in India, including the Medical Termination of Pregnancy Act, of 1971, which sets out the conditions under which abortions may be performed. And how abortion controls population growth from both national and international perspectives. So firstly, we will be discussing what is abortion and what the policy and laws are made by the government around the world to control population growth then discuss the law and policies made by the government of India and compare them with U.S.A policies. then discussing the current trends of abortion around the world. Overall, Indian case laws related to abortion have generally upheld women's right to access safe and legal abortions, there is still work to be done to ensure that all women have equal access to reproductive healthcare services, including abortions.

## Introduction

Abortion is the most controversial issue without reason Match between two polar planes. But the debate is life and death The uncertainty of complications makes it difficult. I don't believe in abortion It's murder, so I can't tell if it's the real person. women live or die Abortion is life or death It doesn't matter if both sides have the same supporter. But these supporters have A common goal: to reduce the number of abortions and abortions safer abortions. Abortion is defined as "the removal of an embryo or fetus". Terminate the pregnancy from the womb." Abortion We are surrounded by many questions such as: Does the Constitution protect rights? abortion? Does this include confidentiality? Is there a developing fetus? Should the law allow abortions for rape and incest? The Constitution recognizes the legalization of abortion. not in the bill rights or constitutions, but privacy and reproductive rights are "Enumerated Rights".

Some people think they become human after conception, while hers do I don't think so. But let's say he has 50 pills on the table, of which he has one. Toxic. Would you accidentally swallow it without thinking about it if it was a normal tablet? Pill or Poison? No, you value your life. the fetus is Alive, abortion can be murder. Because abortion is legal, you don't live to have a fetus. Abortion by rape is also a controversial issue. babies born from this act Sexual activity is forced and unintentional. many people say kill these babies All right, but is it? Pro-Life is an anti-abortion group. they claim Human life begins at conception. They believe that a fetus deserves life. flat in the case of rape, they believe the child should not be punished for wrongdoing.<sup>12</sup>

## What are abortion and its type?

Abortion is the termination of a pregnancy so that no child is born. It is sometimes called a "miscarriage". BPAS cares for women with unplanned or unwanted pregnancies. We have treated thousands of women who have decided that abortion is the right choice, and we consult women who are unsure of what to do next. Abortion treatments include both medical and surgical abortions.

## There are two types of abortions:

Medical abortion: abortion pills Some women believe that medical abortion is a more natural

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<sup>1</sup> <https://www.theweek.in/news/india/2022/06/01/all-you-need-to-know-about-abortion-laws-in-india.html>

<sup>2</sup> <https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2804%2924017-4>

process. There are two types of medical abortion drugs from 10 to 24 weeks

Surgical abortion is a quick and easy operation. There are two types of surgical termination of pregnancy. vacuum aspiration up to 15 weeks 15-24 weeks dilation and excretion.

### **What is the history of abortion?**

Abortion has a long and complex history in India, dating back to ancient times. The practice of abortion has been documented in Indian texts dating as far back as 600 BCE, including references in the Ayurvedic texts, which describe various methods and techniques for inducing abortion.

Historically, India had relatively liberal views on abortion. Ancient Indian texts recognized that women should have control over their reproductive health and granted them the right to choose abortion in certain circumstances, such as when the pregnancy posed a risk to the woman's life or health. However, the practice of abortion was also regulated to some extent, with methods and timing for abortion outlined in texts such as the Manusmriti, a Hindu legal code.

During the colonial period in India, which lasted from the 18th to the mid-20th centuries, British colonial laws were introduced that criminalized abortion, regardless of the circumstances. These laws were influenced by Christian missionary efforts to impose their moral values on Indian society, and they remained in place even after India gained independence in 1947.

In 1971, India passed the Medical Termination of Pregnancy (MTP) Act, which legalized abortion under certain conditions. The MTP Act allowed for abortion to be performed by a qualified medical practitioner up to 20 weeks of pregnancy, with specific provisions for cases where the pregnancy posed a threat to the woman's life, physical or mental health, or in cases of fetal abnormalities. The MTP Act aimed to reduce unsafe abortions, which were a major cause of maternal mortality in India.

Since the passage of the MTP Act, there have been several amendments to further expand access to safe and legal abortion in India. In 2002, the MTP Act was amended to allow for abortion up to 24 weeks of pregnancy in cases where there is a risk to the woman's life, physical or mental health, or in cases of fetal abnormalities. In 2020, the Act was further amended to increase access to abortion by allowing certain categories of health professionals, including

nurses and midwives, to provide abortion services, and also to remove the requirement for the opinion of two doctors for abortion between 12 and 20 weeks of pregnancy.

