

# TERMINATION OF PREGNANCY: A WOMAN'S RIGHT

**Charu Chadha**

Law College Dehradun *faculty* of Uttarakhand University, Dehradun- 248007, Uttarakhand, India.

**Ishita Goel**

Law College Dehradun *faculty* of Uttarakhand University, Dehradun- 248007, Uttarakhand, India.

**Sachin kumar**

Assistant Professor of Law, Law College Dehradun *faculty* of Uttarakhand University, Dehradun- 248007, Uttarakhand, India

**Manish Bharadwaj**

Assistant Professor of Law, Law College Dehradun *faculty* of Uttarakhand University, Dehradun- 248007, Uttarakhand, India.

**Dr. Radhey Shyam Jha**

Associate Professor of Law, Law College Dehradun *faculty* of Uttarakhand University, Dehradun- 248007, Uttarakhand, India.

## ABSTRACT

Abortion has been distressed with controversy, as it involves a tangle of theological and moral issues. What significance does law plays in these moral debates? How can a government strike a compromise between reproductive freedom and life protection? Law is a dynamical phenomenon that changes in response to society's needs and morality. In this perspective, this study discusses the limitations of abortion legislation and how modifications in those laws can address the underlying dispute. All women should have equal access to abortion grounds, and personal autonomy should be prioritized across an abstract concept of potentially foetal life. The MTP Act of 1971 encompasses all of the provisions that constitute the legal framework for terminating a pregnancy.

Keywords-Medical Termination, Abortion, Foetal Life, Woman's Right

## 1. INTRODUCTION

Women's rights to choose their own sexuality, fertility, and reproduction are aspects scarcely (Jesani & Iyer, 1993), if at all, taken into account when formulating abortion-related policies and legislations. Abortion is one of the most tendentious legal issues, as it is concerning to taking a human life. Simply stated, when we go through conventional reasons for and antagonistic towards abortion, we find statutable and divine grounds discretely. If it comes to those who defend abortion, they prong to the demand that abortion is the 'right to choose' for a woman whether to proceed or end her pregnancy. Anti-abortionists, typically contend religiously as the strike force of their common stance on abortion. Women have practiced various forms of birth control throughout history, birth-control might help them in not to have unwanted pregnancy but it might cause some

bodily harm. Furthermore, the contraceptive methods don't provide 100% surety (Lonna P. Gordan, 2022) of protection from unwanted pregnancy. In such cases where unwanted pregnancy comes up, woman can have a deep impact on their body and mental state and would prefer abortion if they aren't physically and mentally ready for the upbringing for the child.

India already lacks providing sex education. In cases of unwanted pregnancy or bodily harm at the course of pregnancy as well the measures to be taken is something the governmental authority should put focus on to spread awareness.

Though India had implemented the MTP Act, 1971 which allowed termination of pregnancy and specific laws regarding the time period of the termination to be taken in consideration and whosoever is appointed to lead such procedures. Still the statistics of the proper abortion care system is lacking in India. The two sects of opinions are available that is pro- choice and pro- life.

### **1.1. Pro- choice**

This group's followers advocate for abortion rights and biological autonomy. They contemplate that abortion should indeed be left to the pregnant woman's discretion. They debate whether the hypothetical liberties of an embryo can be prioritized over the woman's existing human rights. The foetus is considered a trespasser on a woman's body in many arguments, and so the woman should also have the right to abortion and bodily integrity. Pro-choice proponents argue that a pregnant woman's right always surpasses the abstract entity of foetal rights. This issue is interesting since reproductive liberty is one of the most crucial components of women's rights. Pro-choice proponents feel that the rationale that places a greater value on the life of a foetus over the life of a mother is incorrect. For illustrate, a woman retains her constitutional right to abortion even after the foetus has reached viability, if it is intended to safeguard her life or health. In this scenario, the woman's life and health take precedence over the unborn life, thus why does the survivability of the foetus have a higher value in other cases? If a foetus could be constituted a person, then sacrificing it at any moment should be deemed wrong, including when the woman's life is at stake. But that's not the case; in such a case, a woman's reproductive rights will outweigh the state's obligation to protect human life, and the notion will be deemed defective.

Another reason for the importance of reproductive autonomy is that pregnancy is not a minor life event. It can pose a multitude of significant changes in a woman's life, such as impairment of her academic and social life, employment difficulties, and so on.

