**STUDY OF ABORTION LAWS THROUGH THE LENS OF WOMEN’S RIGHTS**

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**Abstract**

The Medical Termination of Pregnancy (Amendment) Bill, 2020 was drafted with a noble and liberal objective – to promote increased preference for and access to safe abortions in India. It also sought to provide greater recognition to reproductive rights and women’s bodily autonomy. Although the earlier MTP Act of 1971 was progressive in substance, the recent amendment sought to mould Indian abortion law in line with social and humanitarian concerns, that have been gaining impetus worldwide. However, there still remain gaps in the legal framework, in addition to a poor record in awareness and implementation. Despite a series of policy measures, Action Plans, judicial rulings and community effort, abortion remains a taboo in the lowest to the highest rungs of Indian society. There is a need for major reform in the execution of the MTP Act and the associated Rules and Regulations. This paper seeks to identify the gaps in the existing Abortion Law in India, and the barriers in its effective enforcement. It seeks to measure the extent of success of the MTP Act of 1971, with the aid of government data and studies conducted by several State and Non-State Institutions. It further seeks to analyse the causes of failure in execution at the grassroots level and the possible ways of misuse of the Act. Through the data collected, it was discovered that almost 10 women die of unsafe abortions every day and that around 50% of abortions occur outside medical facilities. These grim statistics are aggravated by the rampant illiteracy and lack of family planning in rural areas. This paper proposes methods to fill the existing void in the legal framework and to facilitate increased legal and social awareness on abortions. It identifies the inadequacies in the newly approved MTP(Amendment) Bill, 2020 and suggests possible remedies for a more comprehensive framework. It further suggests ways to tackle corruption, misuse and malpractices in the medical profession, to counter the menace of maternal mortalities from unsafe abortions.

**Research Methodology**

Secondary sources of data were used for the purpose of this research. Parliamentary Committee Reports, legislations, judicial pronouncements, Rules and Regulations, Government Data from the Ministry of Health and Family Welfare, and secondary data from other policy organisations and Information Systems were used to understand the extent of access to safe abortions and in identifying areas that need reform.

**Introduction**

The question of whether a mother’s life is more valuable than that of an unborn foetus has troubled global legislators for long. Anti-Abortion activists, who typically hold orthodox views, often rooted in a restrictive understanding of religious philosophy, have consistently supported anti-abortion laws. For example, recently in the US State of Alabama, a Republican State, abortion has been banned throughout the period of pregnancy, starting from conception.[[1]](#footnote-2) Similarly, Ireland, though progressive on other social fronts, only recently considered lifting the ban on abortion.[[2]](#footnote-3) The moral implications of abortion have been complex. Both Pro-Choice and Anti-Abortion activists have presented compelling arguments to either ban or allow abortion.[[3]](#footnote-4) Most anti-abortion activists have justified the bans on the grounds of sanctity of life of the unborn child, and the social stigma associated with abortion, which, in many societies is condemned as a “killing”.[[4]](#footnote-5) Furthermore, religious scholars and movements have acted as an obstruction to lifting bans, since most religions prohibit abortion, on grounds of immorality. However, even with many jurisdictions around the world legalising abortions, the lack of legal awareness, coupled with social taboos coerce women into opting for unsafe abortions, risking health and life.[[5]](#footnote-6) Traditionally, abortion was allowed only up toa certain trimester, due to the complications associated with late abortions. However, with significant advancement in technology, abortion today can be performed safely through surgical methods.[[6]](#footnote-7)Hence, ideally, abortion should be allowed at any stage of pregnancy with the consent of the mother. However, the legal framework in India is yet to recognise the absolute exercise of bodily autonomy by a woman. Although the recent Amendment to the MTP Act[[7]](#footnote-8) has taken a huge stride in increasing access to safe abortions by allowing abortions at any stage on the ground of foetal abnormality and increasing the uppergestational limit for seeking abortions, it has not achieved gender justice in the true sense.[[8]](#footnote-9) There still remain loopholes in the Bill, in addition to an absence of effective monitoring of abortions across India, and medical and legal ignorance amongst many citizens.[[9]](#footnote-10)The existing framework on abortions has proved to be inadequate to grapple with the practical realities of a majorly rural and developing society.

