

MTP Amendment Bill, 2020

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Source: *The Hindu*

Manifest pedagogy: The Supreme Court's verdict on Monday allowing a woman from Mumbai to abort her 24-week pregnancy for abnormality of the fetus that could endanger her life has brought focus back on the proposed amendments to the Medical Termination of Pregnancy (MTP) Act, 1971.

In news: The Union Cabinet has approved the Medical Termination of Pregnancy (MTP) (Amendment) Bill, 2020 to amend the MTP Act, 1971.

Placing it in syllabus: Health

Static dimensions:

- **Provisions of original act**
- Problems with the act

Current dimensions:

- **How does the amendment correct the problems?**
- Importance of the amendment

Content: The Bill is yet to be introduced in either Houses of parliament.

Provisions of the original Act:

The Medical Termination of Pregnancy (MTP) Act 1971 is a law that **legalized abortion in India up to 20 weeks of pregnancy**, when provided by a registered medical practitioner at a registered medical facility and based on **certain conditions**

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- continuation of the pregnancy would involve a risk to the life of the pregnant woman or

- cause grave injury to her physical or mental health or
- substantial risk that the child, if born, would be seriously handicapped due to physical or mental abnormalities or
- pregnancy is caused by rape or
- pregnancy is due to failure of contraceptive in a married woman or her husband.

Women are **allowed to terminate an unwanted pregnancy without providing any reason within 12 weeks** and for pregnancy exceeding 20 weeks, women have to get a certificate or recommendation from two certified doctors/medical practitioners.

Problems with the act:

- A decision to terminate a pregnancy, as provided by existing laws, is the right of the women but as per the act **abortion can only be provided at the discretion of a medical practitioner.**
- More women have approached Courts in recent times seeking abortions beyond 20 weeks due to **foetal abnormalities** that in many cases **can only be detected in later stages of gestation.**
- In **cases of sexual assault and rape, particularly of minors**, doctors will be unwilling to provide abortions, irrespective of gestational stage.
- All these problems have led to delaying access to safe abortion care, **subjecting women and girls to repeated examination** by medical boards and at times denial of services.
- There is **ambiguity around the provisions for unmarried women** to terminate pregnancy due to contraceptive failure since considerable stigma is attached to having a non-marital pregnancy or birth.
- For second trimester abortions, the **consent of two medical practitioners** is required. This is particularly **challenging in rural areas** where many a times a second

practitioner is not available.

How does the amendment correct the problems?

- The amendment bill seeks to increase the **upper limit** for termination of a pregnancy **from 20 weeks to 24 weeks.**
- It proposes requirement of **opinion of one registered medical practitioner (RMP)** for termination of pregnancy **up to 20 weeks** of gestation.
- It also provides for the requirement of **opinion of two RMPs** for termination of pregnancy of **20 to 24 weeks.**
- It seeks to increase the upper gestation limit **from 20 to 24 weeks for survivors of rape, victims of incest** and other vulnerable women.
- For unmarried women, the Bill seeks to **relax the contraceptive-failure condition** for “any woman or her partner” from the present provision for “only married woman or her husband”, allowing them to medically terminate the pregnancy.

Importance of the amendment:

According to a study published in the Lancet Global Health, out of 15.6 million abortions occurred in India in 2015, 78% were carried outside health facilities. Though abortion was legalised in 1971, **unsafe abortions is the third-leading cause of maternal deaths in India.**

Other barriers to safe abortion include the implementation of the Protection of Children from Sexual Offences Act, 2012 (**POCSO Act**), and the Pre-Conception Pre-Natal Diagnostic Techniques (**PCPNDT**) Act, 1994 as **result of which doctors hesitate to provide abortion services to women and young girls.**

The amendment is significant because in the first five months of pregnancy, some women realise the need for an abortion very late. Usually, the **foetal anomaly scan is usually done during the 20th-21st week of pregnancy.** If there is a delay in doing

this scan, and it reveals a lethal anomaly in the foetus, 20 weeks is limiting.

According to analysis, the **20 weeks limitation has spurred a cottage industry of places providing unsafe abortion services**, even leading, in the worst of cases, to the death of the mother. When women take the legal route to get formal permission for termination after 20 weeks, the process is tedious.

Hence the **extension of limit** would ease the process for these women, **allowing the mainstream system itself to take care of safe termination of pregnancies** and delivering quality medical attention. The move will ensure dignity, autonomy, confidentiality for women and **upholds their reproductive rights over their bodies** and the **maternal mortality rate would be reduced.**