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THEMES AND DEBATES

Autonomy and Decision-Making Regarding Abortion: A Sociological Study of East Delhi, India

Autonomía y toma de decisiones en torno al aborto: un estudio sociológico del este de Delhi, Inda

Ehtesham Akhtar, Facultad de Contratos, Departamento de Sociología, Universidad Nacional Urdu de Maulana Azad, Hyderabad, India
Email: ehteshamsociology@gmail.com, https://orcid.org/0000-0002-2223-5797

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Abstract

Abortion remains a highly debated topic, influenced by ethical, legal, medical, and sociocultural perspectives. This study, focusing on East Delhi, examines the factors influencing abortion decisions, with an emphasis on the role of socio-economic status, education, and gender dynamics. Using a mixed-method approach, the research integrates both qualitative and quantitative data collected through structured questionnaires from diverse groups of women, including professionals, housewives, and laborers. Findings indicate that economic independence plays a crucial role in abortion decision-making. Women in private-sector jobs and self-employed women demonstrated greater autonomy in self-suggesting abortion compared to housewives and government employees, who were more likely to be influenced by their husbands. The study also highlights that education significantly impacts reproductive choices, with highly educated women displaying greater control over abortion decisions. However, even among educated and working women, patriarchal norms persist, with husbands continuing to exert influence over reproductive decisions. The research further reveals that extended family members, such as mothers-in-law, friends, and sisters, have minimal influence on abortion decisions, emphasizing the private and often stigmatized nature of the issue. Structural barriers, including financial dependence, social norms, and lack of reproductive health awareness, disproportionately affect less-educated and economically disadvantaged women, limiting their agency. The study is framed within sociological theories such as feminist theory, conflict theory, and structural functionalism. It underscores how economic empowerment and education enhance reproductive autonomy while highlighting the persistence of patriarchal structures in decision-making. Policy recommendations include strengthening reproductive health education, promoting financial independence for women, and challenging gender norms to ensure greater autonomy in reproductive choices. Addressing these factors is essential for fostering a more equitable and informed approach to reproductive rights in India.

Keyword: polarizing, therapeutic abortion, surgical abortion

Resumen

El aborto sigue siendo un tema en debate, animado por diversas perspectivas éticas, legales, médicas y socioculturales. Este estudio, centrado en Delhi Oriental, examina los factores que influyen sobre las decisiones en torno al aborto, con un énfasis en la influencia del estatus socioeconómico, la educación y las dinámicas de género. Utilizando un enfoque de método mixto, la investigación integra tanto datos cualitativos como cuantitativos recopilados a través de cuestionarios estructurados de diversos grupos de mujeres, incluidas profesionales, amas de casa y trabajadoras. Los hallazgos indican que la independencia económica desempeña un papel crucial en la toma de decisiones sobre el aborto. Las mujeres con trabajos en el sector privado y aquellas auto-empleadas demostraron mayor autonomía en la autosugestión del aborto en comparación con las amas de casa y empleadas gubernamentales, que fueron más propensas a ser influenciadas por sus maridos. El estudio también destaca que la educación afecta significativamente las decisiones reproductivas, las mujeres altamente educadas demostraron mayor control sobre sus decisiones sobre el aborto. Sin embargo, incluso entre mujeres educadas y trabajadoras, las normas patriarcales persisten con muchos maridos que continuaban ejerciendo influencia significativa sobre las decisiones reproductivas de sus esposas. La investigación revela además que los miembros de la familia extendida, como suegras, amigos y hermanas, tienen una influencia mínima en las decisiones de aborto, enfatizando la naturaleza privada y a menudo estigmatizada del problema. Las barreras estructurales, incluida la dependencia financiera, las normas sociales y falta de conciencia sobre la salud reproductiva, afectan desproporcionadamente a las mujeres menos educadas y económicamente desfavorecidas, limitando su capacidad de acción. Este estudio está enmarcado dentro de teorías sociológicas como la teoría feminista, la teoría del conflicto y el funcionalismo estructural. Subraya cómo el empoderamiento económico y la educación mejoran la autonomía reproductiva mientras destacan la persistencia de estructuras patriarcales en la toma de decisiones. Las recomendaciones en torno a política pública incluyen fortalecer la educación en salud reproductiva, promover la independencia financiera de las mujeres y desafiar las normas de género para garantizar mayor autonomía en las elecciones reproductivas. Abordar estos factores es esencial para promover un enfoque más equitativo e informado sobre los derechos reproductivos en la India.