From abortion being criminal prior to 1971 to India becoming one of the most far-sighted and liberal countries in granting reproductive rights, the law has evolved slowly with social change.[[10]](#footnote-11) However, there is still a long way to go to give effect to the intention with which the Bill has been introduced. Government statistics reflect a grim picture. While it is true that a majority of government hospitals and healthcare providers offer abortion services under CAC (Comprehensive Abortion Care), unfortunately as less as 30% of PHCs (Primary Health Care Centres) offer abortion services.[[11]](#footnote-12) In most rural communities in India, PHCs are the first and primary nexus for women, who otherwise possess little knowledge and resources to travel beyond the village to seek professional medical guidance or service. Further, there is a striking disparity amongst states, so far as awareness on the legality of abortion is concerned.[[12]](#footnote-13) States like Madhya Pradesh, Bihar and Jharkhand suffer from rampant illiteracy, with only about 12-20% of their population being aware that abortion is legal.[[13]](#footnote-14) Often, women are wilfully not provided with such knowledge and counselling, to restrict the choices available to them, especially in more rural and orthodox settings, like in the case of Rajasthan, Haryana, Bihar and UP.[[14]](#footnote-15)With education on sexual and reproductive health almost being a nullity in India, the resources available to young women to understand their legal rights is close to non-existent. While abortion itself has been labelled as a blot on a woman’s reputation and dignity, it acquires a more stigmatised form for young, unmarried women, who are already ostracised for pre-marital affairs and pregnancies.

When a woman suffers from an unwanted pregnancy, threatening her physical, emotional and psychological well-being, it often is a question of life or death for her. It is true that both the man and the woman contribute towards creating the foetus, but the onus of carrying the baby to term lies on the woman, who has to bear the physical consequences of bearing the child, often at the cost of her own life. Art. 14 of the Constitution, which guarantees the right to equality, makes it sufficiently clear that any discrimination between two classes must be based on reasonable grounds. Denying a woman the exercise of her personal will to secure her own health, life and mental well-being would clearly amount to a blatant violation of the principle of equality of genders. Moreover, statutory backing to anti-abortion ideologies and practices further deepens the patriarchal set-up that has historically denied women basic rights over their own mind and body. It is important that in furtherance of Constitutional ideals, the law must strive to intervene with feudal and irrational mindsets and instead promote increased equality amongst genders, through adopting policies that overturn, and not, strengthen regressive ideals.

It is first important to understand the history of abortion law in India, to have a better understanding of the present scenario.

**History of Abortion Law In India**

The conception of morality under Indian law has, to a great extent, been influenced by the British view of morality.[[15]](#footnote-16) Adopting its rationale from the Offences Against the Persons Act, 1861, the Indian Penal Code indirectly criminalised abortion under S. 312, which provided that anyone who voluntarily caused the miscarriage of a woman, except to save her life, would face three years in prison, with fine. It also prescribed punishment for a woman who voluntarily sought abortions, with an imprisonment term of seven years. Common law has traditionally given unborn persons the status of legal persons, which is reflected in several areas of law, including torts, contracts, criminal law, etc. The life and mental sanity of a woman was accorded lesser importance than the life of a growing foetus. However, with a change in legal position worldwide, Indian lawmakers started debating the issue. The humanitarian concerns associated with women’s health and its inevitable connection to abortions led to a change in discourse in the Indian legal circle. The Shantilal Shah Committee was formed by the Parliament to study the subject in detail and present its recommendations on the legality of abortion. From 1964-1970, the Committee framed its recommendations and proposed changes to the existing law in India. It proposed the legalisation of abortion, with a view to protect women’s lives and to improve maternal health.[[16]](#footnote-17)The recommendations were framed after an extensive analysis of the legal, medical and socio-cultural aspects of abortion.[[17]](#footnote-18)There was a notable shift in perception, and significant weightage was given to gender justice and reproductive rights. Under the MTP Act of 1971[[18]](#footnote-19), a woman could choose to terminate her pregnancy up to 20 weeks, on specified grounds like risk to life, crime, mental harm, foetal abnormalities or disability and failure of contraception. The option of abortion in case of failure of contraception was however available only to married women and their partners.[[19]](#footnote-20) Further, any termination beyond 20 weeks needed the express permission of the Court, which further increased the legal hurdles for the already vulnerable pregnant woman. Abortion beyond 12 weeks also required the approval of two medical practitioners, in contrast to one RMP as in the case of abortions in the first trimester.

