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**Medical Termination of Pregnancy in India**

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**Abstract**

*The Medical Termination of Pregnancy (MTP) Act, Rules, and Regulations govern the right to a safe abortion in India, where it is recognized as a basic right under the country's constitution. It is illegal for anyone to perform unsafe abortions in contravention of these laws. Nevertheless, despite legal restrictions, there have been examples of illegal abortions documented in scholarly works, which calls for reporting to the appropriate authorities, particularly when the woman is harmed or dies. It is essential to acknowledge abortion as a fundamental right of women and to guarantee their access to complete reproductive health services in order to solve these challenges. Women's autonomy and decision-making about abortion should be given priority in the Medical Termination of Pregnancy Act, 1971. This will allow women to make the choice free from undue influence from medical experts or social standards.*

**Keywords:** *Medical Termination of Pregnancy, Abortion, Women's reproductive rights, Healthcare access, Legal and ethical considerations, Maternal health outcomes, Socio-economic impact,*

## Introduction

been used for a number of reasons, from accessibility challenges to health concerns, since ancient times. Legal privileges and liberties pertaining to procreative and reproductive health are included in reproductive rights, and these differ amongst countries globally.

Reproductive rights, as defined by the World Health Organisation, include realising that every person and couple has the inherent right to decide for themselves when, how many, and how soon to have children as well as how to maintain optimal levels of sexual and reproductive health. This includes the right to choose a reproductive path free from violence or coercion<sup>1</sup>.

In India, the right to safe abortion is protected in the constitution and governed by the Medical Termination of Pregnancy (MTP) Act, Rules and Regulations. Anyone who conducts unsafe abortions in contravention of these laws is committing a criminal offence. Despite legal protections, there have been reports of illegal abortions in scholarly literature, necessitating reporting to authorities, particularly in cases when the woman has suffered harm or died.

Women's reproductive rights cover a wide range of topics, such as the freedom from forced sterilisation, access to contraception, safe and legal abortion, education about reproductive health, and protection from harmful practices like female genital mutilation<sup>2</sup>.

Many people consider India's Medical Termination of Pregnancy Act (MTPA) of 1971 to be a key piece of social legislation that ushered in reform and social transformation. Sceptics, however, draw attention to differences between the law and reality, pointing out that dowries and other similar customs are still commonplace even after the Abolition of Dowry Act of 1961. In fact, some detractors claim that the MTPA encourages unethical behaviour in society.

The inherent freedoms of individuals to make decisions about their own reproduction and reproductive health are collectively referred to as reproductive rights. This covers the freedom to use contraception, plan a family, end a pregnancy, get thorough sex education, and use reproductive health care. These rights are acknowledged as fundamental human rights and are emphasised in a number of international accords and treaties, including the International Conference on Population and Development (ICPD) in 1994 and the 1948 Universal Declaration of Human Rights.

The right to privacy is closely linked to the right to reproductive freedom in numerous international accords. This covers the freedom to choose the number and spacing of children as well as the right to a safe abortion. Abortion regulations vary from country to country, though; in India, for example, the current limit is 20 weeks. In certain nations, abortion is legal up to 24 weeks<sup>3</sup>.

Nonetheless, prejudices still exist in the application of abortion legislation since some groups of women—such as single, divorced, or widowed women—face obstacles in obtaining safe and authorised abortion services. To be eligible for an abortion, married women may additionally face challenges such as proving

they are not using contraception. These regulations violate women's right to privacy and control over their bodies and are a reflection of the patriarchal attitudes that are pervasive in Indian society.

In cultures such as India, women are frequently subjected to social pressure to meet preconceived notions about conception, pregnancy, and contraception, and their ability to make reproductive decisions is restricted. Women's health risks are further increased when they lack access to safe abortion procedures, which prolongs their exploitation under patriarchal systems.

It is essential to acknowledge abortion as a fundamental right of women and to guarantee their access to complete reproductive health services in order to solve these challenges. Women's autonomy and decision-making about abortion should be given priority in the Medical Termination of Pregnancy Act, 1971. This will allow women to make the choice free from undue influence from medical experts or social standards.