Palabra clave: polarización, aborto terapéutico, aborto quirúrgico

Introduction

The history of abortion runs parallel to human history. There are times when the body itself aborts for biological reasons and there are times when it is induced. Abortion, in simple words, means ending a pregnancy. It is also referred to as "therapeutic" or "surgical" abortion. It is a choice that women consider for an unplanned or unwanted pregnancy. The reasons to opt for abortion are varied and understanding them requires a multifaceted approach. The option of abortion has both positive and negative aspects attached to it, and generates debate in all sections of society throughout the world. In modern times, despite the debate over its use or abuse, abortion has become a legal right with certain conditions in many countries. Abortion is not unique to any particular region or community. Women across the globe have different reasons for abortions. In developing countries, particularly within patriarchal societies, women often bear the brunt of social and systemic pressures during reproductive health events. At such crucial junctures, a woman may experience severe psychological distress if she lacks a robust support network of partners, friends, family, or healthcare providers, or if she faces external pressure to undergo the procedure.

Abortion remains one of the most contested and polarizing topics in contemporary society, invoking deeply rooted ethical, legal, religious, and medical debates. As a procedure that terminates a pregnancy, abortion intersects with critical questions of autonomy, morality, and public policy. The discourse is often shaped by competing views on when life begins, the rights of the pregnant individual, and societal obligations towards potential life. These debates are further influenced by cultural norms, technological advancements, and the legal frameworks governing access to abortion services.

Theoretical discussions on abortion often explore the ethical dimensions, including the tension between the right to bodily autonomy and the moral consideration for the fetus. Philosophers like Judith Jarvis Thomson and Don Marquis have contributed seminal arguments, ranging from the defense of abortion rights to critiques of its moral permissibility. Thomson's analogy of the "violinist" underscores the importance of individual consent and bodily integrity, while Marquis's "future-like-ours" argument emphasizes the value of potential life. These frameworks provide a foundation for understanding the nuanced positions that shape public and academic debates.

The significance of this issue extends beyond ethics, touching on public health, socio-economic factors, and gender equality. Access to safe and legal abortion is recognized by leading health organizations as a crucial component of reproductive healthcare, influencing maternal mortality rates and broader health outcomes. Conversely, restrictive policies often exacerbate health disparities and limit individual agency. This paper seeks to examine abortion through a multidisciplinary lens, synthesizing insights from ethical theory, legal precedents, and empirical data to foster a comprehensive understanding of the issue.

Methods used for the Study

The present study is exploratory in nature and includes both qualitative and quantitative data collection and interpretation. It comprises an in-depth exploration of abortion cases in East Delhi. This study aims to understand the nature of suggestions for abortion among two categories of women:

1. Professional women
2. Educated and uneducated women

About the Study Area

Historically, early settlements in Delhi were primarily concentrated on the western side of the Yamuna River due to defensive concerns regarding potential invaders. However, the construction of bridges bridging the river facilitated expansion to the eastern bank, giving rise to the region geographically designated as East Delhi, colloquially known as "Trans-Yamuna". Following the relocation of the national capital, substantial inward migration from various parts of the country accelerated residential development in this sector, with peak population

growth occurring between 1980 and 1990. According to the 2001 Census of India, the population of East Delhi reached approximately 1.45 million.