In 2002, the MTP was amended[[20]](#footnote-21) and the definition of a mentally ill person was changed.[[21]](#footnote-22)Despite the amendment, complete bodily autonomy in reproductive matters was still not effectively achieved. On a careful reading of the Act, it is surprising how the very Act which supposedly seeks to legalise abortions, does not once either define or recognise the term abortion in any provision. The Act has been more in the nature of a trade-off, which seeks to compensate women for the failure of the law to reverse the social inclination towards anti-abortion views, rather than serving as an effective mechanism for granting complete autonomy to women over their bodies. Unfortunately, even the Supreme Court and High Courts have taken contradictory stands on the issue and have not contributed to any major change in the law through judicial activism, or judicial review. While reproductive rights have been recognised as a part of the right to life and privacy[[22]](#footnote-23), a petition seeking to declare the MTP Act as unconstitutional was rejected by the SC, shifting the onus to the legislature to bring in any reform in the law.[[23]](#footnote-24) In fact, the SC, in 2006, had stated that the MTP Act was not violative of Art. 21, because the question of when the life of an unborn foetus actually begins is contentious and subject to varied interpretions. Despite certain positive trends in judicial decisions in the past few years, which have allowed for termination of pregnancies at advanced stages, there has been no significant change in the law.

As the law evolved further, the process of abortion was decentralised, and private players were given more freedom to carry out abortions in a safe environment. The Abortion Assessment Project of 2002[[24]](#footnote-25) sought to assess the success of legalising abortion and the actual incidence of safe and unsafe abortion carried out in India. The MTP Rules and Regulations of 2003[[25]](#footnote-26) outlined the specific duties and composition of various bodies involved in the process and the procedure required for a legal abortion. Despite numerous policy initiatives being taken, the Assessment of 2002 portrayed that around 15.6 million abortions happened in India every year. 56% of abortions are unsafe in India and 10 women die every day due to unsafe abortions[[26]](#footnote-27), with many more facing serious health consequences as a result of unsafe abortions being performed by quacks and poorly trained medical staff. AYUSH Workers, nurses and other paramedical staff qualified to perform abortions have received limited permission to perform abortions.[[27]](#footnote-28)In fact, there has been a persistent demand to allow Ayurvedic, Homeopathy and Unani Doctors to be actively engaged in the system, after obtaining standardised training and qualifications. However, even today, abortion law in India revolves around a physician only policy, which has further widened the gap between women and access to safe abortions. These factors have led to women approaching medical facilities illegally out of desperation, in the absence of proper counselling and awareness. Private clinics and fraudsters have misused the law and exploited poor, illiterate women who receive no guidance. With a lack of family support and community intervention, thousands of poor women have been coerced into either self-aborting or undergoing the process at unregistered and fraud medical facilities. Often, it has been found that women seek abortion for several reasons other than those given under the law. In fact, 31% of women seeking abortions did so for reasons not specified under the MTP Act. This reflects a major gap in the legal provisions and the practical reality faced by women, mostly in rural India. In Indian villages, especially in Northern India, sex-selective abortion has been rampant, with the Pre-Conception and Pre-Natal Diagnostic Techniques Act being enacted to tackle the menace. With a lack of understanding, medical providers confuse themselves between the legal implications of the two Acts and hesitate to perform consensual abortions, under the fear of being prosecuted under the PCPNDT Act.[[28]](#footnote-29) Abortion is also considered immoral in many cultures, and a woman is often forced to seek abortion secretively. In a survey conducted, it was found that rural men and women have lesser knowledge of the intricacies of abortion law than their urban counterparts.[[29]](#footnote-30) These challenges have barred the full achievement of gender justice with the MTP Act. The current scenario is worrisome and needs urgent reform, with legal intervention.

