

A Critical Study On Abortion Practice In India

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Abstract

Obstacles of unsafe abortions are a crucial public health issue facing women in different developing countries. In India, Abortion practice is legalised for a broad span of medical & social reasons. But there is a question mark as to whether women get safe abortion in our country. There are many drawbacks in abortion practice in practicality such as restricted access to recognised abortion providers, the peril of compelled contraceptive acceptance, the financial value relating to legal abortion, the dishonour that is connected with induced abortion. In India, each and every year a calculated number of 453 women die because of maternal problems for every 100,000 live births. My objective is to analyse the impact of legal ambiguities & social stigma on women's access to safe abortion in India, To evaluate the existing healthcare infrastructure & its role in addressing disparities in safe abortion access across different regions & socioeconomic groups, To formulate evidence-based recommendation for policy changes, social interventions, & healthcare system improvements to ensure equitable & safe abortion access for all women in India, To find out the reasons for abortion occurrence & To analyze the available legislations relating to abortion practice in India. The author has 202 samples collected. The researcher has undertaken an Empirical research procedure. The scope of having safe & reliable abortion practice is largely dependent on how the government reacts to the needs of women who need abortion & people's cooperation & awareness about false abortion myths is necessary to make sure that ethical abortion practice is being undertaken for the welfare of the women in need.

Keywords: Abortion , Welfare , Social stigma, Socio-economic, Government, Medical termination of Pregnancy Act.

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I. Introduction

Let Me Start my research paper with an amazing quote on Practice of abortion is "Abortion is profoundly Anti-Women. Three quarters of its victims are women: Half the babies & All the Mothers". Abortion is the removal of a fetus from the uterus of the women even prior that it arrived the stage of viability that is in case of human beings it is normally about the 20th week of gestation. The reasons for abortion to occur in a family are financial situation, timing, partner-related reasons, other commitments, emotional and mental health & inability to give birth to a baby etc. The practices which are followed in abortion in India are manual vacuum aspiration, electric vacuum aspiration, medical abortion. According to the statistics given it is reported that about spontaneous abortions that took place in 2016-2017 is around 970,436, in 2015-16 was 901,781, in 2014-15 was 901,839. So, from this we can understand that spontaneous abortion is gradually inclining to a great extent. The historical background of abortion practice in India dates back to pre-independence era where the abortions were illegal on a large scale & labelled which led to unsafe abortions & big in maternal deaths. The MTP Act was one legislation that made abortion lawful under certain situations. The government initiatives undertaken in abortion field starts with the Medical Termination Pregnancy Act, 1971 which was amended in 2002 gives the conditions for legal abortion has to take place along with guidelines for healthcare suppliers. The family planning programmes are also launched with the aim of spreading knowledge regarding contraceptive procedures & existence of safe abortion practices. Factors affecting the abortion practice are Socio-cultural attitudes such as gender bias, son preference etc & limited awareness as many women do not have enough information about the validity & protection of abortion choices. The current trends that are still prevalent in abortion practice are rising abortion

rates & expansion in advocacy as various civil society organisations keep on thrusting for changes like decriminalisation and upgraded avenue. The comparison between different countries with regard to abortion are better in developed countries than in developing countries. There is a wide entry to safe abortion services, cheap rates of risky abortions & less bound legal frameworks as in developing countries it is of mixed sketch with a small number having growing abortion laws. The existing healthcare infrastructure is that India is having more private hospitals than government hospitals but the role played is reversal as good abortion services comes at a cost.

AIM: The Aim of my research is to have a critical study on abortion practice in India.

OBJECTIVES

- 1) To Analyse the impact of legal ambiguities & social stigma on women's access to safe abortion in India.
- 2) To Evaluate the existing healthcare infrastructure & its role in addressing disparities in safe abortion access across different regions & socio-economic groups.
- 3) To Formulate evidence-based recommendations for policy changes, social interventions, & healthcare system improvements to ensure equitable & safe abortion access for all women in India.
- 4) To find out the reasons for abortion occurrence.
- 5) To analyze the available legislations relating to abortion practice in India.

