

Abortions—Global and Indian Scenario

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INTRODUCTION

Abortion is the most important issue in reproductive medicine and the most important issue in the scientific world. There are six reasons why medical abortion is allowed worldwide:

1. Saving the woman's life
2. Risk to the woman's physical and mental health
3. Pregnancy due to rape or other incest causes a high risk of foetal malformation
4. Socioeconomic risk
5. Women's request.

Due to prohibition, gestational age limit, social grounds, etc. there is a disparity in standard legal MTP post-abortion policies in various countries. Some countries completely prohibit abortions while India amended its MTP law in 2021 which is a way forward in reproductive health practices.

ABORTIONS—GLOBAL SCENARIO

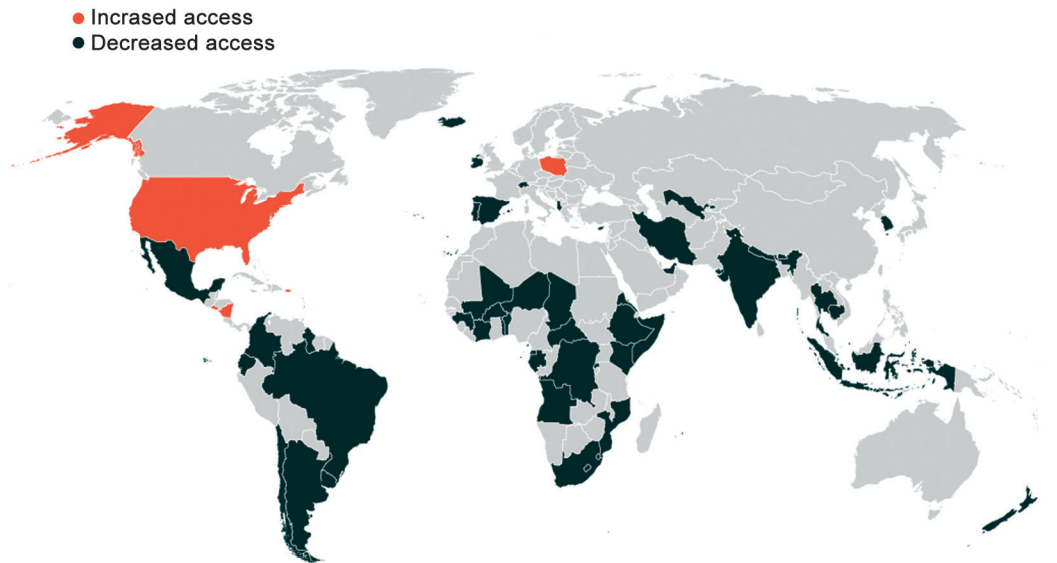
We see a pattern of liberalizing abortion rights in industrialized and developing countries (Fig. 2.1). According to the World Health Organization, approximately 73 million abortions are performed worldwide.



Fig. 2.1: Global scenario of abortions

Access to abortion has increased globally

Changes in abortion law from 1994 to 2023



Source: Center for reproductive rights

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Fig. 2.2: Changes in abortion law from 1994–2023

More importantly, the average abortion rate has fallen in countries where abortion is legal, except for China and India.

Over the years, maternal health and the quality and safety of abortion have improved worldwide (**Fig. 2.2**). Maternal deaths have also decreased. However, the safety of the procedure varies between countries where abortion is legal and restricted. Problems are especially prevalent in developing countries. However, some countries oppose the right to abortion.

In June 2022, the US Supreme Court's decision in *Dobbs vs Jackson Women's Health Organization* overturned the landmark *Roe vs Wade* ruling, effectively removing the federal right to abortion. This decision allowed individual states to impose their own restrictions or bans on abortion, leading to significant legal and policy shifts across the country. Several states immediately moved to enact stricter abortion laws, with some banning the procedure outright.

Abortion Laws around the World

Twenty-two countries worldwide have legalized abortion. Most industrialized countries allow the procedure without restrictions. Approximately one hundred countries have some forms of restriction, usually permitting abortion under certain circumstances, such as health, physical or mental risk, or foetal abnormality.

ABORTION—INDIAN SCENARIO

In India, abortion is legal under certain conditions, primarily under the Medical Termination of Pregnancy (MTP) Act, 1971. It allows abortions up to 20 weeks of pregnancy for various reasons, including risk to the mother's life, foetal abnormalities, or contraceptive failure. The law was amended in 2021 to extend the limit to 24 weeks for special categories of women, including survivors of sexual assault and minors. Despite legal provisions, access to safe abortion services remains uneven, especially in rural areas, where social stigma and inadequate healthcare infrastructure pose a significant challenge.