### **Research Questions**

- Do women who have abortions face health risks?
- What effects does abortion have on a woman's health?
- What measures may be taken to lower the number of unsafe abortions, which would lower the rates of maternal death and morbidity?
- To what extent are services linked to abortion accessible and available?
- How can primary healthcare facilities contribute to the provision of safe abortion services?
- Do women get the opportunity to give informed consent before having an abortion?
- How much autonomy do people have when it comes to choosing whether to carry a pregnancy to term?
- Are pro-choice and pro-life perspectives the main dividing lines in the discussion of pregnancy termination?

### **Research Methodology**

Both doctrinal and analytical research methodologies are used in this work. The court rulings and legislative laws pertaining to abortion and reproductive rights using doctrinal analysis have been looked at. Furthermore, the reasoning and logic underlying these provisions have been rigorously assessed through the application of analytical methods.

To ensure a complete grasp of the subject, an extensive review of the literature from both library and internet journals have been done. When necessary, descriptive and explanatory techniques have been used to clarify important ideas and points of contention.

Examined have been both domestic and international legal provisions, with particular attention paid to important foreign precedents and rulings from India's high courts and Supreme Court. Along with pertinent articles and periodicals, the researcher has also reviewed reports from the Law Commission of India, specifically the 1971 report on abortion.

The present study has employed a comprehensive approach to obtain pertinent data and bolster the analysis carried out through the use of primary and secondary documentary sources. With the integration of multiple research methodologies and sources, the goal of this study is to offer a thorough investigation of the topics related to abortion and reproductive rights.

Overall, the MTP Act and its ramifications are covered in a thorough and well-organized manner in the research. Every topic seems to focus on different aspects of the subject, giving a complete grasp of the problems at hand.

## **Medical Termination of Pregnancy**

### **42nd Law Commission of India Report,1971**

"Culpable homicide" is defined as intentionally killing another person, and sections 312 to 316 of the Indian Penal Code, 1860 deal with abortion. According to Section 312, a mother who willingly aborts her unborn child is only criminalised if the act is not performed in an attempt to preserve the woman's life. Abortion law reform has been the subject of a global movement in recent decades, which India has backed. The government formed a committee to look into the matter, and the Rajya Sabha was presented with a bill based on the committee's recommendations. It highlights how frequently the country's rigorous present legislation has been broken, particularly by married women. It accepts that many pregnant women have turned to unsafe abortions, which can result in serious health problems or even death, when they have no particular motive to conceal their pregnancies. The proposed measures seek to liberalise current laws by viewing abortion as a medical procedure in situations where the woman's life or health is in danger, as a compassionate solution in situations where a woman has become pregnant due to sexual offences, and as eugenic therapy in situations where there is a high chance that the child will be born sick or malformed.

### **Position of Abortion Law in India**

In India, being a mother is considered a tremendous honour, and motherhood has long been emphasised as a crucial role for women in traditional social values. It was believed that women should have as many children as possible in a historically resource-rich country, where having a son typically conferred greater reputation. As a result, abortion was commonly perceived as a horrible sin or crime.

But things have changed, with the Right to Privacy guaranteed by Article 21 of the Indian Constitution having a major influence. This clause guarantees that no one may be taken from their life or their personal freedom other than in accordance with the law. This suggests that the mother's right to life is equal to that of her foetus.

India has struggled with the rise of new issues in spite of these constitutional safeguards and the fundamental obligation contained in Article 51A(e) to abstain from actions that diminish the dignity of women, such as discrimination against the female foetus. One such issue is the practice of selective abortion of female foetuses based on sex determination, which is in direct opposition to the values of gender equality and dignity.

Only up to twenty weeks of pregnancy are abortions lawful in India, and even then, only under very particular circumstances, which are essentially stated as follows

- When the pregnant woman's life is in danger or her physical or mental health would suffer severe harm if the pregnancy were to continue.
- When there is a significant chance that the child will be born with physical or mental defects that would leave it gravely disabled.

