

ABORTION LAWS IN INDIA: A CRITICAL ANALYSIS

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Abstract

Abortion is the deliberate termination of a pregnancy as a global marvel that has been from the dawn of time and is used for a variety of reasons, ranging from health to accessibility. Abortion and the termination of a pregnancy have been practiced since the dawn of civilization. Abortions have been performed using a variety of ways, including the injection of abortifacient herbs, the use of cutting instruments, abdominal pressure, and other approaches. Throughout history, abortion laws and their implementation have changed.

The right to a safe abortion is also codified in the MTP Act, MTP Rules, and MTP Regulations as a fundamental right granted to women by the Indian Constitution. Anyone who performs, supports, or condones unsafe abortion in violation of the law is guilty of a felony. Many people regard the Medical Termination of Pregnancy Act of 1971 to be one of India's most important pieces of social legislation. Its proponents have referred to it as a key that unlocks the doors to reform and societal progress.

Abortion scarcely requires a definition, but for the sake of completeness, let me describe abortion as the intentional termination of a pregnancy with the known or planned outcome of the embryo or fetus dying.

Keywords : Pregnancy, Abortion, Termination, MTP, Law

Introduction

Abortion is the deliberate termination of a pregnancy as a global marvel that has been from the dawn of time and is used for a variety of reasons, ranging from health to accessibility. The MTP Act, MTP Rules, and MTP Regulations also codify the right to safe abortion as a basic right provided to women by the Indian Constitution. Anyone who performs, supports, or condones unsafe abortion in violation of the law is guilty of a felony. A pregnant woman is forced to abort, while a woman who is not pregnant is pressured to limit her fertility in a culture. Women in countries like India's do not have the option of remaining unmarried, and once married, they do not have the option of choosing when to engage in sexual interactions that result in pregnancy. It's also not their decision whether or not to continue the pregnancy. Many pregnant women in India now choose induced abortions as their "sole option," which may or may not be legal or safe. Abortion scarcely requires a definition, but for the sake of completeness, let me describe abortion as the intentional termination of a pregnancy with the known or planned outcome of the embryo or foetus dying. This issue primarily concerns how arguments about the moral and legal permissibility of abortion interact with claims about foetal, or 'prenatal', personhood—that is, whether the foetus is a person in the philosophical sense.

Meaning and Types of Abortion

"Miscarriage" or "termination of pregnancy" refers to the spontaneous or induced termination of a pregnancy before conception, which generally occurs twenty weeks after conception. Children who are born a few days before they reach the age of twenty weeks are deemed to have received modern care. Abortion is defined as the removal of the egg within the first three months of pregnancy; abortion is defined as the ejection of the foetus from the fourth to the seventh month; and preterm delivery is defined as the delivery of the baby before the infant reaches full term. Abortion, miscarriage, and preterm birth are now legally acknowledged as synonyms for the termination of a pregnancy at any time before fertilisation. Abortion, illegal abortion, medical termination of pregnancy, feticide, female feticide, foetal loss, and female foetal loss are all terms that are commonly interchanged, leading to misunderstanding. To achieve parity, the fundamental terminology connected to the subject must be specified.

Abortion is primarily categorised as follows:

- **Accidental abortion-** When an abortion is triggered by an accident, such as a fall from a vehicle, a fall from a high item, a collision with another object, and so on.
- **Artificial abortion-** Artificial abortion is when an abortion is purposefully caused, such as by a surgeon.
- **Full abortion-** A complete abortion occurs when the whole result of conception is ejected. The bleeding ceases and the agony goes away after a complete abortion.
- **Incomplete abortion-** As the name implies, this is an abortion in which the uterus is maintained as part of the result of conception. The bleeding does not cease in this scenario, and the patient continues to bleed, sometimes profusely.
- **Criminal abortion-** A criminal abortion is one that is performed without the consent of the mother. It's an illegally conducted induced abortion.
- **Habitual abortion-** It is defined as an abortion that occurs on a regular basis. It's a type of spontaneous abortion that can happen up to three times in a row.
- **Inevitable abortion-** This is a type of abortion that cannot be avoided, and the odds of the pregnancy continuing are slim. The vaginal bleeding is intense and the uterine contractions are painful in this kind of abortion.
- **Missed abortion-** The deceased foetus is kept in the uterus for at least four months after it dies in such situations of abortion. In this instance, the pregnant lady generally exhibits typical early pregnancy symptoms such as nausea, breast growth, and so on.
- **Septic abortion-** It is defined as an abortion that occurs as a result of infection of the foetus and the internal uterine wall. It's possible that a spontaneous abortion will get infected. The uterus may get infected after a missed abortion.
- **Spontaneous abortion-** Spontaneous abortion happens when an abortion occurs without obvious reason.
- **Therapeutic abortion-** An abortion conducted to preserve the pregnant woman's life when her mental and physical health is jeopardised by the pregnancy's continuance.
- **Threatened Abortion-** When there is little vaginal bleeding with or without intermittent discomfort. In such instances, abortion may or may not be performed, and the pregnancy may or may not continue if the foetus is viable. Apart from drugs, the optimum therapy, according to medical opinion, is full bed rest for a week after the bleeding stops.

Common Definition of Abortion

Abortion is derived from the Latin term *aboriri*, which meaning "failure to be born." Abortion is described as the spontaneous, therapeutic, or induced termination of a pregnancy before the foetus has become viable outside the uterus or is capable of having a life outside of the womb.

- Abortion is defined as the termination of a pregnancy by any manner (natural or induced) before the foetus has matured sufficiently to survive on its own (fetus less than 20 weeks of pregnancy).
- The birth of a newborn or foetus weighing less than 500 grammes is another definition.
- Another (clinical) definition is the spontaneous or induced ejection of the conceptus product prior to viability.

Abortion in Primitive Society

Until the 19th century, there is no historical record of abortion being banned or criminal in India under colonial control. "It was allowed up to five months after which the foetus was regarded viable," according to certain indirect allusions to the Vedas. Despite Kautilya's economists, who brutally punished a slave woman for having an abortion, the Charaka Samhita makes no mention of abortion, nor has religion or the state ever taken a position on abortion at any point in history. Following independence, the Medical Council of India's Code of Ethics of 1956 followed the colonial tradition. I will respect human life from conception to natural death, and I will oppose abortion.

"The imposition of a fee of 1,000 panas for miscarriage by physical assault, a fine of 500 panas for miscarriage by giving medications, and a fine of 250 panas for miscarriage by arduous labour," according to Kautilya's Arthashastra. Now we may go on to another aspect of abortion's history. Miscarriage is the loss of a foetus as a result of an unneeded pregnancy. It is one of the oldest and most widely used techniques of reproductive control. This has been accomplished and completed in every corner of the globe. Induced abortions are legal in all civilizations and are governed by laws or policies. Those policies and rules are a result of the country's legal legacy, as well as its political, economic, social, spiritual, and cultural institutions.

Religious Views in Abortion

Hinduism: Abortion was forbidden in prehistoric Hindu scriptures. Another source confirms this: Abortion has always been forbidden in Hindu scriptures and tradition, with the exception of when the mother's life is in danger. The foetus, according to Hinduism, is a living, conscious individual who requires and deserves protection. In Hindu literature, abortion is referred to as *garbha-hattya* (womb murdering) and *bhroona hathya* (killing the growing soul). The Rig Veda has a hymn that asks for "foetus protection." "A comparison between abortion and the slaughter of one's parents" is drawn by the Kaushitaki Upanishad. "The foetal slayer...is among the biggest of offenders," says the Atharva Veda.

Islam: "The habit of burying female newborns under the Arabian sand," Mohammed Saheb protested. The embryo was mentioned in his first Koranic revelation. Abortion was a "unforgivable evil" in ancient Iran, at least for a time. "Using devices for abortion was not authorised throughout the Avesta period; and abortion was punished with the most severe consequences," according to the Avesta. One would think that the Supreme Court could have discovered information to support this point of view in its library. The

evidence is so plain that it's difficult to comprehend how or why the Supreme Court chose to ignore it. The Court, on the other hand, did not simply disregard history; it rewrote it. Ignoring the facts is one thing. It's one thing to change the facts, as the Court did here.