Although geographically separated from other sectors of the city by the river, East Delhi shares a contiguous culture, tradition, and lifestyle with the rest of the metropolitan area. The region possesses a distinctly cosmopolitan demographic fabric characterized by diverse religious and regional communities. For instance, Mayur Vihar Phase-III features a significant concentration of South Indian residents; Mayur Vihar Phases I and II house notable Bengali and Christian communities; and areas such as Geeta Colony are predominantly populated by Sikh and Punjabi demographics.

Transportation infrastructure robustly connects East Delhi with the broader metropolitan network through an array of transit options, including auto-rickshaws, cycle-rickshaws, municipal buses, local shared vehicles (*phat-phat sewa*), and the Delhi Metro system. Within informal housing areas, such as J.J. Clusters, residents primarily rely on bicycles, scooters, or motorcycles. As one of the most densely populated zones in the capital, major arterial routes—including Vikas Marg, Preet Vihar, Laxmi Nagar, and Shahdara—frequently experience severe traffic congestion. Administratively, the primary sub-divisions of East Delhi encompass Preet Vihar, Vivek Vihar, Shahdara, Mayur Vihar, Patparganj, and Laxmi Nagar.

Sample Size and Sampling Procedure

In view of the in-depth and exploratory nature of the study, the sample size was restricted to 230 respondents from East Delhi. A uniform number of respondents from each category were selected to ensure that the sample is fully representative of all professions. The total sample includes lawyers, doctors, teachers, working women from various professions and laborers.
From a total population of 1,448,770 in East Delhi, a sample of 230 respondents was selected. Although abortion rates are high within the region, reproductive health services remain largely inaccessible. Over the course of a two-year field survey, interviews were conducted with these 230 participants, all of whom had experienced one or more cases of abortion. The selected respondents represented diverse educational and occupational backgrounds.

A simple random sampling procedure was used for data collection. The study covered the entire area by selecting respondents from various professional and educational category.

East Delhi is divided into major subdivisions: Preet Vihar, Vivek Vihar, Shahdara, Mayur Vihar, Patparganj, and Lakshmi Nagar. All these areas were covered in different phases of the study. Women from diverse backgrounds were selected for the research, including literate and illiterate women, government employees, private sector workers, self-employed individuals, and residents of both J.J. clusters and posh localities.

Selection of the respondent

Respondents were selected through a random sampling method. They were contacted with the help of Anganwadi workers and WHO–NPSP field volunteers, who also assisted in scheduling meeting times. After introducing the researcher and clearly explaining the purpose of the study, informed consent was obtained from the respondents. Once they agreed to participate, detailed interviews were conducted, and the questionnaires were filled out..

Table 1, Demography of East Delhi (2001 census)

Population	Population Density	Gender ratio	Area (km²)	Female Literacy	Male Literacy
1,448,770	22,638	868	64	84.5%	92.5%

The majority of the questionnaires were completed at the Mother and Child Welfare Centre (MCWC), while a few were conducted at the respondents' homes

Sources of information

For the purpose of data collection, initial preference was given to Anganwadi workers serving in the selected areas of the study. Their support was sought due to their familiarity with local conditions. During the field visits, it was observed that Anganwadi workers were well aware of the issues related to abortion. They often assist women facing abortion-related complications. Even RCH (Reproductive and Child Health) workers, MCWC (Mother and Child Welfare Centre) doctors, and ANMs (Auxiliary Nurse Midwives) rely on the assistance of Anganwadi workers, as they have thorough knowledge of their designated areas and the families residing there.

The second preference was given to WHO–NPSP (National Polio Surveillance Project) field volunteers working in the area. These workers are involved in micro-planning and have detailed knowledge of the locality. Thus, both of these sources, Anganwadi workers and WHO–NPSP field volunteers, were utilized for the study.