In contrast to the legal 20-week restriction stipulated by the Medical Termination of Pregnancy Act, 1971, a recent ruling by the Supreme Court permitted the termination of a pregnancy at 24 weeks in order to prevent the effects of rape. An adult woman can get an abortion without another person's permission.

Millions of female foetuses have been purposefully aborted as a result of the widespread practice of sex-selective abortions, which originated from the dislike of daughters in many regions of India. The dominant gender hierarchy, cultural norms, beliefs, and society views of women all have a substantial impact on how people feel about abortion.

### **THE INDIAN PENAL CODE, 1860**

The act of producing a miscarriage, which is effectively a criminal abortion, is covered under Section 312 of the Indian Penal Code, 1860. It says that anyone who wilfully induces a miscarriage of a child faces up to three years in prison, a fine, or both. This punishment does not apply if the miscarriage was caused in an effort to preserve the woman's life. In addition, the woman faces a fine and a maximum seven-year jail sentence if she is the cause of the miscarriage. It's important to note that Section 312 does not use the word "abortion" directly, probably in an effort to respect Indian customs. Rather, the term "miscarriage," which is generally understood to describe the ejection of an immature foetus before full term, is used in this section. Despite not having a precise definition under the Indian Penal Code, the term "miscarriage" is commonly used synonymously with abortion. Section 312's explanation clause states that the criminal may be any anybody, not just a woman. Under Section 312 read with Section 109 of the Indian Penal Code, one is guilty of abetment of the offence even if no abortion is performed. This includes helping or enabling a miscarriage. Furthermore, even in the event that an attempt at a criminal abortion is made, Section 312 read with Section 511 of the Code will punish the offender.

### **Offence Against the Persons ACT, 1861**

The Offences against the Persons Act, 1861, specifically addresses attempts to obtain abortions by the use of medications or tools in Section 58. Life in jail is the penalty for this offence. However, the act of

obtaining medicines or other substances with the aim to cause an abortion is covered by Section 59 of the same Act. There is a maximum five-year prison sentence for this offence. These laws have influenced Indian abortion law, with some adjustments made to fit the country's legal system and social milieu.

### **Implementation of Medical Termination of Pregnancy**

Pregnancy termination is permitted in India under the Medical Termination of Pregnancy (MTP) Act, subject to different regulations based on the stage of pregnancy. A doctor can approve the termination up to 12 weeks of pregnancy; between 12 and 20 weeks, two doctors' consent is needed. The Act also requires physicians to take into account conditions that are actual or reasonably foreseeable and could pose a risk to the health of the expectant mother. However, some circumstances are included individually as indicators, such as rape or marital rape resulting in pregnancy, or married women's inability to use contraception. It's interesting to note that the Act mandates that expectant mothers wishing to have an abortion give a justification for their choice that complies with its specified parameters.

### **Salient Features of The MTP Act**

The Medical Termination of Pregnancy (MTP) Act, which is predicated on the permission, health, and well-being of the woman seeking termination, highlights her rights. The MTP Act prioritises the mental and physical health of the woman, in contrast to some nations, like as the United States, whose regulations are founded on the rights and welfare of the foetus. Section 3 of the MTP Act states that if a pregnancy lasts up to 12 weeks, a termination may be carried out on the advice of one licenced medical professional if the woman's life would be in danger, if she would suffer significant harm to her physical or mental health, or if there is a significant chance that the unborn child will have severe physical or mental defects.

For the same reasons, if the pregnancy is between 12 and 20 weeks, two licenced medical professionals must provide their consent before the pregnancy can be terminated. The woman in *Meera Santosh Pal v. Union of India* who was in her 24th week of pregnancy, asked the Supreme Court to grant her a foetal abnormalities-related termination. The Supreme Court allowed termination under the MTP Act based on the medical board's assessment, which showed threats to the woman's health as well as the foetus's incapacity to survive after birth. In a similar vein, the Supreme Court authorised the termination in *Sarmishtha Chakraborty v. Union of India* because to the high danger of serious mental impairment to the mother and the intricacy of the corrective procedures the foetus would need if it were born alive.