Historically, abortion restrictions have been enforced for three main reasons:

- 1) Abortion is dangerous and abortionists have killed many women. The law, therefore, had a public health intent to protect women. Nevertheless, the woman sought an abortion, risking her life in the process. Women still do it today when they have no other choice.
- 2) Abortion was considered a crime or a form of offense and the law was intended to punish and deter.
- 3) Abortion is restricted to protect fetal life in some or all circumstances.

Now that abortion methods have become safer, anti-abortion laws only make sense if they punish and deter, or protect the life of the unborn child over the life of the woman. While there are still prosecutions for unsafe abortions that lead to injury and death, today it is far more common to use existing laws against those who practice and perform safe abortions outside the bounds of the law. Ironically, it is a holdover from another era, restrictive abortion laws, that are responsible for the deaths and injuries of millions of women who cannot afford to pay for safe and illegal abortions. Top of form bottom of Form<sup>3</sup>

### **What is the abortion law made by the government of India to control population growth?**

According to India's Ministry of Health and Family Welfare, The Medical Termination of Pregnancy Act (1971) The Medical Termination of Pregnancy Act 1971 and Regulations 1975 was passed to "provide for the termination of certain pregnancies by registered Medical Practitioners and matters connected therewith or incidental thereto"

The MTP Act confers full protection to a registered allopathic medical practitioner against any legal or criminal proceedings for any injury caused to a woman seeking an abortion, provided that the abortion was done in good faith under the terms of the Act. The Act allows an unwanted pregnancy to be terminated up to 20 weeks of pregnancy and requires a second doctor's approval if the pregnancy is beyond 12 weeks. The grounds include grave risk to the physical or mental health of the woman in her actual or foreseeable environment, as when pregnancy results from contraceptive failure, or on humanitarian grounds, or if pregnancy

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<sup>3</sup> <https://www.drishtiias.com/daily-updates/daily-news-analysis/medical-termination-of-pregnancy-mtp-amendment-act-2021>

results from a sex crime such as rape or intercourse with a mentally-challenged woman, or on eugenic grounds, where there is reason to suspect substantial risk that the child if born, would suffer from deformity or disease. The law allows any hospital maintained by the Government to perform abortions but requires approval or certification of any facility in the private sector. In the event of abortion to save a woman's life, the law makes exceptions: the doctor need not have the stipulated experience or training but still needs to be a registered allopathic medical practitioner, and a second opinion is not necessary for abortions beyond 12 weeks and the facility need not have prior certification. The Medical Termination of Pregnancy Rules and Regulations 19757 defines standards and procedures for approving abortion facilities, consent procedures, record keeping and reporting, and guarantees of confidentiality. Abortions performed in hospitals or other facilities without prior government approval are considered illegal and it is the hospital's responsibility to obtain prior approval.

The conditions under which abortion is permitted are set out in the MTP Act. Pregnancy can be terminated up to the 20th week at the discretion of the doctor. Two doctors are required to terminate a pregnancy before 24 weeks of gestation. A woman can also terminate a pregnancy if it is determined that the child will be born with a serious physical or mental disability. Under the MTP law, the identity of a woman undergoing an abortion must be kept secret. The 20-week gestation period may be extended to 24 weeks under the following conditions:

Survivor of sexual assault, rape, or incest Minor Change of marital status during pregnancy (widow/divorce) disabled woman, psychotic woman.

A woman who is pregnant with a child with a fetal abnormality that may be at serious risk to life Pregnant women in humanitarian situations or disasters or emergencies<sup>4</sup>

## **THE BARRIER TO ABORTION IN INDIA**

In India, there are several barriers to accessing safe and legal abortion services, including:

- 1) Legal restrictions: While abortion is legal in India under certain conditions, including up to 20 weeks of pregnancy for certain reasons, there are still legal barriers that can hinder access to abortion care. For instance, women may face challenges in obtaining required approvals from healthcare providers or legal authorities, especially in cases

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<sup>4</sup> <https://www.drishtiias.com/daily-updates/daily-news-analysis/abortion-law-in-india>

where the pregnancy has exceeded the gestational limit or the reason for seeking abortion does not meet the prescribed conditions.