Language Used for Data Collection

Language is a crucial tool in the process of data collection. It serves as a medium for expressing thoughts, perceptions, sentiments, and the values that characterize a community. Language also plays a fundamental role in shaping and expressing social identity. As it is often said, language is the light of the mind.

For the study, English, Hindi and Urdu were used as mediums of communication during data collection. The questionnaire was originally developed in English, using simple and clear language to ensure comprehensibility for respondents from diverse backgrounds.

Tools Used, Coding and Data Analysis

Several methods can be used to collect primary data. The choice of method depends on the purpose of the study and the resources available. For the present study, both questionnaire and interview schedule methods were used for data collection.

After the data collection process, the next critical step was coding. In research, coding is essential, as it transforms qualitative data into a structured, analyzable format, allowing for systematic analysis and interpretation. For the study, the collected data were coded using Microsoft Excel. Numerical values were assigned to the independent variables to facilitate analysis. For dependent variable the data were first analyzed and then converted into numerical codes. Different codes were assigned to different variables to maintain clarity and consistency. Additionally re-coding was carried out where necessary to minimize potential bias and ensure the reliability of the results.

At the end the data have been thematically presented in tabular form and analyzed accordingly. Based on the primary research a detailed report has been documented. Correlation techniques have been applied to determine the relationships among the variables. The data were analyzed using statistical techniques, including cross-tabulation and correlation analysis. The tools used for this purpose included SPSS and Microsoft Excel.

Table 2. Maternal Occupation and Sources of Influence for Abortion Among Respondents in East Delhi

Profession of Women	Number of Respondent	Self Suggested	Husband Suggested	Mother-in-Law	Friend	Mother	Sister	Sister-in-law	Total
Housewife	Respondent	74	55	14	2	2	1	1	149
	% within Housewife	49.7%	36.9%	9.4%	1.3%	1.3%	0.7%	.7%	100.0%
	% of Total	32.2%	23.9%	6.1%	0.9%	0.9%	0.4%	.4%	64.8%
Self Employed	Respondent	15	4	1	0	1	0	0	21
	% within Self Employed	71.4%	19.0%	4.8%	0.0%	4.8%	0.0%	0.0%	100.0%
	% of Total	6.5%	1.7%	0.4%	0.0%	0.4%	0.0%	0.0%	9.1%
Private Job	Respondent	34	9	2	1	1	0	0	47
	% within Private Jobs	72.3%	19.1%	4.3%	2.1%	2.1%	0.0%	.0%	100.0%
	% of Total	14.8%	3.9%	0.9%	0.4%	0.4%	0.0%	0.0%	20.4%
Government Job	Respondent	5	6	0	0	0	0	0	11
	% within Government Jobs	45.5%	54.5%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	2.2%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%
Labourer	Respondent	0	2	0	0	0	0	0	2
	% within Labourer	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	.9%
Total	Respondent	128	76	17	3	4	1	1	230
	% within Women's Profession	55.7%	33.0%	7.4%	1.3%	1.7%	0.4%	.4%	100.0%
	% of Total	55.7%	33.0%	7.4%	1.3%	1.7%	0.4%	.4%	100.0%

The above table presents data on the sources of suggestions for abortion among women in different professions in East Delhi. A sociological analysis reveals key insights into economic independence, gender dynamics, and decision-making power in reproductive choices.

1. Women's Profession and Autonomy in Abortion Decisions

- Women in private jobs and self-employed women are more likely to self-suggest for abortion, compared to housewives and government employees.
- Self-employed women: 71.4% self-suggested for abortion.
- Private job holders: 72.3% self-suggested for abortion.
- Housewives: 49.7% self-suggested for abortion.
- Government employees: Only 45.5% self-suggested for abortion.
- This suggests that financial independence significantly increases reproductive autonomy. Women who earn their own income are more likely to make independent decisions regarding abortion.