II. Literature Review:

Rao, A. (2012). Legal reforms and women's rights: Examining changes in abortion access in India. This analysis explores legal reforms related to the Medical Termination of Pregnancy (MTP) Act amendments and their impact on women's reproductive rights. **Sengupta, P., & Rao, A. (2020).** Decriminalizing abortion in India: Arguments, counterarguments, and potential impact. This analysis examines the arguments for and against decriminalising abortion in India and explores the potential impact on women's reproductive rights and access to safe services. **Misra, R., & Amin, S. (2008).** Social stigma and abortion in India. This review explores the socio-cultural factors contributing to abortion stigma in India, its impact on women's experiences, and strategies for addressing it. **Rajan, R., & Jain, A. (2009).** Socio-cultural factors influencing abortion-seeking behavior in India. This review explores the socio-cultural factors influencing women's decisions to seek abortion in India, including religious beliefs, family pressure, and gender norms. **Khan, M.E., et al. (2007).** Challenges to accessing safe abortion services: Experiences of rural women in India. This article focuses on the specific challenges faced by women in rural areas regarding access to safe abortion services and potential solutions. **Gupta, S., & Raj, A. (2022).** Bridging the gap: Addressing challenges faced by adolescent girls in accessing safe abortion services in India. This review focuses on the specific challenges faced by adolescent girls in accessing safe abortion services in India, highlighting age restrictions and social barriers. **Kumar, D., et al. (2023).** Telemedicine for delivering safe abortion care in India: Opportunities and challenges. This article explores the potential of telemedicine to overcome geographical barriers and improve access to safe abortion services in underserved areas of India. **Safety and Quality of Care: Singh, L., & Darroch, J. E. (2011).** Unsafe abortion: A global tragedy. This review focuses on the prevalence and consequences of unsafe abortion in India, highlighting factors like poverty, lack of access to services, and social stigma. **Das, A., & Chatterjee, A. (2022).** Disrupted access to safe abortion care during the COVID-19 pandemic in India: Insights from women's narratives. This analysis explores the disruptions and challenges faced by women seeking safe abortion services during the COVID-19 pandemic in India. **Sinha, A., & Patel, V. (2019).** Psychological impact of abortion on women in India: Addressing unmet mental healthcare needs. This review investigates the psychological impact of abortion on women in India, highlighting the need for integrated mental healthcare services within abortion care. **Khan, M.E., & Amin, S. (2017).** "Mothers who kill": Media representations of abortion and their impact on public opinion in India. This review examines how media representations of abortion influence public opinion and contribute to stigma and misinformation in India. **Sheth, K., & Joshi, S. (2023).** Framing abortion in India: A content analysis of online news coverage before and after the 2021 MTP Act amendments. This study analyzes how online news coverage framed abortion in India before and after the 2021 amendments to the MTP Act, exploring potential shifts in discourse. **Kumar, R., & Singh, K. (2021).** Diverse religious beliefs and abortion access in India: A thematic analysis. This article examines how diverse religious beliefs and interpretations influence attitudes towards abortion and access to safe services for women from different religious groups in India. **Kumar, S., & Rajan, S. (2021).** Negotiating stigma and silence: Unveiling the abortion experiences of transgender individuals in India. This study explores the unique challenges faced by transgender individuals seeking abortion in India, focusing on stigma, discrimination, and limited access to services. **Guttmacher Institute (2022).** Abortion in India: Policy, provision, and research. This report provides a comprehensive overview of abortion policy, service provision, and research gaps in India, highlighting key findings and recommendations. **Population Council (2020).** Implementing the Medical Termination of Pregnancy (MTP) Act in India: Challenges and opportunities. This report examines the challenges

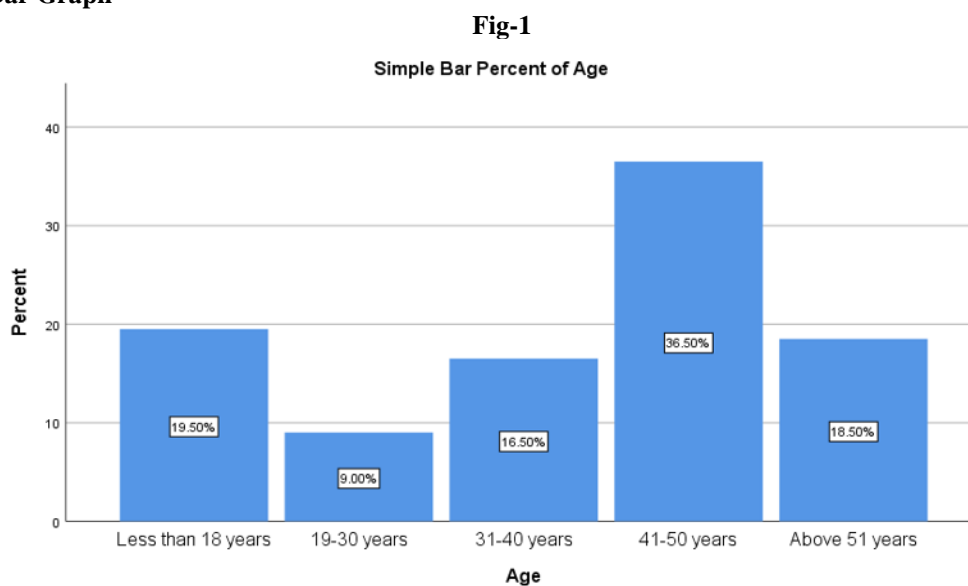
and opportunities for implementing the MTP Act in India, focusing on aspects like provider training, service availability, and awareness campaigns. **Sen, P., & Sengupta, P. (2018)**. Poverty and abortion in India: Examining the association and its implications for policy. This study analyzes the association between poverty and abortion in India, and explores the policy implications for improving access to safe abortion services for marginalised communities. **Patel, V., & Deodhar, K. (2015)**. Gender equity and abortion access in India: Examining the links and exploring pathways for progress. This review explores the links between gender equity and access to safe abortion in India, highlighting the role of gender norms, power dynamics, and economic opportunities. **Ganatra, H. (2006)**. Women's experience of abortion in India: A review of qualitative studies. This review analyzes qualitative studies on women's experiences with abortion in India, including decision-making processes, emotional impact, and healthcare interactions. **Pandey, A., & Srinivasan, K. (2013)**. Narratives of choice and constraint: Understanding rural women's experience of abortion in India. This study explores the narratives of rural women in India who have had abortions, focusing on their choices, constraints, and coping mechanisms