### **1.2. Pro- life**

Proponents of the pro-life philosophy oppose abortion. They think that a foetus life starts at conception and that a foetus can therefore be regarded as a human being. The premise at work here is about the potential unborn life and prenatal rights. They think that if the pregnancy is prolonged to term, the foetus will grow into a full-grown adult with the ability to exercise human rights. This principle is based on Aristotle's potentiality principle, which asserts that all living things emerge from a potential state to become their species. Anti-abortionists argue that killing a foetus is just as unethical as killing a human being because of this imputation of existence to a foetus. They feel that abortion is a moral and ethical problem that must be addressed in order to safeguard human life.

But the question here is whether the foetus can truly be said to have life, and if so, at what point?

There are several hypotheses that attempt to address this topic, however they are all contradictory. For example, Aristotle proposed the idea of 'quickening', which refers to the first time a pregnant woman feels the movement of the unborn, and said that it is at this point that the foetus will become a human being. While the Fundamentalist Approach claims that life starts at conception, many people feel that a foetus's existence can only be allocated when it becomes viable, that is, when the foetus can survive outside of the womb.

Though survivability can also be viewed from a subjective standpoint, since improved health institutions can make a baby viable earlier in the pregnancies in some locations than in others where such facilities are not gradually available.

It's impossible to reach a consensus because of these differing perspectives on foetal life, and the concept's ambiguity makes it arbitrary by itself.

### **1.3. THE LEGALITY OF FOETAL LIFE**

Article 21 of the Indian Constitution states that everyone has the right to life, however it is silent about whether the foetus carries life and can be granted rights. In India, life in the womb has been acknowledged under numerous laws, and the foetus has been awarded some rights as a result. The Hindu Succession Act recognizes the rights of a kid in the womb, as does Section 6 of the Limitations Act, which states that a minority includes a child in the womb. The Indian Penal Code also advocates for the safeguarding of the foetus via Section 312, which punishes or detains anyone who induces a miscarriage without the approval of the mother.

The right to retain or abort the child is with the woman itself. This concept deals with the right to privacy of the woman. Under Indian Constitution, the woman's right to privacy is protected through various case laws.

### **2. PRIVACY AS A FUNDAMENTAL RIGHT OF THE CONSTITUTION OF INDIA**

The right to privacy, out of all the rights or liberties not directly stated in Part III of the Constitution, has had to endure a long and tough struggle over the previous four decades, and it appears that it will continue to do so. An eight judge bench in *M.P. Sharma (Jagannadhadas, 1954)* in 1954 and six judge bench in *Kharak Singh (Ayyangar, 1962)* in 1962 have resulted Right to Privacy as non-existent and three judge bench in *Govind (Mathew, 1975)* in 1975 and two judge bench in *R. Rajagopal (Jeevan Reddy, 1994)* have found that it enumerates from the other particular rights and implicit in Right to Life and Liberty. While discussing of Liberty landmark case of *A.K. Gopalan (Kania, 1950)* came into picture which reject its argument that "Personal Liberty" in Article 21 refers only to the liberties of the individual's person, and have effectively deleted the word "Personal" put with great care by the Constitution's founders. In a case (*Ayyangar, Kharak Singh vs The State of U.P. & Others, 1962*) it was stated that Right to Privacy as Fundamental Right states that personal liberty is wide enough and does not confined to freedom from physical restrain and arrest and detention and include all the liberties which are not expressly provided by Article 19. Invasion of privacy is not an infringement of Fundamental Rights under Part III. It is difficult to see how "Personal Liberty" in Article 21 could not contain the right to be alone, much alone the right to privacy, if it is to embrace all the liberties that a Person may legitimately require.

It is enshrined that right to privacy is a cardinal right and is available to each and every woman whether to give birth to a child or to abort the child. It is completely her choice to keep the foetus or to abort the foetus.

### **3. STATISTICS ON ABORTION CARE UNITS**

India had recognized induced abortion in accordance with the provisions under the Act of 1971. But India has also recognized lack of information regarding the access to abortion services and nationwide estimate of the total intended and unintended pregnancy. Pregnancy is a key component of abortion. India not recognizing the estimation of nationwide pregnancy is an indicator to lack of recognition to abortion counts as well.