Buddhism: Buddhism in the past was "anti-abortion." According to Daniel Maguire, author of *Sacred Choices: The Right to Contraception and Abortion in Ten World Religions*, there were major theological prohibitions in early Buddhism. **Christianity:** Abortion was dubbed "murder" by early Christian authorities. Is it true that Barnabas forbade abortion? Anon wrote brutally in *The Apocalypse of Peter* that abortionists go to hell to be tortured forever since God decreed it, while Athenagoras regarded abortion "murder," for which one was accountable to God. "It makes no difference whether one murders a life that has already been born or one that is in the process of being born," Clement of Alexandria and Tertullian agreed. Hippolytus called it "feticide murder," whereas Minicius Felix called it "infanticide." "The lady and anybody who provided her abortive medications were murderers," said Saint Basil the Great. "The poor expose their children," Saint Ambrose said, "while the wealthy kill the fruit of their own bodies in the womb, lest their property be divided up, and they slay their own children in the womb with dreadful poisons, and life is destroyed before it has passed on."

Abortion Criminalization in the Modern Era

Abortion, in any situation, is deemed a transgression primarily against the mother, and as such, unless foetal to her, a petty misdemeanour, or totally overlooked at the Common Law, and by many of our State regulations. "The purposeful death of a Human Being at any stage of its existence constitutes Murder," according to the Moral Law. Three assumptions must be made before proceeding with the explanation of this topic:

First - That, if abortion is ever a crime, it is invariably of great interest to moralists, jurists, and physicians, even in isolated cases; and that, when widespread and prevalent, this interest is extended to the whole population, and terribly increased.

Secondly - That, if the latter assumption is true, both in premise and conclusion—as the crime has been neglected by most ethical writers and political economists, hastily passed over by medical jurists, and confessedly everywhere the great opprobrium of the law, often indeed by taunt that of medicine—either it cannot be suppressed in the nature of things, as these facts implied, or it has not been properly attempted. It will appear after dismissing the first of these options as equally unworthy of belief and proven incorrect by facts to be disclosed later.

Thirdly - That the current discussion is not superfluous nor out of place; moreover, that it is definitely and unavoidably required.

Abortion Ethics

Abortion is one of the most contentious topics in medical law and ethics. People are divided into two groups:

Those who believe that a "woman's freedom to choose" whether or not to terminate her pregnancy is important. To them, the right to choose what happens to one's body is a basic part of personal liberty.

Those who advocate for the unborn child's right to life. For them, abortion is the same as murder.

Following that comes the well-known divide between pro-choicers and pro-lifers. As this overview suggests, reaching an agreement between the two sides is typically challenging. They appear to be highlighting two fundamentally distinct ideas. When it comes to public arguments about abortion, it can often appear that one side is merely reiterating its core concepts to the other. The anxiety that both sides have of 'giving an inch' adds to the entrenchment. It becomes difficult for a pro-lifer to claim that the life of a foetus is as precious as the life of an adult if they concede that abortion may be justified in some instances. When a pro-chooser admits that a woman should not be allowed to abort every time, she or he is also admitting that it is not always a question of choice for a woman.

The Morals of Abortion

Abortion is frequently portrayed as a moral conflict between the unborn child's moral concerns and the pregnant woman's. While certain virtue and compromise viewpoints reject such an approach, it is necessary if one takes a duty-based, rights-based, or utilitarian stance that provides direct moral protection to both the unborn and the pregnant woman. A foetus must have moral value or status in the sense of being awarded protective duties in order for there to be a conflict at all. One of the most highly disputed topics in bioethics is the moral standing of the unborn child.

Moral obligations to a being can be imposed in two ways conceptually. The first is for that creature to be directly owed responsibilities based purely on its features. The second method is for the being to seek protection indirectly, as a means of safeguarding others who have moral standing. This is frequently overlooked. We don't have to have direct responsibilities to a foetus to have responsibilities in regard to one. Even if the foetus had no higher moral value than a sausage or tomato, this does not mean that anything and everything could be done to it.