2. Husbands as Key Decision-Makers for Housewives and Government Employees

- Housewives had the second highest percentage of husband-suggested abortions (36.9%), reflecting their economic dependence on male partners and traditional gender roles in decision-making.
- Labourers (100%) had their husbands suggest abortion, highlighting deep-rooted patriarchal control over economically disadvantaged women.
- Excluding the daily wage laborer category due to its minimal sample size (n=2), surprisingly, government sector employees exhibited the

highest proportion of husband-suggested abortions at 54.5% (n=6) among the remaining professional cohorts. This suggests that even professional employment does not completely eliminate male influence in reproductive decisions.

3. Minimal Influence of Extended Family and Social Networks

- Mothers-in-law had limited influence (7.4% overall), suggesting that abortion is a decision primarily made within the nuclear family rather than an extended family matter.
- Friends (1.3%) and sisters (0.4%) had almost no influence, reinforcing that abortion is still a private, stigmatized issue not openly discussed in many social circles.

4**. Economic Independence and Structural Barriers**

Housewives, labourers, and government employees showed lower rates of self-suggested abortions, which could be due to:

- Financial dependence on husbands.
- Cultural expectations of women as caregivers and mothers.
- Limited reproductive health awareness or access to services.
- In contrast, self-employed and private job holders had higher autonomy, suggesting that economic empowerment correlates with greater control over reproductive decisions.

5. Theoretical Perspectives

The findings of the table can be best understood through an integrated application of Feminist Theory, Conflict Theory, and Structural Functionalism. Each of these frameworks provides critical insights into the intersection of gender, class, economic structures, and familial roles in shaping women's reproductive autonomy.

5.1 Feminist Theory: Gender, Power, and Reproductive Autonomy

Feminist theory provides a foundational lens for analyzing the gendered nature of power and autonomy in reproductive health. Drawing from both liberal and radical feminist perspectives, this theory critiques the patriarchal structures that continue to limit women's agency.

The data show that economic dependence is a key barrier to reproductive autonomy. Women in lower socio-economic strata, particularly housewives and labourers, exhibited the lowest levels of self-determined abortion decisions. In contrast, self-employed women and those in private jobs demonstrated greater autonomy, reflected in significantly higher rates of self-suggestion for abortion. However, even among government-employed women, where one might expect higher autonomy due to formal employment, patriarchal norms still dominate. This underscores that employment alone is not sufficient, the internalization of gender roles and institutional sexism within the family and workplace may continue to suppress female agency.

Feminist theorists argue that reproductive rights are not just about access to services but about power, agency, and freedom from coercion. The disparity in decision-making across professions illustrates how economic empowerment is a necessary but insufficient condition for full reproductive autonomy. This study reaffirms that while economic empowerment is necessary, it is insufficient in the absence of broader cultural and institutional change.

5.2 Conflict Theory: Class, Economic Inequality and Control Over Bodies

Conflict theory, grounded in the work of Karl Marx and later expanded by theorists such as Friedrich Engels, emphasizes the role of economic structures in creating and maintaining social inequalities. It is particularly useful in explaining how socioeconomic class influences access to reproductive choices.

In this study, the level of control women had over their abortion decisions strongly correlated with their economic status. This supports conflict theory's assertion that power is unevenly distributed, and those with fewer resources are more subject to external control, even in matters as intimate as reproductive decisions.

Conflict theorists argue that women's bodies become sites of control within capitalist and patriarchal systems and access to reproductive autonomy is mediated by one's position in the class hierarchy.

5.3 Structural Functionalism: Social Institutions and Reproductive Norms

Structural functionalism views society as a complex system whose parts work together to promote solidarity and stability. Within this framework, institutions such as family, religion, and healthcare are seen as integral in maintaining the social order.

From this perspective, the husband's dominant role in abortion decisions—especially among housewives and government employees—reflects the traditional gender division of labor where men function as providers and decision-makers. The minimal influence of extended family members (mothers-in-law, friends, sisters) also indicates that abortion remains a private matter, situated firmly within the nuclear family unit.