- 2) Limited availability of services: Access to abortion services may be limited in certain areas of India, particularly in rural or remote regions, where there may be a shortage of trained healthcare providers or facilities that provide abortion care. This can result in long distances to travel, increased costs, and logistical challenges in accessing abortion services.
- 3) Stigma and discrimination: Stigma and discrimination related to abortion can act as barriers to accessing care in India. Women seeking abortion may face social, familial, or community pressure, discrimination, or judgment, which can result in fear or reluctance to seek abortion services.
- 4) Lack of awareness and information: Limited knowledge or information about the availability, legality, and safety of abortion services can be a barrier to accessing care in India. Lack of awareness about reproductive rights, available options, and how to access services can result in confusion or misinformation.
- 5) Cost and affordability: The cost of abortion services, including consultation fees, medications, and other related expenses, can be a significant barrier for some individuals in India, particularly for those who may have limited financial resources. This can result in challenges in affording the costs associated with abortion care.
- 6) Provider-related challenges: Some healthcare providers may refuse to provide abortion services based on personal or religious beliefs, which can limit access to care, particularly in areas with a high prevalence of conscientious objection. Additionally, there may be challenges related to the quality of care, particularly in terms of adherence to clinical guidelines, which can impact the safety and effectiveness of abortion services.
- 7) Administrative and logistical challenges: Administrative requirements, such as obtaining required documents, navigating the healthcare system, or securing appointments, can also pose challenges in accessing abortion services in India, particularly for vulnerable or marginalized populations.
- 8) Cultural and language barriers: Cultural norms and language differences can pose challenges in accessing abortion services in India, particularly for individuals who may come from diverse cultural backgrounds or who do not speak the local language, resulting in difficulties in understanding information, communicating with healthcare providers, or navigating the healthcare system.

Efforts to address these barriers in India may involve legal reforms to simplify and streamline the approval process, increase the availability and affordability of services, address stigma and discrimination through education and awareness campaigns, improve healthcare provider training and adherence to clinical guidelines, and address administrative and logistical challenges. It is important to ensure that women have access to safe and legal abortion services as part of their reproductive health and rights and to promote gender equality and reproductive autonomy.<sup>5</sup>

### **Landmark judgment**

#### **1) Suchita Srivastava v. Chandigarh Administration (2009)**

Case Name: Suchita Srivastava v. Chandigarh Administration

Citation: (2009) 9 SCC 1

Court: Supreme Court of India

#### **Background:**

The case of Suchita Srivastava v. Chandigarh Administration was a landmark judgment delivered by the Supreme Court of India in 2009. The case dealt with the issue of reproductive rights and the right to access safe and legal abortion services in India.

The petitioner, Suchita Srivastava, was a victim of sexual abuse and was mentally challenged. She became pregnant as a result of rape and sought permission from the Chandigarh Administration to terminate her pregnancy. However, her request was denied on the ground that the pregnancy had progressed beyond 20 weeks, which was the gestational limit for abortion under the Medical Termination of Pregnancy (MTP) Act, of 1971.

The petitioner challenged the denial of permission to terminate her pregnancy as violative of her fundamental rights under the Constitution of India, including the right to life, personal liberty, and reproductive autonomy.

#### **Key Issues:**

The key issues addressed in the case of Suchita Srivastava v. Chandigarh Administration were:

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<sup>5</sup> <https://www.wionews.com/india/is-abortion-legal-in-india-what-does-the-law-say-477070>

Whether the denial of permission to terminate the pregnancy of the petitioner on the ground of exceeding the gestational limit of 20 weeks under the MTP Act violated her fundamental rights under the Constitution of India.

Whether the right to access safe and legal abortion services is a part of the reproductive rights and personal liberty guaranteed under Article 21 (right to life and personal liberty) of the Constitution of India.

Whether the State must provide necessary medical facilities for the termination of pregnancies that pose a risk to the physical or mental health of the pregnant woman.

### **Key Observations and Judgment:**

The Supreme Court of India made several important observations and rulings in the case of *Suchita Srivastava v. Chandigarh Administration*:

The Court held that the right to access safe and legal abortion services is a part of the reproductive rights and personal liberty guaranteed under Article 21 of the Constitution of India. The Court emphasized that reproductive autonomy and the right to make choices about one's own body are integral to the dignity and autonomy of women.

The Court ruled that the State must provide necessary medical facilities for the termination of pregnancies that pose a risk to the physical or mental health of the pregnant woman, even if the gestational limit of 20 weeks under the MTP Act has been exceeded. The Court held that the State must protect the health and well-being of women and denial of access to safe abortion services in such cases would amount to a violation of their fundamental rights.