42nd Law Commission of India Report, 1971

Human death is caused by "culpable murder." The crime will not be committed because of an act that ends a child's life before it is separated from its mother. Five sections 312 to 316 of the Indian Penal Code, 1860, on Combating Abortion, cover this need. The principal offence, according to Section 312, is the voluntary abortion of a woman with a child. Only if the abortion is done with the intention of preserving a woman's life is it criminal. The campaign to modify the abortion legislation that has been functioning outside of India for the past thirty years has garnered governmental backing in India. The Indian government created a committee to explore the issue some time ago, and based on its suggestions, filed a bill in the Rajya Sabha. The following is a summary of its provisions:

1. A pregnancy terminated by a registered medical practitioner in compliance with the provisions of the Bill is not punishable under the Indian Penal Code or any other law.
2. A certified medical practitioner can terminate a pregnancy if the pregnant woman's life or physical or mental health would be jeopardised if the pregnancy were to continue, or
3. If the child were to be born, the kid would be severely handicapped due to physical or mental deviations.
4. Wherever the woman believes the pregnancy was induced by rape, "the suffering produced by such pregnancy will inflict substantial impairment to the pregnant lady's mental health."
5. "The pain caused by such undesired pregnancy is a significant impairment to mental health," says the court, "whenever pregnancy happens as a result of the failure of any tool employed by any married woman or her husband for the goal of limiting the number of children." It's possible that this is the cause of a pregnant lady.
6. As previously stated, the "actual or reasonable surroundings" of the pregnant woman may be considered in determining whether there is a danger of health damage from continuing the pregnancy.
7. If the pregnancy is less than twelve weeks long, a registered physician's judgement is adequate. If it has been more than twelve weeks but not more than twenty, two medical practitioners' opinions are necessary. The bill does not apply if it lasts more than twenty weeks.
8. The woman's agreement must be obtained before the pregnancy is terminated.
9. Pregnant women's operations must take place only in government hospitals or other locations approved by the government.

Position of Abortion Law in India

Traditional social norms are said to be nurtured and incorporated by Indians. Being a mother is a wonderful honour for an Indian lady since motherhood is a vital duty of a woman. The wealth of riches in India, which was formerly known as the Golden Bird, allowed the idea that a woman must produce as many children as possible to continue. The birth of a boy, on the other hand, was a more significant event for a mother. Abortion was seen to be a horrific "crime or sin." In Article 21 of the Indian Constitution, our Supreme Court defined the right to privacy. "No individual should be deprived of his life or personal liberty unless in accordance with the method prescribed by law," it states. It implies that both Mother and her foetus have an equal claim to life. On the one hand, we enshrined a fundamental duty under Article 51A(e) of the Indian Constitution "to renounce practises derogatory to the dignity of women" in 1976 with great fanfare; on the other hand, we have explored and designed a new derogatory practise of sex determination and the killing of a female foetus.

Medical Termination of Pregnancy and its Implementation

The Indian MTP Act is based on the British Act of 1967, which was approved by Parliament. As stated in the first paragraph, the MTP Act allows registered physicians to terminate certain pregnancies, as well as connected situations or accidental therapy. In a nutshell, it aims to liberalise and regulate medical practises and institutions in connection to abortion, allowing medical liberalisation to eliminate medical criminalization. Clearly, the MTP Act does not provide a basic right to an induced abortion; rather, it restricts the conditions under which women can get abortion services from certified medical providers. As a result, there is a need for medical liberalisation of the Act's liberalised criteria. This is accomplished by broadening the initial medical indication for protecting a pregnant woman to encompass physical and psychological morbidity, or the risk of such morbidity if the woman is forced to carry an undesired pregnancy to term. As a result, termination of pregnancy becomes a medical intervention rather than a right from a medical standpoint. Medical practitioners have gained significance as a result of the liberalised law, and they are no longer able to deny women access to abortion services or refer pregnancies to mediation centres unless they are allowed by physicians. The length and kind of pregnancy are the two concepts that are brought up. According to the Act, a physician can order the termination of a pregnancy up to 12 weeks, but between 12 and 20 weeks, two physicians' opinions are necessary. The statute also requires clinicians to be aware of "actual or reasonably foreseeable situations" that may endanger the health of a pregnant woman. Rape after one pregnancy is not included in this category, and lack of contraception for married women is highlighted as a separate indicator in two different explanatory comments. Other health issues that have been proposed are "physical or mental defects" that can "severely impede" the unborn kid.