While structural functionalism emphasizes the role of institutions in ensuring societal stability, feminist critiques argue that it often overlooks power imbalances and inequities embedded within these very institutions. In the context of this study, the family unit continues to reproduce patriarchal norms that limit female reproductive autonomy

The mentioned theories provide a comprehensive understanding of how women's reproductive autonomy is shaped not only by individual characteristics like profession and education but also by deeply embedded social structures

Table 3. Maternal Education and Sources of Influence for Abortion Among Respondents in East Delhi

Education level	Measurement Metric	Self Suggested	Husband Suggested	Mother-in-Law	Friend	Mother	Sister	Sister-in-Law	Total
No Formal Education	Count	14	11	3	0	1	0	0	29
	% within Educational level of women	48.3%	37.9%	10.3%	0.0%	3.4%	0.0%	0.0%	100.0%
	% of Total	6.1%	4.8%	1.3%	0.0%	0.4%	0.0%	0.0%	12.6%
Grades 1-4	Count	1	0	0	0	0	0	0	1
	% within Educational level of women	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	.4%
Grade 5	Count	12	8	2	0	0	0	0	22
	% within Educational level of women	54.5%	36.4%	9.1%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	5.2%	3.5%	0.9%	0.0%	0.0%	0.0%	0.0%	9.6%
Grade 6	Count	1	0	0	0	0	0	0	1
	% within Educational level of women	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%

Education level	Measurement Metric	Self Suggested	Husband Suggested	Mother-in-Law	Friend	Mother	Sister	Sister-in-Law	Total
Grade 8	Count	12	9	0	0	0	0	0	21
	% within Educational level of women	57.1%	42.9%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	5.2%	3.9%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%
Grade 9	Count	2	2	0	0	0	0	0	4
	% within Educational level of women	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	0.9%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%
Grade 10	Count	28	17	5	1	2	1	0	54
	% within Educational level of women	51.9%	31.5%	9.3%	1.9%	3.7%	1.9%	0.0%	100.0%
	% of Total	12.2%	7.4%	2.2%	0.4%	0.9%	0.4%	0.0%	23.5%
Grade 12	Count	33	17	4	1	0	0	1	56
	% within Educational level of women	58.9%	30.4%	7.1%	1.8%	0.0%	0.0%	1.8%	100.0%
	% of Total	14.3%	7.4%	1.7%	0.4%	0.0%	0.0%	0.4%	24.3%
B.A.	Count	18	10	3	0	1	0	0	32
	% within Educational level of women	56.2%	31.2%	9.4%	0.0%	3.1%	0.0%	0.0%	100.0%
	% of Total	7.8%	4.3%	1.3%	0.0%	0.4%	0.0%	0.0%	13.9%
M.A.	Count	3	1	0	1	0	0	0	5
	% within Educational level of women	60.0%	20.0%	0.0%	20.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	1.3%	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%	2.2%
Professional Degree Holders	Count	4	1	0	0	0	0	0	5
	% within Educational level of women	80.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	% of Total	1.7%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%
Total	Count	128	76	17	3	4	1	1	230
	% within Educational level of women	55.7%	33.0%	7.4%	1.3%	1.7%	0.4%	0.4%	100.0%
	% of Total	55.7%	33.0%	7.4%	1.3%	1.7%	0.4%	0.4%	100.0%

Sociological Analysis of the Table on Suggestions for Abortion (East Delhi)

The table presents data on the sources of suggestions for abortion among women of different educational levels in East Delhi. A sociological analysis helps understand the role of education, gender norms, power dynamics, and social structures in abortion decision-making.

1. Education and Women's Reproductive Autonomy

Self-suggested abortions increase with education:

- Uneducated women: 48.3% self-suggested for abortion.
- 10th class: 51.9% self-suggested for abortion.
- 12th class: 58.9% self-suggested for abortion.
- M.A holders: 60% self-suggested for abortion.
- Professional women: 80% self-suggested for abortion.
- This indicates that higher education correlates with greater reproductive autonomy, as educated women are more likely to make independent decisions about abortion.