The Court further observed that the mental health of the pregnant woman must also be considered while determining whether to allow the termination of pregnancy beyond the gestational limit of 20 weeks. The Court held that the mental trauma and anguish suffered by a pregnant woman, especially in cases of sexual abuse or rape, can have a significant impact on her mental health, and such cases should be considered exceptional and given due consideration.

The Court directed the Chandigarh Administration to constitute a Medical Board to examine the petitioner's case and take a decision on whether to allow the termination of her pregnancy, considering the mental health of the petitioner and the risk posed to her physical or mental health.

**Conclusion:**

The judgment in the case of *Suchita Srivastava v. Chandigarh Administration* was a significant milestone in the recognition and protection of reproductive rights and access to safe and legal abortion services in India. The Court affirmed that the right to access safe and legal abortion services is a part of the fundamental right to life, personal liberty, and reproductive autonomy guaranteed under the Constitution of India.

**2) Dr. Nikhil D. Datar v. Union of India (2016)**

*Dr. Nikhil D. Datar v. Union of India* is a landmark case in India that dealt with the issue of passive euthanasia, a concept where medical treatment is withheld or withdrawn from a terminally ill patient who is unlikely to recover. The case was heard by a five-judge Constitution Bench of the Supreme Court of India, and the judgment was delivered on 9th March 2018. Here's a brief case analysis:

**Background:**

Dr. Nikhil D. Datar, a Mumbai-based doctor, filed a petition in the Supreme Court in 2014 seeking the right to die with dignity for terminally ill patients. The petition sought a declaration that the right to die with dignity was a fundamental right guaranteed under the Indian Constitution and that it included the right to make a living will or advance directive, which would specify the medical treatment that a person wished to receive or not receive in case they became terminally ill and were unable to make decisions for themselves. The petition also sought guidelines on how to implement passive euthanasia in such cases.

**The case:**

The Constitution Bench, comprising Chief Justice Dipak Misra and justices A K Sikri, A M Khanwilkar, D Y Chandrachud, and Ashok Bhushan, heard the case and delivered the judgment. The court considered several legal and ethical issues related to passive euthanasia and held that it was a constitutionally valid concept.

**Judgment:**

The court recognized the right to die with dignity as a fundamental right under Article 21 (right to life) of the Indian Constitution. It held that the right to life included the right to a dignified life and that a terminally ill patient had the right to refuse medical treatment.

The court laid down guidelines for implementing passive euthanasia in India. It held that a person had the right to make a living will or advance directive specifying the medical treatment they wished to receive or not receive in case they became terminally ill and were unable to make decisions for themselves. It also allowed a person's family members or close relatives to approach the court to seek permission for passive euthanasia in case the person was unable to make decisions for themselves and did not have a living will.

The court held that passive euthanasia could be permitted only in cases where a person was terminally ill or in a persistent vegetative state and there was no hope of recovery. The decision to withhold or withdraw medical treatment had to be taken by a team of doctors and approved by a high court or a Supreme Court-appointed medical board.

The court also recognized the role of palliative care in providing relief to terminally ill patients and directed the government to implement a palliative care policy across the country.

### **Impact:**

The judgment in *Dr. Nikhil D. Datar v. Union of India* was a significant milestone in the history of India's legal system. It recognized the right to die with dignity as a fundamental right and provided a framework for implementing passive euthanasia in India. The judgment also highlighted the importance of palliative care and the need for a comprehensive palliative care policy in the country. It was hailed by many as a humane and compassionate decision that respected the dignity and autonomy of terminally ill patients. However, the judgment also sparked a debate on the ethics of passive euthanasia and the need for stringent safeguards to prevent its misuse.

### **What does the abortion law look like around the world?**

Abortion laws vary widely around the world, with different countries having different legal frameworks that regulate the practice of abortion. The laws can range from highly permissive, allowing for unrestricted access to abortion, to highly restrictive, severely limiting, or even criminalizing abortion. Here's a general overview of the different types of abortion laws that exist globally:

**Permissive laws:** Some countries have permissive abortion laws that allow for unrestricted access to abortion, often based on the woman's choice. These countries typically allow for abortion to be performed on request, without the need for specific justifications or conditions.

Examples of countries with permissive abortion laws include Canada, the Netherlands, and Sweden.

**Health-based laws:** Some countries have health-based abortion laws that allow for abortion to be performed to protect the physical or mental health of the woman. These laws may require the opinion of one or more healthcare providers, and the determination of the health risk may vary depending on the country's legal framework. Examples of countries with health-based abortion laws include Australia, Germany, and France.