**Present Scenario**

Due to inadequacies in the law and the consequent harm caused to expectant mothers, the MTP (Amendment) Bill was proposed in Lok Sabha in 2020, and surprisingly, received wide support from MPs and has been approved. It is yet to be enforced, but the object behind enacting the Act has been lauded as progressive and revolutionary. The Act, inter alias, has increased the upper gestational limit for abortion to 24 weeks for certain categories of women and has removed the upper limit in case of foetal abnormalities. These two major changes will allow women to terminate pregnancies at a later stage, which was not permitted earlier. It was often found that foetal abnormalities and other such defects came to light much later (beyond the 20 months), which left women helpless and unable to avail of legal abortions. With advanced technologies like MVA and EVA, it is absolutely safe to terminate pregnancies at any stage, in most cases. Yet, the present bill is still considerably narrow in its vision, going by modern standards. It has retained provisions which prove as hardships for women and has not remedied the various legal issues facing women at the most vulnerable stage of their lives. In the following sections, the features of the present Bill have been analysed and arguments presented for or against them.

**Main Features ofTheMTP(Amendment) Bill 2020) – Key Provisions**

The MTP (Amendment) Bill has proposed major reforms to the earlier Act to make it convenient for women to seek legal and safe abortions, even at an advanced stage of gestation. Among the major changes introduced are the following:

1. **Removal of Requirement of Opinion of two RMPs, up to 20 weeks[[30]](#footnote-31)** – The former Act mandated the opinion of two RMPs for abortions beyond 12 weeks of conception. For women with limited access to medical facilities and poor knowledge of the procedure, it was very burdensome to find 2 RMPs to get approval, which further delayed the process, and caused hardships to expectant mothers. It also led to delays in taking crucial decisions, thus risking the health and safety of women at a vulnerable stage.
2. **Extension of Upper Limit Up to 24 Weeks:** The present Bill allows women in specific categories like victims of rape, incest, and crimes, disabled women and minors to abort up to 24 weeks of pregnancy. It has thus become less cumbersome for women to adhere to the gestational limit of 20 weeks, especially in cases where the fact of pregnancy or the complications associated with it come to light after 20 weeks. It will give more space to women to consider their decisions and take calculated steps in the interest of their well-being and health.
3. **Removal of Upper Limit for Abortions for Foetal Abnormalities:** The earlier Act did not permit abortions beyond 20 weeks on the ground of abnormality of the foetus. The present Bill removes that bar. Foetal abnormalities like cardiac defects, mental disorders, and other life-threatening defects are detected beyond 20 weeks, causing immense mental agony and suffering to the woman. The pain associated with giving birth to such a child and watching the child die early is inexpressible and harms the mental stability of the woman. Under such circumstances, it is prudent to allow the woman to terminate the pregnancy and save her the pain. However, the woman has to seek approval from a Medical Board, the composition and functions of which would be outlined by the Government.
4. **Privacy of the woman:** Indian society is still at a nascent stage, so far as the social acceptance of abortion is concerned. Women often face ostracization and discrimination, after knowledge of the abortion is gained by family members and the community. They are also sometimes tortured mentally and physically for having opted for abortion, leading to further difficulties in the social sphere. To prevent unauthorised use of the information provided, the Bill proposes that the name and particulars of the woman would remain absolutely confidential, except when demanded by a judicial body or for investigation.