2. Patriarchal Influence: Husband as the Primary Decision-Maker

- Husbands are the most significant external influence across all education levels (33% overall).
- Among uneducated women, 37.9% had their husband suggest an abortion, reflecting male dominance in reproductive decisions.
- Even for educated women (B.A and M.A holders), husbands still influenced 20-31.2% of abortion decisions, suggesting that traditional gender roles persist despite education

3. Minimal Role of Extended Family and Friends

- Mothers-in-law suggested abortions in only 7.4% of cases, mostly among uneducated and lower-educated women.
- Friends, mothers, sisters, and sisters-in-law had little influence, reinforcing that:
- Abortion is a private decision within the nuclear family.
- There may be social stigma associated with discussing abortion openly.
- Women may lack strong peer support networks regarding reproductive choices.

4. Class and Structural Barriers

- Lower-educated women are more dependent on husbands for decision-making.
- Limited access to reproductive health information.
- Financial dependence on their spouses.
- Social norms restricting women's autonomy.
- Educated and professional women, on the other hand, have better access to healthcare, financial independence and decision-making power.

5. Theoretical Perspectives: Sociological Interpretation

The table under analysis offers empirical insights into how different educational levels among women in East Delhi shape the sources of abortion suggestions. To interpret these findings sociologically, we draw upon key theoretical perspectives, Feminist Theory, Conflict Theory, and Structural Functionalism each of which offers a unique lens to understand the intersections of education, gender, power, and reproductive autonomy.

5.1 Feminist Theory: Gender, Patriarchy, and Reproductive Autonomy

Feminist theory fundamentally centers the experiences of women and challenges patriarchal structures that govern women's bodies and choices. In this context, abortion decisions become a critical site where women's autonomy—or lack thereof—is revealed.

The data show a positive correlation between education and reproductive agency, as the proportion of self-suggested abortions rises sharply with higher education, peaking at 80% among professional women. This affirms liberal feminist claims that education empowers women with the knowledge, confidence, and socio-economic tools needed to make autonomous reproductive decisions.

However, the persistent influence of husbands as primary decision-makers—notably even among B.A. and M.A. holders—indicates the entrenchment of patriarchal norms, supporting radical feminist arguments about the deep-rooted nature of male control in reproductive spheres,

irrespective of women's formal educational attainment.

The minimal role of female kin (mothers, sisters, in-laws) in the decision-making process also reflects gendered isolation in reproductive matters, aligning with feminist critiques of how women's choices are often restricted to the private sphere, where male authority remains dominant.

5.2 Conflict Theory: Class, Power, and Structural Inequality

From the lens of conflict theory, particularly as articulated by theorists like Karl Marx and contemporary feminists such as Sylvia Walby, the data reflect structural inequalities in access to power and reproductive control. Conflict theory emphasizes how social stratification particularly around education and class shapes individuals' access to autonomy and decision-making.
Lower-educated women are more likely to rely on their husbands' suggestions, indicating how economic dependence and limited access to reproductive health information reinforce gendered power imbalances. This aligns with the conflict theory view that power is concentrated among dominant groups—in this case, men within households and educated classes within society.
As women's education increases, their capacity to self-direct their reproductive choices grows, illustrating how class and educational capital function as tools of emancipation. However, the residual influence of husbands even among educated women reflects the incomplete nature of empowerment under current societal structures.

The findings underscore how reproductive autonomy is unequally distributed, a hallmark of conflict theory, highlighting that abortion decision-making is not only personal but structured by systemic inequalities across education, income and gender

5.3 Structural Functionalism: Family, Norms, and Social Stability

Structural functionalist theorists like Talcott Parsons would interpret abortion decision-making within the broader function of family and social stability. According to this perspective, every part of society—including the family, education system, and gender roles—has a role in maintaining social equilibrium.