### **Objectives Of the MTP Act**

"An Act to provide for the termination of certain pregnancies by registered medical practitioners and for matters connected therewith or incidental thereto" was the preamble of the Medical Termination of Pregnancy Act, 1971. The MTP act's goal is made evident in the preamble. Under the MTP Act, only specific pregnancies may be terminated by licenced medical professionals. Enhancing the health of Indian mothers and reducing the number of women dying from unsafe and illegal abortions are two more of the act's primary goals.

## **The Ethical and Practical Factors**

It is true that the Medical Termination of Pregnancy (MTP) Act of India distinctly emphasises the importance of pregnant women's health and wellbeing. This is clear from the Act's emphasis on regulating and guaranteeing safe abortion practices in order to reduce the morbidity and maternal death linked to unsafe abortions. The Act's recognition that the rights granted belong to the pregnant woman and not the foetus is one of its main features. This is in line with Indian law, which denies any unborn child the right to exist, regardless of gestational age. Rather than taking into account the rights of the foetus, the decision to prohibit MTP beyond specific timeframes is primarily based on the increasing health risks to the pregnant woman. The Act is not without ethical implications, nevertheless, especially when it comes to a pregnant woman's right to reproductive autonomy and sovereignty over her body. Since refusal to carry the pregnancy to term is not accepted as a valid reason for MTP, the Act does not specifically address these concerns. This might appear restricting, particularly in view of how crucial it is to respect women's autonomy and right to make their own health-related decisions. One arbitrary clause in the Act recognises that pregnancy resulting from contraception failure is a serious harm to a woman's mental health and makes an effort to address this worry. Although there may be some flexibility in this provision for women who want to end their pregnancies because their contraceptives aren't working, RMPs will ultimately have the final say in this matter based on their subjective evaluations. Given that the majority of Indians in the 1970s were illiterate, it is possible that the legislators wanted to stop MTP from being used as a method of family planning because it might have a negative impact on women's health. The ambiguous language about ineffective contraception might have been an attempt to strike a compromise between the demands of ethics and pragmatism, without sacrificing the health of expectant mothers. In general, the MTP Act aims to negotiate the difficult terrain of public health priorities, ethical issues, and reproductive rights in the context of developing nations. Even while it might not completely resolve all ethical issues, it is an important step in the right direction for defending the rights and health of expectant mothers in India.

## **Boons Of the Act**

The 1971 introduction of the Medical Termination of Pregnancy (MTP) Act in India is a major turning point in the protection of pregnant women's rights and health while addressing difficult ethical dilemmas. The Act sought to alleviate the widespread maternal mortality caused by unsafe abortions done by unqualified personnel by legalising MTP within certain guidelines. The Act's emphasis on giving pregnant women's health first priority is one of its admirable features. The Act is consistent with Indian law, which denies rights to unborn foetuses, by not bestowing any rights upon the foetus and limiting MTP beyond specific gestational times based on mother health considerations. Nonetheless, the Act does not specifically address many moral issues pertaining to reproductive choice and bodily autonomy. A subjective clause about failed contraception aims to strike a balance between protecting physical autonomy and prohibiting the misuse of MTP as contraception, even though refusal to prolong pregnancy is not recognised as a cause for MTP. The Act's practical approach to reproductive health is what makes it so successful. Legalising MTP and setting up accredited facilities helped to lower the number of unsafe abortions and its related problems. Additionally, the Act promotes reproductive freedom by limiting MTP to the pregnant woman's consent, regardless of social or familial constraints. India's decreasing maternal

death rate is a clear indication of the Act's effectiveness and is partly attributable to safer abortion procedures made possible by the law. The World Health Organisation has acknowledged that the Act has made abortions safer, and it is evidence of India's dedication to the health and rights of women. In conclusion, the MTP Act of India has greatly improved maternal health outcomes and given women the power to make decisions about their reproductive health, even though it is not without ethical challenges.