III. Methodology

The Research Method used here is the Empirical Research Method. A total of **200** responses are collected. A Questionnaire was prepared in the Google Forms & it was Emailed to my Friends, Relatives & Families. They are requested by the researcher to forward the link to their closest ones. The responses were collected from the people living inside Tamil Nadu as well as from various parts of India. The Questions are Abortion practice gives freedom to women from unwanted childbirth, Abortion restricts the freedom of child from being born due to many reasons by the women who conceive, Laws on abortion is very limited to reduce the rate of it in near future in India, Restriction on abortions has resulted in illegal abortion procedures which put pregnant women at risk, Restriction on access or banning of abortion leads to various human rights violations & treaties, Reasons for abortions to happen & The society should & must understand & give the same amount of respect to women who abort their child like they do with women who gives birth to a child. Their responses are collected by the researcher by using the SPSS software. The Independent variables are Age, Gender, Place of Residence, Educational Qualification, Occupation & Marital Status & Dependent variables are Abortion practice gives freedom to women from unwanted childbirth, Abortion restricts the freedom of child from being born due to many reasons by the women who conceive, Laws on abortions is very limited to reduce the rate of it in near future in India, Restriction on abortions has resulted in illegal abortion procedures which put pregnant women at risk, Restriction on access or banning of abortions leads to various human rights violations & treaties, Reasons for abortions to happen & The society should & must understand & give the same amount of respect to women who abort their child like they do with women who gives birth to a child. The tools used in the research by the Researcher are Simple Bar Graph, Clustered Bar Graph, Independent Sample T-Test, One-Way Anova.