The dominance of husbands in abortion suggestions, especially among less-educated groups, aligns with the traditional functionalist model of the nuclear family, where men are seen as authoritative decision-makers and women as caregivers. This division of roles ensures predictability and social order, even if it constrains individual autonomy.

However, the shift seen in the data—where more educated women increasingly make autonomous decisions—reflects a functional adaptation of the family system to broader societal changes, such as increased female participation in education and the workforce. This evolution supports structural functionalism's belief in gradual institutional change in response to modernization.

The low influence of extended family or peers (e.g., mothers-in-law, friends) may reflect the privatization of reproductive decisions, where the nuclear family remains the dominant unit of decision-making. This supports the functionalist idea that the family adapts internally to maintain cohesion amid changing social norms.
This sociological interpretation demonstrates that abortion decision-making among women in East Delhi is deeply embedded in structural forces, including patriarchal gender norms, class-based access to education and health, and the persistence of traditional family roles.

6. Policy Implications

- **Targeted Reproductive Health Education**
  There is an urgent need to expand community-based reproductive health education, with an intentional focus on women with lower educational attainment, housewives, and daily wage laborers. Interventions should be structurally designed to demystify health legalities and promote independent, informed decision-making. By expanding specialized counseling frameworks within grassroots healthcare systems, public health initiatives can provide vulnerable cohorts with the baseline

awareness necessary to safely navigate their reproductive options.

- **Socio-Economic Empowerment and Financial Agency**
  The empirical findings underscore that structural interventions aimed at boosting women's formal employment opportunities and financial self-sufficiency directly translate into enhanced reproductive autonomy. Providing pathways to independent income generation effectively reduces systemic household reliance on male partners for critical healthcare choices. Consequently, state economic policies that support female labor force participation act as indirect catalysts for improving maternal health rights and minimizing domestic coercion.

- **De-Stigmatization and Deconstructing Patriarchal Norms**
  Public health strategies must explicitly target the deep-rooted patriarchal structures and marital dynamics that compromise bodily autonomy, even among highly educated, professionally employed women. Simultaneously, systemic community advocacy is required to de-stigmatize abortion care. Mitigating the social silence surrounding pregnancy termination will foster open domestic dialogue, cultivate healthier peer support frameworks, and allow women to seek medical support without fear of isolation or reprisal.

Conclusion of the Study

This study demonstrates that reproductive autonomy among women in East Delhi is deeply intertwined with socio-economic stratification, specifically maternal educational attainment and formal employment status. The empirical evidence confirms that higher education and independent financial agency—particularly visible among self-employed and private sector workers—serve as powerful drivers of individual decision-making, correlating with significantly higher rates of self-suggested abortion care. Conversely, lower-educated women and housewives remain highly reliant on marital partners, reinforcing institutionalized dependency models within the household unit.

Critically, the findings reveal that stable employment alone does not completely insulate women from domestic patriarchal influence, as evidenced by the high rate of husband-led suggestions observed among government sector employees. Across all studied demographic tiers, the influence of extended kinship structures (such as mothers-in-law) and informal social networks (such as friends or sisters) remained remarkably minimal. This systemic insularity highlights that pregnancy termination remains a deeply private, isolated, and highly stigmatized experience, rarely integrated into broader community conversations or mutual support structures.

Ultimately, these structural barriers emphasize that reproductive freedom cannot be achieved through singular socio-economic improvements alone. Comprehensive progress requires multi-sectoral policy interventions that simultaneously promote women's financial empowerment, expand accessible reproductive health literacy, and target entrenched gender inequalities within marriage and family dynamics. De-stigmatizing abortion care within the public health landscape is vital to transitioning these critical health choices away from paternal coercion and toward uncompromised bodily autonomy.

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