### **Consequences of the Act**

Since the Medical Termination of Pregnancy (MTP) Act's passage in 1971, there have been several practical issues surrounding the deadlines it sets. According to the Act, MTP may be performed up to 12 weeks of gestation based on the opinion of a single RMP or up to 20 weeks of gestation based on the opinions of two RMPs. These deadlines have caused problems in practical situations, though. The 12-week limit has proven particularly tough for women because it is difficult for them to receive MTP within the allotted time because pregnancies are frequently confirmed after this period. Likewise, there are problems with the 20-week deadline because foetal abnormality scans are usually performed beyond this time. In the case that foetal abnormalities are discovered, women have limited time to undergo MTP, which may prompt some of them to look for risky substitutes from untrained people. These real-world difficulties highlight the necessity of reviewing and maybe amending the MTP Act in order to meet the changing needs of expectant mothers and guarantee prompt access to safe and authorised abortion procedures. Potential adjustments to lower barriers to safe abortion treatment could be expanding the time frames for MTP eligibility or simplifying the procedure of obtaining physician opinions.

Through the resolution of these pragmatic obstacles, policymakers can enhance the observance of reproductive rights and guarantee that women have prompt access to safe and lawful abortion services, so preserving their health and welfare.

### **Amendments Of the MTP Act,1971**

#### **The Medical Termination of Pregnancy**

#### **(AMENDMENT) BILL, 2002**

The purpose of the modifications to the Medical Termination of Pregnancy (MTP) Act, 1971 is to make the law more equitable and relevant in the current Indian context by addressing a number of important goals. Among these goals are:

- Pertinence to Current Situation.
- Elimination of Discriminatory Clauses.
- Strengthened Penalties.
- Safeguarding Registered Medical Professionals (RMPs).
- Making Terminations on Socio-Medical Grounds Legal.



These changes, especially the ones concerning the increase of grounds for termination and the replacement of terminology, are intended to guarantee that the MTP Act continues to be a progressive and inclusive legal framework for dealing with reproductive health issues in India.

### **The Medical Termination of Pregnancy**

#### **(Amendment) Rules, 2003**

With distinct standards set for first and second trimester abortions, the 2003 modification to the Medical Termination of Pregnancy (MTP) regulations attempted to rationalise the physical requirements for abortion clinics. The following are the main adjustments made by the amendment:

- Minimum Standards for Facilities That Perform Abortions.
- First Trimester Abortion Centre Standards.
- Access to Medical Services for Abortion.

Overall, the goal of these changes was to raise the standard and enhance the quality of abortion services offered in India, guaranteeing that women would always have access to safe and efficient procedures, irrespective of the type of institution offering the service or the gestational age of the pregnancy.

### **The Medical Termination of Pregnancy**

#### **(AMENDMENT) BILL, 2014**

Section 3 of the Medical Termination of Pregnancy (MTP) Act, 1971 is intended to be changed by the amendment bill. According to the existing MTP Act clause, a decision to end a pregnancy may be made if significant foetal abnormalities are discovered. Under this particular context, the proposed change would redefine "registered health care providers" in place of "registered medical practitioners" in the definition of pregnancy termination. The range of medical professionals who are permitted to make abortion-related decisions has been expanded by this modification. The change permits a wider range of competent professionals not just medical doctors to be engaged in the process of deciding whether an abortion is necessary owing to significant foetal abnormalities by substituting the term "registered medical practitioners" with "registered health care providers."

By guaranteeing that a range of healthcare providers, including nurses and midwives, who are qualified and licenced to offer reproductive health care services, can take part in decisions regarding abortion procedures, this change supports initiatives to increase access to safe and legal abortion services.

## **The Medical Termination of Pregnancy**

### **(Amendment) Bill, 2017**

The purpose of the proposed change is to increase from twenty to twenty-four weeks the legal time under the Medical Termination of Pregnancy (MTP) Act, 1971, for abortions. This expansion is meant to handle situations when a woman's pregnancy poses significant dangers to her bodily or mental health or where her pregnancy is found to have major foetal abnormalities after the current twenty-week limit.

This revision is necessary because there have been cases where pregnant women have sought abortions after twenty weeks because of these concerns, but they have had difficulty getting legal clearance. The women engaged in these cases have suffered severe financial and psychological hardship as a result of the Supreme Court's intervention in some of these cases.