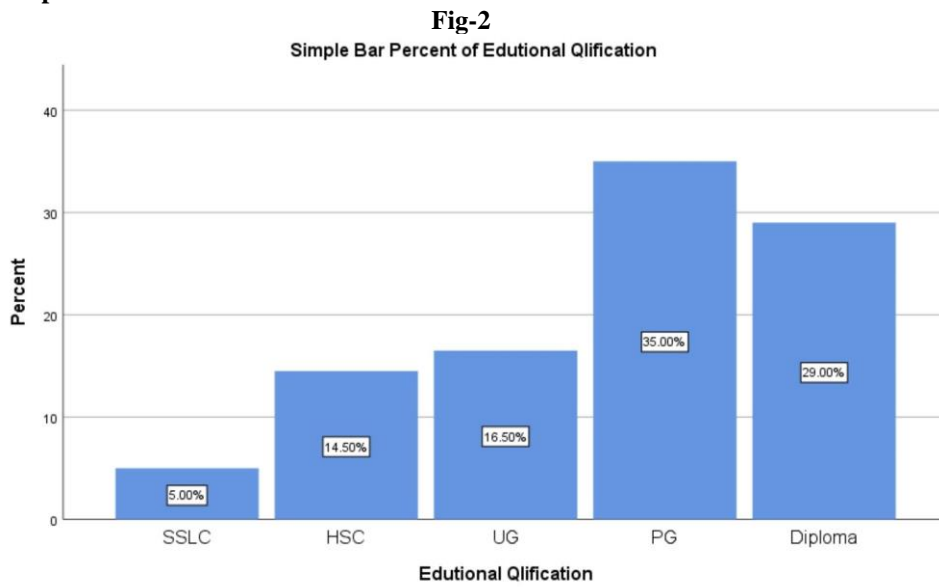
IV. Results And Interpretation

Simple Bar Graph



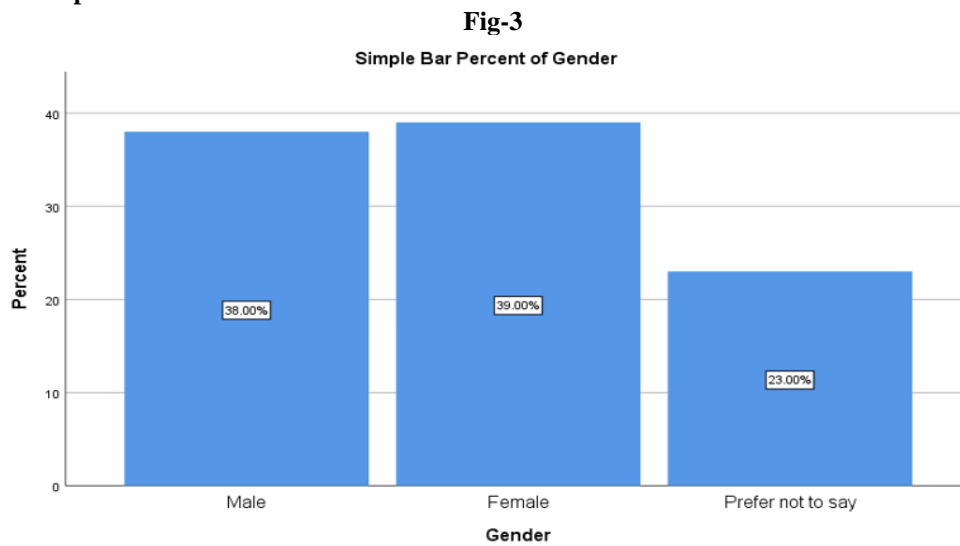
LEGEND: Fig 1 clearly shows about the % of people who have responded to the Questionnaire in relation to their respective Age Groups.

Simple Bar Graph



LEGEND: Fig 2 clearly shows about the % of the people who have responded to the Questionnaire in relation to their Respective Educational Qualification

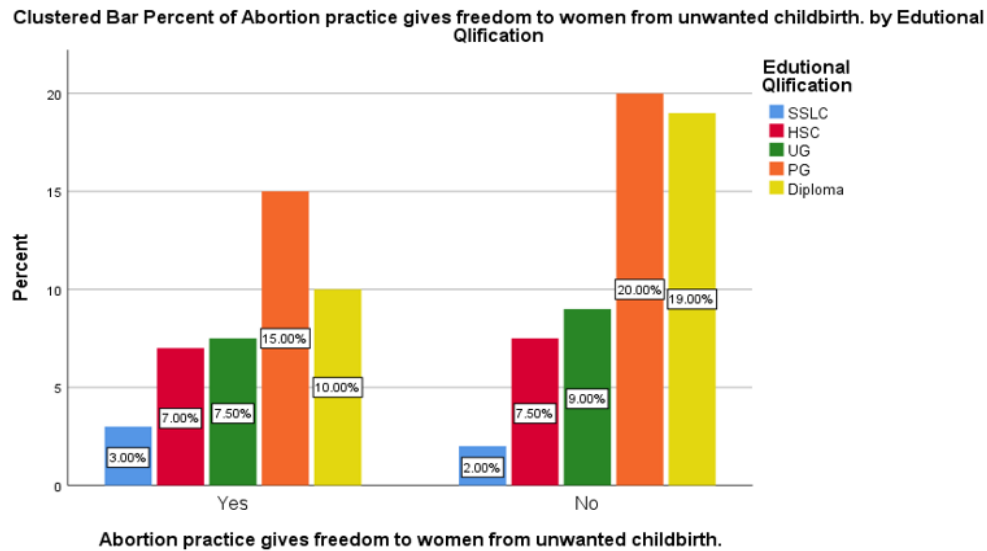
Simple Bar Graph



LEGEND: Fig 3 clearly shows about the % of the people who have responded to the Questionnaire in relation to their respective Gender Groups.