The above-mentioned changes are not sufficient to tackle the issue of unsafe abortions in India. Many more reforms are needed for the complete achievement of reproductive health and gender justice. The law needs to shed away prejudices borrowed from the society and separate itself from primitive notions of morality. With international bodies like the WHO recognising the right of a woman over her body, it is time that Indian law matches up to international standards and moves towards a pro-choice stance.[[31]](#footnote-32)

**Arguments in Favour of The Bill**

1. Foetal personhood, or the recognition of a foetus as a legal person, requires that the life of the foetus is protected and arbitrary abortions aren’t allowed. There has to be a balance of individual interest with social interest. While abortions are rightfully allowed under special circumstances, abortion without any valid reason will impair the life and health of the foetus, which is against the established notions of morality.
2. Even with advancement in technology, there are chances of health complications if abortions are performed beyond 24 weeks, threatening the life of both the mother and the child. While it is important to respect the choice of the mother, a decision cannot be taken without proper medical opinion, putting the woman’s life at stake.
3. Foetal pain is the pain experienced by the foetus when a pregnancy is terminated at an advanced stage. Inflicting pain intentionally on a living entity which can feel and breathe, in the absence of compelling reasons is akin to killing a human being without sufficient cause. It has been proved by studies conducted by organisations like the JAMA review that the foetus does experience pain beyond 26 weeks, due to the formation of advanced neurological system.
4. Several arguments have been presented proposing that the requirement of consent from a guardian for an abortion by a minor or disabled person must be removed. Minors and disabled persons, generally lack adequate maturity and knowledge,andmay take hasty or impulsive decisions that prove to be against their own health and safety. Further, with the rampant corrupt practices prevalent in the medical field, vulnerable people like the disabled may be tricked into falsely believing that an abortion is safe, thus harming their physical and mental health. It is only to prevent such misuse that the consent of the guardian has been made mandatory under the Act.
5. Opinion from RMPs or the Medical Board is not meant to restrict the choice of the woman, but only seeks to ensure that the woman exercises a calculated choice, that is medically safe for her. Abortions and the post-abortion period can present with various complications in the mother, especially in those who have certain existing ailments. To ensure that abortion is not carried out at the cost of the life of the mother, such an opinion has been made mandatory.
6. Allowing abortions beyond 24 weeks increases the chances of performing sex-selective abortions and promoting female foeticide. There is an extensive network of quacks and medical providers, who illegally run such operations, under the guise of performing legal abortions.[[32]](#footnote-33)
7. Sometimes, the woman chooses to abort the baby, not out of her own will, but due to extreme social pressure and stigma associated with pre-marital pregnancies. In such cases, it would be more beneficial to provide proper counselling to family members and to provide adequate safety to the woman, rather than approving of the abortion for the sake of social appeasement.