**Grounds-based laws:** Some countries have grounds-based abortion laws that allow for abortion to be performed in certain circumstances or for specific reasons, such as cases of rape, incest, fetal abnormalities, or socioeconomic factors. These laws may require the woman to meet specific criteria or obtain approvals from healthcare providers or legal authorities. Examples of countries with grounds-based abortion laws include the United States, the United Kingdom, and South Africa.<sup>6</sup>

**Restricted laws:** Some countries have restricted abortion laws that severely limit access to abortion or criminalize it in most circumstances. These countries may have limited or no legal provisions for abortion, and the practice may be punishable by law. Examples of countries with restricted abortion laws include many countries in Latin America, such as El Salvador, Nicaragua, and the Dominican Republic.

It's important to note that abortion laws are subject to change and can vary within different regions or jurisdictions within a country. Additionally, the enforcement and implementation of abortion laws can vary, and social, cultural, and economic factors can also impact access to safe and legal abortion services. It's always recommended to seek updated and accurate information on the specific abortion laws and regulations in a given country or region.<sup>7</sup>

### **How does the United States abortion is different from India?**

The United States and India have different legal frameworks and practices regarding abortion. Here are some key differences between the two countries:

- 1) Legal status: In the United States, abortion is legal under the landmark Supreme Court decision in *Roe v. Wade* (1973), which guarantees the constitutional right to access

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<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473035/>

<sup>7</sup> <https://www.cfr.org/article/abortion-law-global-comparisons>

abortion. However, there are state-level restrictions that vary across different states, and the legal landscape is constantly evolving. In India, abortion is also legal, but it is regulated under the Medical Termination of Pregnancy (MTP) Act, which sets forth conditions under which abortion is permitted, including gestational limits and reasons for seeking an abortion.

- 2) Gestational limits: In the United States, the gestational limit for abortion varies by state, with some states allowing abortions up to 24 weeks or later in certain circumstances, while others have more restrictive limits. In India, the MTP Act allows for abortion up to 20 weeks of pregnancy, with certain exceptions for pregnancies beyond 20 weeks in cases of fetal abnormalities or threat to the life of the pregnant woman.
- 3) Reasons for seeking abortion: In the United States, women can seek abortion for any reason, including personal choice. In India, the MTP Act allows for abortion for certain reasons, including to save the life of the woman and to preserve physical or mental health, in cases of contraceptive failure, rape, or fetal abnormalities.
- 4) Approval process: In the United States, there is generally no requirement for approval from healthcare providers or legal authorities to obtain an abortion, although there may be mandatory waiting periods or counseling requirements in some states. In India, obtaining approval from a registered medical practitioner is required for abortions up to 12 weeks of pregnancy, while approval from two registered medical practitioners are needed for abortions between 12 and 20 weeks of pregnancy.
- 5) Accessibility: Access to abortion services may vary in terms of availability, affordability, and geographical accessibility in both the United States and India. In the United States, access can be affected by factors such as state-level restrictions, the availability of providers and facilities, and financial barriers. In India, access can be impacted by factors such as the availability of trained healthcare providers, facilities, and affordability of services, particularly in rural or remote areas.
- 6) Funding: In the United States, there are federal and state-level programs, such as Medicaid, that provide funding for abortions for eligible low-income individuals. In India, the government provides free or subsidized abortion services in public health facilities, but funding challenges can still be a barrier for some individuals.
- 7) Stigma and discrimination: Stigma and discrimination related to abortion can exist in both countries but can manifest differently based on cultural, social, and religious norms. Stigma and discrimination can impact access to care, decision-making, and seeking support in both the United States and India.

It's important to note that laws and regulations related to abortion can change over time, and the experiences of individuals seeking abortion can vary within each country. Understanding the similarities and differences in the legal frameworks and practices related to abortion in the United States and India can provide insights into the context in which individuals access abortion services in each country.

### **Landmark judgment in abortion law**

Roe v. Wade is a landmark decision by the United States Supreme Court that was issued on January 22, 1973. The case involved a woman named "Jane Roe" (a pseudonym used to protect her identity), who challenged the constitutionality of a Texas state law that banned abortions, except to save the life of the mother. The Supreme Court's ruling in Roe v. Wade established a woman's legal right to access abortion under the constitutional right to privacy and significantly impacted abortion laws in the United States.