Clustered Bar Graph

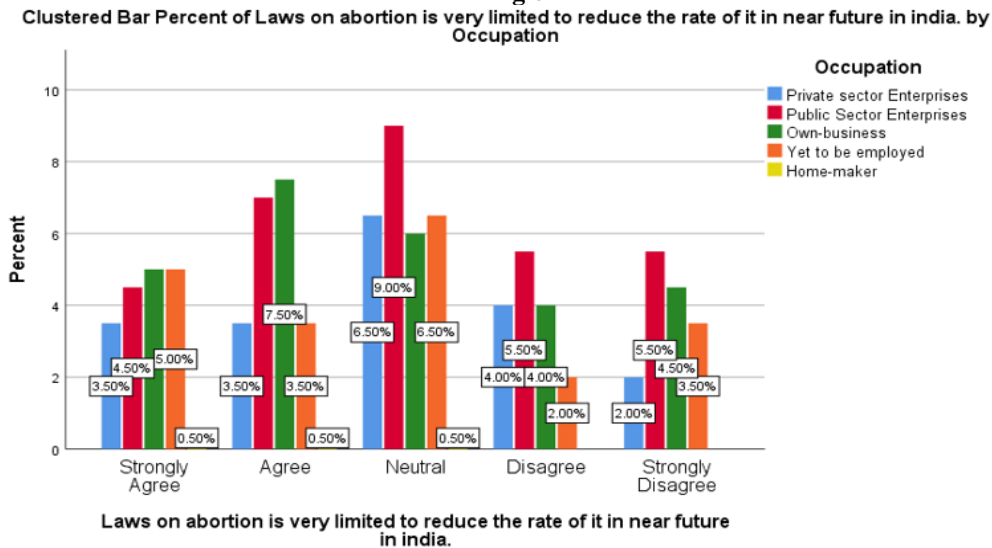
Fig-4



LEGEND: Fig 4 clearly shows about the % of people who have responded to the question of abortion practice gives freedom to women from unwanted childbirth in relation to their Respective Educational Qualification.

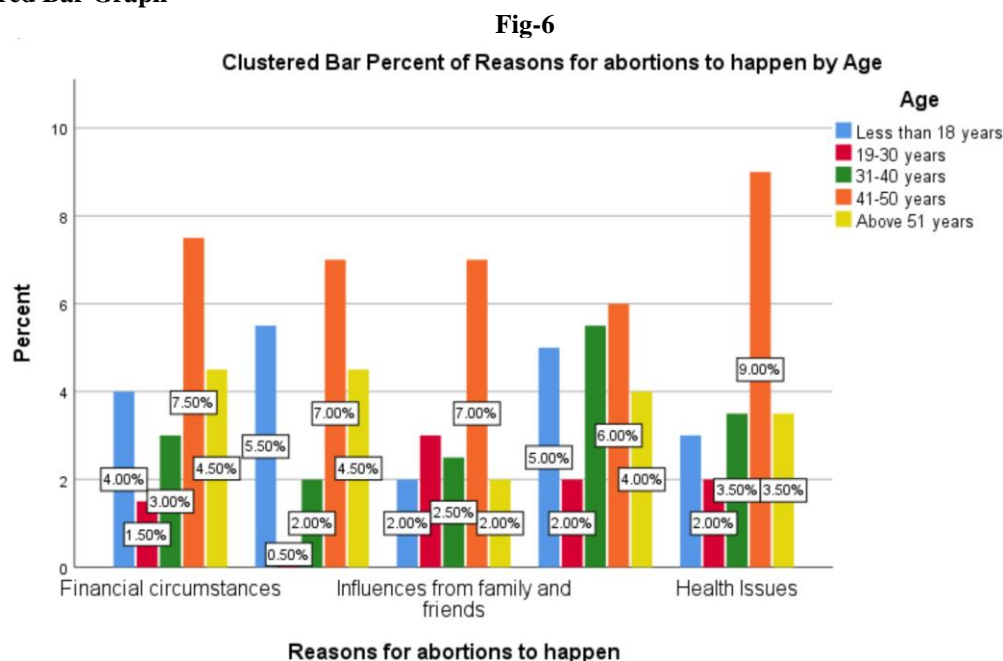
Clustered Bar Graph

Fig-5



LEGEND: Fig 5 clearly shows about the % of people who have responded to the question of Laws on abortion is very limited to reduce the rate of it in the near future in India in relation to their respective Occupation.

Clustered Bar Graph



LEGEND: Fig 6 clearly shows about the % of people who have responded to the question of reasons for abortions to happen by age in relation to their respective age groups.

Independent Sample T-Test

Fig-7
Independent Samples Test

		Levene's Test for Equality of Variances				t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Abortion practice gives freedom to women from unwanted childbirth.	Equal variances assumed	7.670	.006	-1.778	152	.077	-.141	.079	-.297	.016
	Equal variances not assumed			-1.777	151.136	.078	-.141	.079	-.297	.016

INFERENCES: The Null Hypothesis is Accepted. So, there is no difference between the question of abortion practice gives freedom to women from unwanted childbirth & Age. So, there is no significant relationship between the two variables.