**Arguments against The Existing Law And The Present Amendment Bill**

1. The Constitution of India guarantees the right to equality to every citizen under Art. 14, in addition to the right to life and personal liberty under Art. 21. In order to achieve gender equality and respect the privacy and personal liberty and life of a woman, it is imperative that woman be allowed to exercise the choice of abortion, even in the absence of reasons specifically provided in the MTP Act, if it appears reasonable and does not jeopardise the life of the woman.
2. Foetal personhood and pain do not occupy higher significance than the life of the mother. Since it is the woman who has to bear the child, and face all the consequences of carrying forward her pregnancy, it is only she who should have the right to choose what to do with her body.[[33]](#footnote-34) Religious and moral diktats are no reason to propagate a highly oppressive culture, where the woman herself does not have a say over her own body. Bodily autonomy is a basic element of privacy and a sense of security, and cannot be denied on loose moral grounds.[[34]](#footnote-35)
3. Reproductive rights are an essential part of basic human rights and the right to gender equality. In the absence of reproductive rights, gender justice will just remain a hollow concept.[[35]](#footnote-36)
4. While the present Bill permits abortions for foetal abnormalities at any stage, it requires the approval of a Medical Board. It is possible that the Medical Board may render decisions that are not in the best interests of the mother. Further, this will lead to unnecessary delays in seeking safe abortions, and unless there is any threat to the life of the woman, a woman must not be compelled to carry the foetus suffering from abnormalities as it is she who has to endure the mental and financial suffering associated with the disability.
5. The extension of the upper limit to 24 weeks has been limited only to specific categories of women, thus again limiting the scope of women getting safe abortions out of choice beyond 20 weeks. Sometimes, financial hardships and circumstances that go beyond those mentioned in the Act compel the woman to abort the baby. The Act has failed to address this aspect and has adopted a rather narrow vision of female autonomy and choice.
6. International instruments like the Universal Declaration of Human Rights and International Covenant of Civil and Political Rights recognise the right to equality between men and women[[36]](#footnote-37) and have rejected several proposals to include abortions as a violation of the right to life.[[37]](#footnote-38) Most of these treaties and covenants mention the term “human being” with respect to the right to life. If the term “human being” is to be construed to include an unborn foetus, it will lead to harmful psychological and physical implications for women, with a chance of increased suicides and mental health issues.[[38]](#footnote-39) Further, life cannot be construed to mean only the ability to breathe, sense and experience pain. An unborn pain does not have a fully developed mind, and does not feel or think as profoundly as the mother. Valuing the life of such an unborn person over that of a fully grown adult female is ethically wrong and devoid of sound logic. Mere medical and legal technicalities associated with the definition of “legal personality” must therefore not be allowed to defeat the humanitarian grounds behind permitting abortions.
7. The National Population Policy of 2000[[39]](#footnote-40) and the National Health Mission both seek to achieve universal healthcare and better family planning. Providing facilities for safe abortions falls under the ambit of universal healthcare, and therefore deserves urgent attention from the legislature. In the absence of well-drafted laws granting complete autonomy to women to end pregnancies in the absence of health complications, women have to approach Courts, and the legal process further takes a long time to wind up. There is a need to bridge the gap between the pro-choice stance taken by the judiciary and failure of the legislature to settle the issue adequately through far-sighted policies and legislation. In fact, family planning initiatives have shown wider acceptance over time, and have resulted in lesser suicides, which indicates how the legislature can positively reform the social stigma associated with issues like abortion.

**Important Judgments of The Supreme Court on The Issue of Abortions**

* In *Nikhil Dattar v. UOI*[[40]](#footnote-41)*,* S.3 of the MTP Act, 1971 was challenged as being unconstitutional and violative of the right to life under Art. 21. The SC stated that it could not intervene in the matter since the onus was on the legislature to reform the law. Such decisions aggravate the moral dilemmas faced by doctors, when approached by women who have not received any valuable help from the Courts.
* In another case, *Suman Kapur v. Sudhir Kapur[[41]](#footnote-42)*, abortion without the husband’s consent was equated with mental cruelty and made as a ground for divorce. This judgment is inconsistent with the MTP Act and concerned Rules and Regulations, which require only the consent of the adult woman for abortion. Such decisionspromote a regressive mindset and further the social stigma associated with abortion.
* In *Mrs. X v. UOI[[42]](#footnote-43),* the SC recognised reproductive rights to be fundamental to the right to life and bodily integrity guaranteed under Art. 21, and allowed the termination of pregnancy beyond 20 weeks on grounds of potential harm to the physical health of the woman. Similar judgments have allowed for abortions up to 25-26 weeks of pregnancy under compassionate grounds.
* Rape victims face extreme mental agony in carrying the child of their rapist. Coupled with the social stigma associated with rape, such pregnancies damage the body and mind of the victim and rob her of her innocence and liberty. In the case of *MuruganNayakkar v. UOI*[[43]](#footnote-44), the SC allowed the termination of a 32-week pregnancy, taking into account the mental suffering endured by the victim.
* A ray of hope has emerged with the judgment in Sarmishtha*Chakraborty v. UOI[[44]](#footnote-45),* where the SC expressly recognised that a woman has a “sacrosanct right to her bodily integrity” and consequently allowed the petitioner to abort her 26-week old foetus. The Court also stated that the woman would suffer from grave mental injury by continuing the pregnancy. The judicial trend has been shifting towards a more pro-choice stance over the past decade.