## **The Medical Termination of Pregnancy**

### **(Amendment) Bill, 2020**

The goal of the Medical Termination of Pregnancy (Amendment) Bill, 2020 is to address a number of issues that have been brought up by the Supreme Court and High Courts in multiple cases involving pregnancy termination. The proposed revisions are intended to improve women's access to safe and legal abortion services for reasons related to health, eugenics, human rights, or society.

- One provider's opinion for pregnancies between 20- and 24-weeks' gestation and two providers' opinions for pregnancies up to 20 weeks' gestation are required for pregnancy terminations, according to a key element of the proposed revisions.
- Raising the maximum pregnancy age from 20 to 24 weeks for specific groups of women, including adolescents, rape victims, and other vulnerable women. If a Medical Board diagnoses foetal anomalies, this upper limit would not be applicable.
- Outlining in the Act's regulations the Medical Board's membership, responsibilities, and other specifics.
- Maintaining secrecy by forbidding any authorised person to get the name or other personal information of a woman whose pregnancy has ended, regardless of the legislation.

These changes seek to maintain service quality and safety while offering comprehensive abortion treatment under stringent guidelines. The modifications aim to protect the dignity, autonomy, privacy, and justice of women who need to terminate their pregnancy by raising the maximum gestational age, particularly in situations where foetal abnormalities or pregnancies as a result of sexual abuse are involved.

## Suggestions

- Every woman has the fundamental human right to a safe abortion, which ought to be guaranteed by the law. To protect women's lives, the current Medical Termination of Pregnancy (MTP) Law ought to clearly specify how an abortion should be performed safely.
- Because the MTP Act does not acknowledge a woman's freedom to choose, it currently restricts her sovereignty over her own body. Women have an intrinsic right to autonomy and self-determination, which should be respected at all times, even when it comes to abortion.
- The state is in charge of making sure that every woman has access to high-quality abortion treatment that satisfies her needs. This entails expanding the number of qualified personnel and outfitted abortion facilities in addition to boosting access to safe abortion services by devoting adequate financial, material, and human resources.
- All basic health care centres across the country should have easy access to resources relevant to abortion. To make sure women are informed of their options, these centres should make sure to prominently market the abortion services they offer.
- Prior to any medical termination operation, informed permission must be acquired. It should be made clear that consent must come from the woman herself, and that approval from a minor's legal guardian is required as well.
- Regardless of the stage of pregnancy, minors, those who are mentally incapacitated, and victims of sexual assault should all have the unalienable right to an abortion. In such dire circumstances, where the person's health and welfare are in jeopardy, the person's legal guardian ought to sanction the abortion.
- Every woman needs to be aware of the rules governing abortion and her rights in this regard. Women who are aware of these rights are better equipped to make decisions regarding their reproductive health.
- To guarantee that abortion stays available to all women without distinction, selective abortions of female foetuses should be categorically forbidden.
- Article 21 of the Indian Constitution states that individual liberty includes the right to personal autonomy and self-determination. Without exception, every woman should be able to make decisions regarding her own body.
- Safe abortion methods, such surgical abortion, should be encouraged and made widely available in order to reduce the hazards connected with unsafe abortion and stop maternal fatalities. Many gynaecologists prescribe surgical abortion because of its effectiveness and safety.
- Women's rights to an abortion should be promoted via campaigns run by governmental and non-governmental organisations. To guarantee that women are aware of and able to use their reproductive rights, this should be presented as a social welfare project.
- Since the right to procreate is a human right, every woman has the freedom to get married and start a family. Recognising and promoting the choice to choose the number and spacing of children is another important aspect of this.

- The Child Marriage Restriction Act of 1929 needs to be amended immediately in order to forbid child weddings. It is imperative to address issues pertaining to the reproductive health of children, particularly safe abortion.
- When a child is predicted to be born with physical or mental defects, abortion should be legal. Abortion rights in these situations can assist preserve the woman's life and spare the kid from suffering because such conditions present serious obstacles for both the mother and the child.
- To decriminalise abortion and guarantee that women seeking an abortion are not subject to legal penalties or persecution, amendments to the Indian Penal Code, 1860, are required.