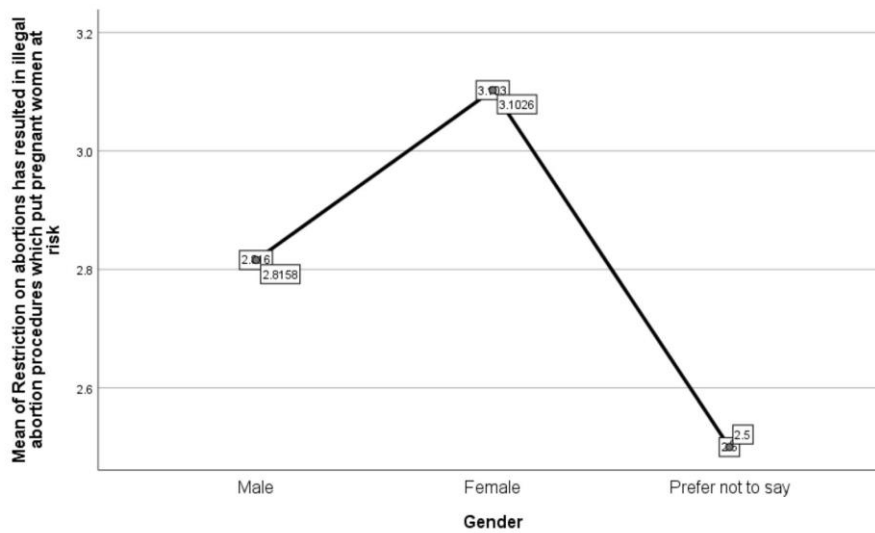
One-Way Anova

Fig-8
ANOVA

Abortion restricts the freedom of child from being born due to many reasons by the women who conceive.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	11.883	2	5.941	3.889	.022
Within Groups	300.992	197	1.528		
Total	312.875	199			

Means Plot



INFERENCES: The Null Hypothesis is Rejected. So, there is a difference between the question of abortion restricts the freedom of child from being born due to many reasons by the women who conceive & Respective Age of people. So, there is a significant relationship between the two variables.

Chi-Square Tests

Fig-9
Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.361 ^a	2	.186
Likelihood Ratio	3.390	2	.184
Linear-by-Linear Association	.366	1	.545
N of Valid Cases	200		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 19.55.

Abortion practice gives freedom to women from unwanted childbirth. * Marital Status Crosstabulation

Count		Marital Status		Total
		Unmarried	Married	
Abortion practice gives freedom to women from unwanted childbirth.	Yes	24	61	85
	No	24	91	115
Total		48	152	200

Symmetric Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Interval by Interval	Pearson's R	.085	.071	1.204	.230 ^c
Ordinal by Ordinal	Spearman Correlation	.085	.071	1.204	.230 ^c
N of Valid Cases		200			

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.
- c. Based on normal approximation.

Null Hypothesis (H0): There is no significant association between Marital Status & abortion practice gives freedom to women from unwanted childbirth.

Alternate Hypothesis (H1): There is a significant association between Marital Status & abortion practice gives freedom to women from unwanted childbirth.

Results

In **Fig 1**, From the Above Simple Bar Graph, we can understand that people who are between 41-50 years have responded to the questionnaire in more numbers than people belonging to other age groups. Since the % of people who are less than 18 years is 19.50%, % of people who are in between 19-30 years is 9.00%, % of people who are in between 31-40 years is 16.50%, % of people who are in between 41-50 years is 36.50% & % of people who are above 51 years is 18.50% respectively. In **Fig 2**, From the Above Simple Bar Graph, we can understand that people whose educational qualification is PG have responded to the questionnaire in more numbers than people with other educational qualifications. Since the % of the people whose educational qualification is SSLC is 5.00%, % of the people whose educational qualification is HSC is 14.50%, % of people whose educational qualification is UG is 16.50%, % of people whose educational qualification is PG is 35.00% & % of people whose educational qualification is Diploma is 29.00% respectively. In **Fig 3**, From the Above Simple Bar Graph, we can understand that females have responded more to the questionnaire than other two genders. Since the % of male is 38.00%, % of females is 39.00% & prefer not to say 23.00% respectively. In **Fig 4**, From the Above Clustered Bar Graph, we can understand that most people have responded to the question of abortion practice gives freedom to women from unwanted childbirth by saying no that abortion practice will not give freedom that women require in case of unwanted childbirth than yes response to the same question. The % for the option yes as people studying in SSLC is 3.00%, % for the option yes as people studying in HSC is 7.00%, % for the option yes as people studying in UG is 7.50%, % for the option yes as people studying in PG is 15.00% & % for the option yes as people studying in Diploma is 10.00% respectively. The % for the option no as people studying in SSLC is 2.00%, % for option no as people studying in HSC is 