**Case Background:** In 1970, "Jane Roe," a pregnant woman from Texas, filed a lawsuit challenging the constitutionality of the state's abortion laws, which prohibited abortions except to save the life of the mother. Roe argued that the Texas law violated her constitutional right to privacy, which she claimed was "broad enough to encompass a woman's decision whether or not to terminate her pregnancy."

**Procedural History:** The case went through several stages in the court system. Initially, a three-judge panel in the U.S. District Court for the Northern District of Texas declared the Texas abortion law unconstitutional, but the decision was appealed to the Supreme Court. The Supreme Court heard oral arguments in December 1971 and issued its landmark decision on January 22, 1973.

**Major Legal Issues:** The main legal issue in Roe v. Wade was whether the Texas abortion law violated the constitutional right to privacy. The Supreme Court considered the balance between the state's interest in protecting potential life and a woman's right to privacy and autonomy in making decisions about her reproductive health.

**Court's Decision:** The Supreme Court, in a 7-2 decision, held that the Texas abortion law was unconstitutional and violated a woman's right to privacy as protected by the Due Process Clause of the Fourteenth Amendment. The Court recognized that the right to privacy is "broad enough to encompass a woman's decision whether or not to terminate her pregnancy" and that this right is "fundamental." The Court also held that the state's interest in protecting potential life

becomes compelling only at the point of viability (when the fetus can potentially survive outside the womb) and that before that point, the decision to have an abortion should be left to the woman and her healthcare provider. The Court established a framework that allows states to regulate abortions but not to impose an "undue burden" on a woman's access to abortion.

**Impact:** The Roe v. Wade decision had a significant impact on abortion laws and reproductive rights in the United States. It established a woman's constitutional right to access abortion and recognized the importance of privacy and autonomy in reproductive decision-making. The decision has been widely debated and has influenced subsequent legal and social debates on issues related to abortion, including state-level restrictions, funding, access to services, and reproductive health policy.

Critics of Roe v. Wade argue that it expanded the role of the federal judiciary in shaping abortion policy and that it should be overturned. Supporters of the decision argue that it has been an important safeguard for women's reproductive rights and has protected access to safe and legal abortion services. Subsequent Supreme Court decisions, such as *Planned Parenthood v. Casey* (1992), have upheld the basic principles established in Roe v. Wade, while also allowing states to impose certain restrictions on abortions, as long as they do not place an "undue burden" on a woman's ability to obtain an abortion.

In conclusion, Roe v. Wade is a landmark decision that recognized a woman's constitutional right to privacy and established the legal framework for abortion laws in the United States. It has been influential in shaping the legal, social, and political landscape related to abortion and continues to be a topic of debate and discussion in the ongoing discourse on reproductive rights and access to abortion services.<sup>8</sup>

### **Public reaction**

There wasn't much public reaction to Roe when the Supreme Court issued its initial ruling. But in the decades that followed, it became an important issue in American politics. Roe v. Wade is "legal activism," meaning that judges make decisions based on personal views rather than on applicable law. I say that. Many opponents of the ruling argue that since the Constitution does not specifically mention abortion, it should be left to the states to regulate it. Some say it should. According to this logic, abortion violates the constitutional rights of the unborn child.

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<sup>8</sup> <https://supreme.findlaw.com/supreme-court-insights/roe-v--wade-case-summary--what-you-need-to-know.html#plannedparenthood>

The Supreme Court even acknowledged the polarizing nature of the abortion issue in its decision. All the moral standards that people set and adhere to are likely to influence and color their thinking and conclusions about abortion.” It's a hotly debated topic because it depends on your thoughts<sup>9</sup>.

## **Conclusion**

In conclusion, the topic of abortion laws is a complex and multifaceted issue that touches on issues of reproductive rights, women's health, and the role of the state in regulating reproductive choices. Laws and policies regarding abortion continue to evolve, and the debate surrounding the issue remains contentious.

While some argue for the prohibition or severe restrictions on abortion, others advocate for the right to choose and access safe and legal abortions. Regardless of one's personal beliefs on the issue, it is important to recognize the societal and health implications of abortion laws and policies, as well as the potential impact on individual autonomy and bodily integrity.

As society continues to grapple with the issue of abortion, it is important to engage in open and respectful dialogue and consider the perspectives of all stakeholders. Ultimately, any laws or policies surrounding abortion must prioritize the safety and well-being of women and uphold their fundamental human rights.

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<sup>9</sup> <https://supreme.findlaw.com/supreme-court-insights/roe-v--wade-case-summary--what-you-need-to-know.html#reactions>