Clearly defined steps should be taken to address female feticide. Sex-selective abortions are forbidden by the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994. Establishing and precisely defining pre- and post-natal care centres is necessary to prevent female feticide and to enforce the terms of the PNDT Act, 1994.

## **Conclusion**

After talking about the aforementioned issues, we conclude that abortion is a major problem. The MTP Act necessitates significant revision by raising the limit on abortions to more than 20 weeks and establishing guidelines for the same. Now that the medical board has been established, it is imperative that the board have criteria because the board members differ in their recommendations on termination. There have been many instances where tough problems concerning the fetus's incapacity to disqualify a woman's rights to disability and reproductive autonomy have been raised. It is definitely not possible to address these complex issues by depending solely on medical board findings.

They must develop particular laws and procedures that support women's reproductive choices, as well as have a conversation on abortion after 20 weeks, which prioritises women's autonomy. The Supreme Court has rendered numerous rulings pertaining to reproductive rights in the past few years. According to the MTP Act, a registered medical professional may end a pregnancy up until the twentieth week if it is confirmed that continuing the pregnancy would endanger the woman's life, seriously harm her physical or mental health, or significantly increase the likelihood that the unborn child will have severe physical or mental defects.

A pregnancy brought on by sexual assault or as a result of contraceptive failure would be considered a serious mental health damage. Pregnancy beyond 20 weeks may be terminated under Section 5 if doing so is urgently required to preserve the woman's life. A committee of medical experts, known as the Medical Board, is formed by the Court in every case involving an abortion after 20 weeks of pregnancy and is tasked with producing a report. The report discusses whether the mother would sustain serious physical or mental harm from carrying the pregnancy to term and whether the unborn child would have any physical or mental health issues. The 2020 Medical Termination of Pregnancy (Amendment) Bill has recently been introduced. The aforementioned issue with the time period being extended from twenty to twenty-four weeks is addressed in this bill. This side has been involved in the majority of cases in India's Supreme Court and High Court.

In summary, this topic has many laws that have been passed in favour of mothers from prehistoric times, but there are none that specifically address the life of the foetus. Because the current state of affairs in India and around the world do not require the importance of foetuses.

Furthermore, there are numerous standards for safe abortion; yet, the number of deaths from botched abortions is rising daily. For the benefit of our society, the state ought to enact particular legislation on this subject. Mothers have the right to make their own decisions because their bodies are their own. That being said, our MTP statute states that a woman has no right to make decisions about her own body. Since a woman's right to self-determination and autonomy is inherent, it ought to be accessible at all times. Unsafe abortions have resulted in the maternal deaths of numerous women.

Therefore, we ought to use safer procedures, such as surgical abortion. Regarding the abortion law, we ought to be mindful of impoverished women. Rules and regulations should be created by the government to improve this situation. It could be a campaign for awareness. It must also abide by the rules and regulations set forth in international conventions and treaties. Numerous conventions exist that address women's rights and the right to life. Access to abortion services must be both facilitated and regulated by the government, but striking a balance between total non-intervention and strict regulation can be difficult. Ensuring that women have access to abortions is important, but there is also a need to stop abortions that are gender-selective. The intricacy of the abortion issue is shown by the present discourse, which goes beyond the conventional pro-life vs. pro-choice argument. Though initially designed to prevent sex-selective abortions, current regulations frequently fall short of modern demands and face additional difficulties as a result of medical improvements. There are differing legal frameworks across the globe as a result of the differences in viewpoints regarding the protection of foetal life from conception versus viability at birth. Although India has a very liberal abortion law, it does not fully respect women's autonomy over their bodies because abortion is only allowed in certain situations, such as when there is a risk to the health of the mother, when there are foetal abnormalities, when rape occurs, or when contraception fails. This restriction highlights the necessity of redefining abortion as a basic right and respecting women's autonomy in making decisions about their own bodies. Despite being secular in origin, India's abortion laws need to change in order to properly represent contemporary values and give women's rights top priority.

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