7.50%, % for the option no as people studying in UG is 9.00%, % for the option no as people studying in PG is 20.00% & % for option no as people studying in Diploma is 19.00% respectively. In **Fig 5**, From the Above Clustered Bar Graph, we can understand that many people have responded to the question of laws on abortion is very limited to reduce the rate of it in near future in India by saying a neutral opinion as people think that abortion is increasing on a large scale each and every day & the laws to prevent such abortion remains the same or no improvement. The % of people who are employed in private sector enterprises & said strongly agree is 3.50%, The % of people who are employed in public sector enterprises & said strongly agree is 4.50%, The % of people who are in own-business & said strongly agree is 5.00%, The % of people who are yet to be employed & said strongly agree is 5.00% & the % of people who are home-maker & said strongly agree is 0.50% respectively. The % of the people who are employed in private sector enterprises & said agree is 3.50%, The % of people who are employed in public sector enterprises & said agree is 7.00%, The % of people who are in own-business & said agree is 7.50%, The % of people who are yet to be employed & said agree is 3.50%, The % of people who are home-maker & said agree is 0.50% respectively. The % of people who are employed in private sector enterprises & said neutral is 6.50%, The % of people who are employed in public sector enterprises & said neutral is 9.00%, The % of people who are in own-business & said neutral is 6.00%, The % of people who are yet to be employed & said neutral is 6.50% & The % of people who are home-maker & said neutral is 0.50% respectively. The % of people who are employed in private sector enterprises & said disagree is 4.00%, The % of people who are employed in public sector enterprises & said disagree is 5.50%, The % of people who are in own-business & said disagree is 4.00%, The % of people who are yet to be employed & said disagree is 2.00%, The % of people who are home-maker & said disagree is 0.00% respectively. The % of people who are employed in private sector enterprises & said strongly disagree is 2.00%, The % of people who are employed in public sector enterprises & said strongly disagree is 5.50%, The % of people who are in own-business & said strongly disagree is 4.50%, The % of people who are yet to be employed & said strongly disagree is 3.50% & The % of people who are home-maker & said strongly disagree is 0.00% respectively. In **Fig 6**, From the Above Clustered Bar Graph, we can understand that many people have responded to the question of reasons for abortions to happen by saying that influences from family & friends is the main reason for abortions to happen since the people always comes with varied opinions which has the ability to make different decisions for the women to abort the child. The % of people who are less than 18 years & told financial circumstances as a reason 4.00%, The % of people who are in between 19-30 years & told financial circumstances as a reason is 1.50%, The % of people who are in between 31-40 years & told financial circumstances as a reason is 3.00%, The % of people who are in 41-50 years & told financial circumstances as a reason is 7.50%, The % of people who are Above 51 years & told financial circumstances as a reason is 4.50% respectively. The % of people who are less than 18 years & told influences from family & friends as a reason is 2.00%, The % of people who are in between 19-30 years & told influences from family & friends as a reason is 2.50%, The % of people who are in between 31-40 years & told influences from family as a reason is 2.50%, The % of people who are in