Public Health Issues

It is estimated that nearly 12 million unplanned children were born worldwide from 2015 to 2019. Of these, 61% ended in abortion. More than one in seven of these unintended pregnancies occur in India.

Adolescent Pregnancy

In several states of India, the legal age for girls to marry is below 18, limiting their ability to make informed decisions about when to have children. As a result, approximately 13% of young women in the country become mothers, with 19 out of 103 in the 2016–2018 period, according to a special report by the Registrar General of India published on March 14, 2022. Seven Indian states have very high maternal mortality rates (MMR), with a "very-high" MMR defined as 130 or more maternal deaths per 100,000 live births. Despite the legal protections under the Medical Termination of Pregnancy (MTP) Act, 1971, unsafe abortions remain the third leading cause of maternal deaths in India. Around 8 women die every day due to unsafe abortion procedures. Between 2007 and 2011, 67% of abortions in India were deemed unsafe, with rates varying from 45.1% to 78.3% across different states. Young women, especially those aged 15–19, are at the highest risk of dying from unsafe abortions.

The Medical Termination of Pregnancy (Amendment) Act, 2021, expanded access to safe and legal abortions by relaxing restrictions. It removed the requirement for a registered doctor's informed consent for pregnancies under 20 weeks and extended the abortion limit to 24 weeks for specific groups, such as survivors of rape, incest, transwomen, and cases of severe foetal abnormalities. In these cases, abortions can also be performed beyond 24 weeks, subject to approval by a state-level medical board. The Act also allows for the termination of pregnancy outside of marriage when protection is not feasible for the woman and her partner.

The Way Forward for India: Prioritize Prevention and Empower Women

Unintended pregnancies, miscarriages, and abortions highlight the urgent need to expand access to contraception and family planning services. Women and girls must be encouraged to make informed decisions about sex and parenting, with pregnancy seen as a choice rather than an obligation. Family planning and safe abortion services are crucial in preventing maternal deaths. According to the Guttmacher Institute, improving vaccination, antenatal, and postnatal care in low- and middle-income countries at levels recommended by the World Health Organization could reduce

unintended pregnancies by 68%, unsafe abortions by 72%, and maternal deaths by 62%.

India's total fertility rate (TFR) has dropped to 2%, signalling success in family planning. However, the desire for family planning remains low, with a rate of 9.4% (NFHS-5). Fertility rates and family planning needs vary significantly across states, with NFHS-5 data showing only a 1% reduction in the number of pregnant women. Additionally, 7.9% of women aged 15–19 were pregnant during the survey. Family planning uptake is shifting toward female sterilization, which now stands at 37.9%. However, India has not yet set clear targets for sterilization and is increasingly focusing on preventive measures, such as the MPA injection (Antara Plan) and centchroman tablets, as part of the *Mission Parivar Vikas* (MPV) launched in 2016.

Setting a New Agenda and Creating a Supportive Environment

India's priority should be to address the unmet need for contraception and improve access to abortion services, including quality medical care. Expanding immunization and improving coverage can prevent early and unintended pregnancies, protecting maternal and foetal health. Family planning counselling must be based on informed choices and voluntariness. Barriers to contraceptive use such as abandonment due to side effects, poor quality of care, stigma, or unavailability must be addressed to ensure continued use and prevent unintended pregnancies. Research is needed to understand why users discontinue contraception and whether alternative methods could be more effective. Medical abortion services should be offered in primary healthcare settings, with options for telemedicine or self-administration to increase accessibility.

Factsheet: India MTP Amendment Act (2021)

The Medical Termination of Pregnancy (MTP) Amendment Act, passed in 2021, further empowers women by expanding access to safe and legal abortion services. Under the original MTP Act of 1971, abortion was allowed up to the 20th week of pregnancy. The 2021 amendment extended this limit for specific circumstances, including cases of rape, incest, severe foetal abnormalities, and for certain vulnerable groups such as minors and trans women. The amendment also makes it easier to obtain abortions by reducing procedural restrictions, including the need for a registered doctor's informed consent for up to 20 weeks.

Key Features of the MTP Act Amendment, 2021

The Medical Termination of Pregnancy (MTP) Act Amendment, 2021 expands access to safe abortion services for women facing unplanned pregnancies, addressing several critical issues. Key provisions of the amendment are shown in **Fig. 2.3**.