Section 3 of the MTP: When registered physicians can stop the programme:

- (1) If a pregnancy is terminated in accordance with the provisions of this Act, a registered medical practitioner shall not be convicted of any criminal offense under the Indian Penal Code or any other applicable legislation, notwithstanding anything in the Indian Penal Code.
- (2) A registered physician may terminate a pregnancy, subject to the restrictions of subsection(4).
 - (a) If the pregnancy is less than twelve weeks long, if such physician, or
 - (b) If there are at least two licensed medical practitioners present and the pregnancy is more than twelve weeks but less than twenty weeks, the pregnancy is judged to be more than twelve weeks but not more than twenty weeks in good faith.

(i) If the pregnancy were to be maintained, the life of the pregnant lady, as well as her bodily and mental health, would be jeopardized; or

(ii) If the kid is born, there is a good chance that it may have physical or mental disorders that will leave it severely handicapped.

Explanation I: Where a pregnancy is believed to have been produced by rape by a pregnant woman, the pain caused by the pregnancy causes substantial harm to the pregnant lady's mental health.

Explanation II- When a pregnancy occurs as a result of a married woman's or her husband's failure to utilize any device or method to limit the number of children, the pain caused by the unwanted pregnancy may be considered. For a pregnant woman's mental wellness.

(3) The real or reasonable surroundings of the pregnant woman may be considered in assessing whether there is a risk of health damage from continuing the pregnancy, as mentioned in paragraph (2).

(4)(a) Unless her guardian consents in writing, a woman who has not attained the age of eighteen, has no pregnancy, or has reached the age of eighteen will have her pregnancy terminated.

(b) Except as provided in subsection (a), no pregnancy may be terminated without the pregnant woman's permission.

Critical Analysis of MTP Act, 1971

In India, a pregnancy can be terminated up to 20 weeks under the Medical Termination of Pregnancy Act, 1971. Then it's either an illegal abortion or forcing a child to be born. The case of Nikita Mehta is one of the greatest to debate, citing the future of women in India, where women have the right to abortion, but to some extent, not only grave social, legal, but reproductive health is also giving birth. It is specifically about a woman's right to a safe abortion. In most cases of pregnancy, any problems involving the foetus are discovered after 18 weeks. Some tests, such as triple marker tests, are utilized between 15 and 20 weeks of pregnancy to detect any genetic problems in the fetus before and not even after 20 weeks of pregnancy. Abortion is not only for the welfare of the foetus, but also for the termination of pregnancy for the family and society, when the anomaly appears and it is not feasible to treat the foetus.

And if the mother is obligatory to carry the fetus, she will not only be psychologically pretentious, but she may face serious health complications in the future. A woman's reproductive health condition in which abortion is necessary as a protective measure for her and her family's health and welfare.

Characteristics of Women Who Terminate Unwanted Pregnancies

Unwanted pregnancies are terminated by Indian women. In India, financial reasons, having too many children or too many female children, being pregnant after the birth interval, experiencing health problems during pregnancy, becoming pregnant at a young age, becoming pregnant soon after marriage, suspecting husband's infidelity, becoming pregnant as a result of an extramarital pregnancy, and rape are all conditions that can lead to an unwanted pregnancy. The lack of access to adequate contraception is a more proximal driver of undesired births in most of these circumstances. Due to familial demands, contraception is not an option for some women. Others may not be using the best contraceptive technique for them.

Contraception is frequently not provided to unmarried teens. Abortion can be a primary method of birth control in such situations. In the Indian medical system, contraceptive failure and user failure can result in undesired pregnancies that can be legally terminated.