between 41-50 years & told influences from family as a reason is 7.00%, The % of people who are above 51 years & told influences from family as a reason is 2.00%. The % of people who are less than 18 years & told health issues as a reason is 2.50%, The % of people who are in between 19-30 years & told health issue as a reason is 2.00%, The % of people who are in between 31-40 years & told health issue as a reason is 3.50%, The % of people who are in between 41-50 years & told health issue as a reason 9.00%, The % of the people who are above 51 years & told health issue as a reason 3.50% respectively. In **Fig 7**, The Null Hypothesis is Accepted. So, there is no difference between the question of abortion practice gives freedom to women from unwanted childbirth & Age. So, there is no significant relationship between the two variables. In **Fig 8**, The Null Hypothesis is Rejected. So, there is a difference between the question of abortion restricts the freedom of child from being born due to many reasons by the women who conceive & Respective Age of people. So, there is a significant relationship between the two variables. In **Fig 9**, **Null Hypothesis (H0)**: There is no significant association between Marital Status & abortion practice gives freedom to women from unwanted childbirth. **Alternate Hypothesis (H1)**: There is a significant association between Marital Status & abortion practice gives freedom to women from unwanted childbirth.

V. Discussions

In **Fig-1**, The people who are between 41-50 years have responded more to the questionnaire as compared to people of other age groups. This is because the people who are between 41-50 years may have quite sufficient knowledge regarding abortion as they may have seen many in their life or may come across it. But this is not the case in other age groups. People as less than 18 years old will not have any knowledge regarding abortion or its practices since this kind of thing may not be taught to them. People who are between 19-30 years may be busy in their college as well as school life because of the curriculum. People who are in between 41-50 years have a 50% knowledge & experience in visiting abortion that might occur in their household itself. The Above 51 years people would generally be very much aware and may at sometimes provide valuable solutions or alternatives for abortion. In **Fig-2**, The people whose educational qualification is PG have responded more to the questionnaire as compared to people with other educational qualifications. This is because people whose educational qualification is SSLC may not be that much aware of these items relating to women since these are taught only in biology classes. So, this might not be useful in other situations for them. The people whose educational qualification is HSC also face the same situation as they are also forced to focus more on studies than knowing these things. The people whose educational qualification is UG will definitely know abortion & its practices in India as they are required to undertake much research & other stuff. The people whose educational qualification is PG these folks tend to have an upgraded knowledge about these abortion & its related aspects since they have to submit the thesis. The people whose educational qualification is Diploma may not be required or necessary to learn these things as their field of study is drastically different. In **Fig 3**, The Male members have responded more to the questionnaire than other two genders because the male genders have more Enthusiasm in knowing the current happenings around the world & the male members are having more freedom to learn everything as the male gender is said to be the lion of the family by their parents as compared to female & prefer not to say. On the other hand females itself are not aware of their own rights & things related to them due to various reasons & prefer not to say has not yet recognised by the society as a gender even though the supreme court has verdicted them as a third gender but has not given importance in any fields. In **Fig 4**, Most people have responded to the question of abortion practice gives freedom to women from unwanted childbirth by saying no as they feel like abortion may at one hand useful to neglect unwanted pregnancies but on the other hand it may cause bad reputation to a female & other abortion related illness which may make impossible for them to conceive for second time on a tort. In **Fig 5**, Most people responded to the question of laws on abortion are very limited to reduce the rate of it in near future in India by saying a neutral opinion since, the existing laws are not that much effective in preventing abortions or protecting from abortion since, there is a need to make a law that is neutral in nature whereby it may be used as a protector & at the same time useful in certain difficult situations. In **Fig 6**, Most people have responded to the question of reasons for abortions to happen by saying influences from family & friends. It is a serious reason because there is a clear cut indication of right to reproduce a baby under MTP Act & Article 21 since it is a hidden right if in case there exists influence from family and friends in this matter it would lead them to make wrong or situational decisions which will affect both their physical and mental health. In **Fig 7**, The Null Hypothesis is Accepted. So, there is no difference between the question of abortion practice gives freedom to women from unwanted childbirth & Age. So, there is no significant relationship between the two variables. In **Fig 8**, The Null Hypothesis is Rejected. So, there is a difference between the question of abortion restricts the freedom of child from being born due to many reasons by the women who conceive & Respective Age of people. So, there is a significant relationship between the two variables. In **Fig 9**, **Null Hypothesis (H0)**: There is no significant association between Marital Status & abortion practice gives freedom to women from unwanted childbirth. **Alternate Hypothesis (H1)**: There is a significant association between Marital Status & abortion practice gives freedom to women from unwanted childbirth.

VI. Limitation

One of the Limitations of this survey is its size of 200 responses which is not enough to draw conclusions for the entire population of 1,30 Crores in our country & since their total population count differs drastically & in that survey 50% of the population are of young age & middle-aged people & less old-age people which makes it even difficult for the researcher extrapolation.

VII. Suggestions

As far as this research is concerned it speaks about the importance of abortion & various practices which are customarily being followed in India as the women themselves should know more about the laws and things such as pregnancy & abortion laws to keep them well-informed in the future. One more thing is that there is no standard & consistent restriction on the utilisation of proper abortion services to women due to various loopholes being present in its practice itself. Craft a final sentence that resonates with the reader and leaves a lasting impression about the importance of improving abortion practices in India. It could be a powerful quote, a statistic, or a thought-provoking question. Conclude with a strong call to action, urging specific stakeholders (e.g., policymakers, healthcare providers, educators) to take concrete steps towards improving abortion practices. This could involve suggesting specific policy changes, program implementations, or advocacy efforts.

VIII. Conclusions

The landscape of abortion practices in India is complex and ever-evolving, shaped by a dynamic interplay of legal frameworks, social norms, and healthcare realities. While the Medical Termination of Pregnancy (MTP) Act of 1971 established a legal framework for abortion access, significant challenges persist in ensuring equitable and safe services for all women. This critical study has explored these challenges through various lenses, highlighting the limitations of the legal framework, the pervasiveness of social stigma, and the disparities in healthcare access across different regions and socioeconomic groups. It has emphasised the need for evidence-based solutions that address these challenges and promote women's reproductive rights and bodily autonomy. Based on the findings of this study, several key recommendations can be made to improve abortion practices in India: Strengthening the legal framework: Amending the MTP Act to remove unnecessary restrictions, such as mandatory spousal consent and multiple doctor approvals, is crucial to expand access and reduce recourse to unsafe methods. Combating social stigma: Educational campaigns and community engagement initiatives are essential to address societal misconceptions and prejudices surrounding abortion, fostering a more supportive environment for women seeking these services. Expanding healthcare access: Investing in healthcare infrastructure, training qualified providers, and ensuring the availability of safe abortion services in rural and underserved areas is critical to bridge the equity gap and guarantee women's right to choose. Promoting informed decision-making: Comprehensive sexuality education and counselling services play a vital role in empowering women with accurate information about their reproductive health options, enabling them to make informed choices about abortion. By implementing these recommendations, India can move towards a future where all women have equal access to safe and legal abortion services, free from stigma and coercion. This will not only safeguard women's health and well-being but also contribute to achieving gender equality and reproductive justice in the country. It is important to note that this is just a starting point for further research and action. The specific recommendations and interventions needed will vary depending on the context and needs of different communities in India. However, by continuing to critically examine abortion practices and advocate for evidence-based solutions, we can work towards a future where all women in India have the right to make safe and informed choices about their reproductive health.

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