Under the 2021 amendments, women are entitled to abortion up to 24 weeks of pregnancy in the following categories:

- Victims of sexual violence, including rape and incest
- Minors
- Women whose partner changes during the pregnancy, including widows and divorced women
- As per the 2016 disability rights act, women with severe physical disabilities can access abortion services

Gestational limits	MTP Act 1971	MTP Amendment Act, 2021
Until 12 weeks	Advice of one doctor	Advice of one doctor
12–20 weeks	Advice of two doctors	Advice of one doctor
20–24 weeks	Only to save the life of the pregnant woman	Advice of two doctors if the pregnant woman falls under categories prescribed below. [v]
After 24 weeks	Only to save the life of the pregnant woman	Approval of medical board, and only if there is substantial foetal “abnormality”

Fig. 2.3: MTP Act amendments

- Women with mental illness
- Pregnancies where foetal malformations pose a serious risk to quality of life or result in serious physical or mental impairments
- Pregnant women in humanitarian, disaster, or emergencies declared by the government.

The law also allows abortion for contraceptive failure up to 20 weeks, a significant shift from the previous law, which only applied to married women. Now, any woman and her partner can access abortion due to contraceptive failure, including unmarried women in relationships.

Additionally, medical boards are now empowered to decide on abortions beyond 24 weeks under specific circumstances. These boards will consist of approved medical professionals who can grant or deny abortion requests based on established criteria.

Changes in the Medical Abortion Timeline

The amendment also increases the timeline for medical abortions from 7 weeks to 9 weeks of gestation. This allows for the use of medication abortion (also called medical consent abortion) by women up to 9 weeks of pregnancy, under the supervision of a registered medical practitioner (RMP).

Analysis of the MTP Amendment

While the 2021 MTP Amendment brings significant improvements in expanding access to abortion services, it still presents certain challenges and limitations:

- *Continued legal restrictions:* The amendment maintains the restrictive nature of the original MTP Act, which was primarily designed to protect women from criminal prosecution rather than guarantee their full reproductive rights. This approach contradicts international human rights standards, which assert that banning or restricting access to abortion violates rights such as the right to life, privacy, freedom from gender-based discrimination, and protection from persecution.
- *Contradictions with international standards:* The United Nations Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) has recommended that all states should ensure access to abortion without restrictions. The WHO advocates for the availability of abortion services on demand, especially when necessary to safeguard a woman's health.

- *Barriers in other legislation:* Provisions such as those in the Protection of Children from Sexual Offences Act (POCSO) create additional barriers to safe and legal abortions, especially in cases involving minors. Without a comprehensive review of the entire legal framework related to abortion, including the Indian Penal Code and the POCSO Act, the amendment fails to account for the diverse and complex needs of women, transgender, and non-binary individuals.
- *Disability-based eugenics:* The inclusion of foetal malformation as a basis for abortion after 24 weeks has been criticized for aligning with eugenic principles, which can stigmatize and dehumanize people with disabilities. Such provisions undermine the dignity and autonomy of individuals with disabilities, perpetuating harmful stereotypes.
- *Medical board oversight:* The introduction of medical boards to approve abortions beyond 24 weeks adds another layer of bureaucracy and can become a significant barrier, particularly for women in rural and marginalized communities. The lack of sufficient qualified healthcare providers in these areas further exacerbates the delay and difficulty in accessing necessary abortion services.
- *Self-managed abortion:* The law still restricts the ability of women to access abortion services autonomously, limiting the use of self-managed abortion methods. While the extension of the medical abortion timeline to 9 weeks is a positive step, more freedom is needed to align with international human rights standards, such as those outlined by the WHO, which promotes options for self-managed abortion under the support of healthcare professionals.

Impact of Abortion Laws in India: Statistics and Challenges

India sees approximately 48.5 million pregnancies annually, of which 44% are unintended. Among these unintended pregnancies, about 77% end in abortion, highlighting the need for accessible and safe abortion services. Every year 800,000 abortions fail, and approximately 10% of these result in maternal death.

- During the COVID-19 pandemic, an estimated 1 million unsafe abortions, 650,000 unintended pregnancies, and 2,600 maternal deaths occurred in India (January–June 2020).
- Women from poor, illiterate, and rural backgrounds face disproportionately higher barriers to accessing safe abortions, with those from religious minorities being particularly vulnerable to illegal and unsafe procedures.
- Abortion bans do not effectively reduce abortion rates but instead lead to increased maternal morbidity and mortality.

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