The Medical Termination of Pregnancy (Amendment) Bill, 2002

The purpose and objectives of the above amendment are primarily to make the MTP Act, 1971 more relevant to India's current situation, to remove provisions that were discriminatory against women, to provide strict and enhanced penalties for violations of the provisions of the Act, to protect RMP from the IPC, and to legalise pregnancy termination on various socio-medical grounds.

The Medical Termination of Pregnancy (Amendment) Rules, 2003

The government amended the MTP laws again in 2003, rationalising the physical standards of abortion clinics and establishing various criteria for the operation of first and second trimester abortions. While operation tables and equipment for abdominal or gynaecological surgery, as well as anaesthesia, resuscitation, and sterilisation equipment, are the minimum requirements for centres offering second trimester abortions, a gynaecology rather than MTP rule 2003 or a labour table requiring an operation table, revitalization and sterilisation equipment but not anaesthetic equipment is the minimum requirement for centres offering first trimester abortions. These guidelines also allow a registered medical practitioner to give medical abortion services up to seven weeks after a failed or incomplete therapeutic abortion if the physician has access to medical abortion.

The Medical Termination of Pregnancy (Amendment) Bill, 2014

The purpose of this amendment bill is to change section 3 of the MTP Act of 1971. The MTP Act of 1971 states that "severe fetal defects may be found in the choice to terminate the period of abortion of the fetus," and that "the period of pregnancy shall not apply in the decision to terminate the period of abortion of the fetus." The terms "registered health care professionals" have been added to this definition of "registered pregnancy termination," replacing "registered medical practitioners."

The Medical Termination of Pregnancy (Amendment) Bill, 2017

The basic Medical Termination of Pregnancy Act, 1971, allows abortion of inauspiciously sick babies up to twenty weeks of gestation under Subsection (2) of Section 3. There have been many significant examples since the Act's enactment when the woman

was seen after twenty weeks of physical and mental risk, with a major risk to the fetus, with a severe risk to the fetus. As a result, many pregnant women were forced to apply to the Supreme Court to get permission to terminate their pregnancies after twenty weeks, causing them great emotional and financial hardship. The bill would extend the abortion period from twenty-four weeks to twenty-four weeks if doctors believe the pregnancy offers a severe risk to the mother or child, or if there are fetal abnormalities. The Bill also proposes to change the requirements of Section 6 subsection (3), which deal with the lie of regulations and their publication, among other things, before each House of Parliament.

The Medical Termination of Pregnancy (Amendment) Bill, 2020

In many circumstances, this amending legislation implements the decisions of the Supreme Court and the High Court. Things that look at the proposed modifications suggest that for a provider's opinion for termination of pregnancy, two providers' opinions for 20 weeks' gestation and one provider's opinions for 20 to 24 weeks' gestation are required. Special groups of women, who will be identified in the change to the MTP guidelines and include "vulnerable women such as rape victims, rape women, and other vulnerable women," children, and others, will have their upper pregnancy limit raised from 20 to 24 weeks. In circumstances where the Medical Board has determined that the fetal anomaly is sufficiently lethal, the maximum fetal limit does not apply. The Act's regulations will describe the Medical Board's composition, functions, and other information. When appropriate, the identification and other personal information of a woman whose pregnancy has ended should not be disclosed to anybody who is not authorized by law.

Unsafe Abortion in India

Many women have died as a result of unsafe abortion. According to a rigorous examination of global statistics from 2014, unsafe abortions and accompanying complications are responsible for around 8% of all maternal fatalities. The World Health Organization defines unsafe abortion as "the process of ending an undesirable pregnancy either because people lack the necessary skills or because the setting lacks minimal medical standards, or both." According to the most recent official statistics on causes of mortality since 2010, complications from improper abortion account for an estimated 9% of all maternal fatalities in India. While maternal mortality has decreased over the last decade, the proportion of maternal fatalities caused by these problems has stayed largely steady.