Several such cases before the SC have reflected that the judiciary has mostly adopted a pro-choice stance and allowed for the exercise of reproductive rights, without unreasonable legal restrictions. However, there is still a long way to go because in the absence of properly enacted laws and their execution and social acceptance, judicial rulings will remain meaningless.

**Conclusion**

There is no denial of the fact that India has been amongst the top countries in liberalising its abortion laws and attempting to increasing access to safe abortions for women.[[45]](#footnote-46) The socio-economic conditions of a majority of Indian women has prevented them from understanding their legal rights and availing of the same.[[46]](#footnote-47) Family pressure, social stigma and legal hurdles have coerced women to approach unauthorised medical practitioners, who often exploit women and perform dangerously invasive abortion procedures without proper knowledge or training.[[47]](#footnote-48) The first step towards removing these obstacles would be to overhaul the MTP Act, and grant the mother with the absolute choice to abort the foetus at any stage of pregnancy, in the absence of risk to health or life. Further, knowledge on abortion should be imparted from the college level and should be made a part of compulsory sex education provided to adults at the school and college level.[[48]](#footnote-49) Denial of sexual and reproductive rights will only serve to worsen the current situation on abortions. Strict action must be taken against doctors indulging in malaise practices and performing illegal abortions. Further, grassroots level activists must run door-to-door literacy campaigns to educate rural woman and men, and this must be enforced seriously with the aid of local police authorities. Post-abortion care must be improved and there must be regular counselling of family members and Panchayat level institutions to eliminate the taboo associated with abortion.

**Suggestions**

1. The MTP (Amendment) Bill must grant absolute choice to every woman to terminate pregnancy at any stage, if it does not jeopardise her life or health.
2. Pregnancies with foetal abnormalities must be allowed to be aborted, without unnecessary delay caused due to the opinion of the Medical Board, if the woman has a chance of suffering mental harm from the continuation of the pregnancy.[[49]](#footnote-50)
3. Education on abortion laws, methods and procedures should begin at the college or high school level and must be taught in a responsible manner, so that it may break the ignorance and prejudices of youth.
4. Data on safe and unsafe abortions must be standardised and there must be better Centre-State coordination on policy-making and implementation of abortion laws.
5. Expert counsellors must be chosen to counsel the family members and Panchayat level institutions in villages where women face social ostracization for opting for abortion.
6. A special app dedicated to imparting information on safe abortions must be made available by the Central and State governments to facilitate better literacy on abortion.
7. The budget allocated for infrastructure development and equipment procurement for abortion centres must be increased and the private sector must be adequately regulated to ensure that abortion does not turn into a business for private players.
8. AYUSH Workers, nurses and para-medical staff must be allowed to perform safe abortions, after proper training and certification, albeit with strict regulation.
9. There is no clear distinction between first and second trimester abortions in Government data. Most second-trimester abortions require more advanced medical equipment and expensive facilities[[50]](#footnote-51), which means that a proper segregation of second trimester abortions, while collecting data will allow for better planning in infrastructure development and service delivery. For example, a research study conducted in 2006 indicated that unwanted pregnancies are the primary reason for seeking such second-trimester abortions.[[51]](#footnote-52) Therefore, such abortions must be classified distinctly, with a separate strategy being developed to facilitate such abortions in a timely and safe manner.
10. While the private sector is lauded for providing improved quality and services, the exorbitant prices charged by private healthcare providers makes it near impossible for poor women to access quality services in private hospitals.[[52]](#footnote-53) To remedy this, there must a cap on the prices charged for abortions by private hospitals. The cap should take into consideration the providers’ costs incurred and balance them with the right of women to access safe, confidential and quality abortion services.

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