Abortion Law and Policy: Potential and Actual Abuse

In the 1960s, medical and demographic issues dominated abortion discussions. After the center stage, the ICPD moved on to the human and reproductive rights agenda. India's National Population Policy, released in 2000, advocates the growth of family planning services to avoid unwanted pregnancies while simultaneously emphasizing the significance of providing safe abortion procedures that are inexpensive, accessible, and acceptable to women who are pregnant. Although abortion is permitted in India in many cases, the doctor advises that a woman must disclose whether her pregnancy occurred despite her best efforts to prevent it or whether it was her intention, but circumstances changed or rendered her unwelcome. Although the pregnancy may have been unwelcome from the start, the woman may have to think that she failed to utilize contraception in order to justify abortion within the legal framework, creating a lie-filled environment. Recent legislative and policy changes, while not revolutionary, represent a step forward in ensuring a woman's access to safe abortion care. Many national-level consultation efforts involving 43-46 policymakers, professional bodies like the Federation of Obstetrics and Gynecology Societies of India (FOGSI) and the Indian Medical Association (IMA), non-governmental organizations (NGO) like the Institute of Family Services, CEHAT, Health Watch, and the Family Planning Association of India), and health activists were only recently supported. Many of his recommendations are in line with the objectives and measures outlined in India's National Population Policy, Action Plan 2000. They include ensuring the quality of abortion care, expanding access to safe abortion services, hiring more qualified providers, such as mid-level providers, especially in rural areas, streamlining the certification process, certifying clinics and providers, using technology and research to add policy and implement a uniform standard for good clinical practice in both the private and public sectors, and expanding access to safe abortion services. Increasing knowledge of both contraception and abortion services in the context of the larger situation of sexual and reproductive health, integrating techniques and interferences between value systems, family, and gender relations, especially among teens, is crucial.

Conclusion & Suggestions

My overall conclusion on this matter is that there have been numerous laws in favor of mothers from ancient times to the present, but there is no special legislation for the unborn and his life. Because the importance of the fetus is no longer essential in India and throughout the world. And, despite the fact that there are several standards for safe abortion, the fatality rate from unsafe abortion is growing every day. For the sake of our society, the state should enact particular legislation on this subject. Because a mother's body is her own, she has the right to make her own decisions. Our MTP statute, on the other hand, states that a mother has no right to select her own body. Because autonomy and self-determination are personal rights of women, they should be available at all stages. Many women have perished from maternal death as a result of unsafe abortion. As a result, we should use improved methods for safe abortion, such as surgical abortion. In terms of abortion legality, we should be conscious of disadvantaged women. The government should enact rules and regulations to remedy the situation. It might be in the form of a public awareness campaign. We should also observe the rules and regulations established by international conventions and treaties. There are several conventions pertaining to women's rights and the right to life. From an Indian perspective, we believe that our MTP Act of 1971 has not adequately addressed this issue. The termination of a pregnancy is primarily the responsibility of medical professionals. Termination at a period of 20 to 24 weeks is not permitted under the MTP Act. In recent years, the judiciary has had a number of issues. After then, the Medical Termination of Pregnancy (Amendment) Bill, 2020 was introduced in Parliament, however it is now waiting in

the House of Commons. Special clauses in the statute should state that abortion should be simple and painless. There is no legislation or rule prohibiting the destruction of women's mental health in the event of a prenatal anomaly.

Before conclusion, it is necessary to comprehend the primary motivation for enacting abortion legislation. The law does not diagnose women as persons with control over their bodies by making abortion a worthy right, which is a grave blunder by all accounts. Despite its permissive abortion laws, India does not consider "choice" to be a factor in abortion. Abortion is conditional and carried out on reasons such as the mother's medical or mental health, a potential crippled or disfigured child, rape, young pregnancies, pregnancies in women with limited mental ability, and contraceptive failure. The legislation does not respect women as persons with agency over their bodies by making abortion a worthy right, which is a grave blunder by many accounts. Nonetheless, it is commendable that India's 1949 abortion legislation is still more permissive than many other nations' rules. Furthermore, it is a secular legislation; it is not for religious views to begin life and the right to life of the fetus. It was practicable at the time of the enactments, and it truly served the mother's best interests. Therefore, in keeping with the spirit of thought behind the unique law, it now needs to be amended.

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