Yet some data is available by the studies, for instance the highest number of abortion rate in India was observed in 2002 which consisted the midst abortion rate per 1,000 women aged 15-49, where the stubby count was 32.8 in the state of Tamil Nadu and the inflated one i.e. 66.2 is in the state of Assam (Institute).

Another study was directed in 2015 on 'Abortion, Post abortion Care and Unintended Pregnancy' in Assam conducted jointly by New Delhi and New York based Guttmacher Institute, Mumbai Population Council, and by Indian Institute of Population Sciences (Singh, 5,80,100 abortions performed in Assam every year: Report, 2019) which provided an estimation of abortion performed in some states including Uttar Pradesh, Tamil Nadu, Madhya Pradesh, Assam, Gujarat, and Bihar. It was established that in the state of Assam (Singh, 2019), every year an approximate 5,80,100 abortions are accomplished. Even though in Assam the ratio of the abortion rate lied at 66:1000, it was considered that Assam is the only state out of all the other states in the study, with refined accession to safe abortion amenities in both private and public facilities. It was further estimated in the studies that Assam consisted of 588 facilities with abortion related care, 61% belongs to the public facilities and rest are private facilities. Even though Assam had taken a good care of the abortion related cases, the rest of the six states didn't showcased the same level of attention in such cases. It was further implied that, unsafe abortion is the leading determinant of India's maternal mortality rate.

This study also showcased that even though medical abortion success rate is 95-98%, after the legalization of the pills (Affairs) in 2002 under the Act, women seeking such methods had faced post abortion complications. The estimation of which is 65% in Assam, 59% in Uttar Pradesh and 51% in Bihar (Nihalani, 2019).

It is quite astonishing to discover India's rate of abortion even after the implementation of stringent laws against such the practice of abortion.

#### 4. JUDICIAL RESPONSE ON ABORTION LAWS

It was a watershed moment in American history, as it (Roe vs Wade, 1973) invalidated a Texas statute that outlawed it even if it was absolutely crucial to save the woman's life. Jane Roe, a fictitious name used to conceal the identification of Norma McCovey, attempted to induce miscarriage in Texas in 1969. Because Texas law forbade abortion, McCovey was recommended to two attorneys, Linda Coffee and Sarah Weddington, who were engaged in contesting the anti-abortion regulations against Henry Wade, the district attorney, after unsuccessful retrieving an illegal abortion. Texas statute was knocked down by the Supreme Court in 1973, with a 7-2 unanimous opinion. In his ruling, Justice Harry Blackmun declared that the 14<sup>th</sup> Amendment safeguards the woman's right to privacy in regard to abortion. The court furthermore divided pregnancy into three trimesters, stating that abortion during the first trimester was exclusively at the discretion of the woman, that abortion in the second trimester could have been regulated by the government, and that abortion in the third trimester could have been expressly forbidden by the situation due to the viability of the unborn child. Supreme Court of India in a case (Jeevan Reddy, R. Rajagopala vs State of Tamil Nadu, 1994) stated that Article 21 of the Constitution assures people of this country the right to life and liberty, which incorporates the right to privacy. It is a "right to solitude". A citizen's right to privacy includes his or her own, as well as the privacy of his or her family, marriage, reproduction, maternity, childbearing, and education.

In another case (Mrs. X and Ors vs Union of India, 2017), the Supreme Court allowed "the termination of 22 weeks pregnancy as per the recommendation provided by the 7 Members of the Medical Board stating that the prolongation of the pregnancy will cause a severe injury to the woman's physical and mental health. The Court interpreted Article 21 of the Constitution allows "A woman's freedom to make reproductive decisions, as well as her right to bodily integrity, enable her to terminate a pregnancy".

The Apex Court permitted in one another case (Murugan Nayakkar vs Union of India, 2017) to "terminate the pregnancy of 32 weeks of a 13 year old girl, sufferer of rape. The decision of the court was influenced considering the tender age of the child as well as the recommendation by the Medical Board to allow discontinuation of the pregnancy".

Even though there are cases of courts allowing the termination of pregnancy, there are also cases where court didn't allowed the termination of pregnancy beyond 20 weeks of gestation period.

Rejecting the plea of discontinuation of 27 weeks old pregnancy on the basis of the report provided by the Medical Board, the Apex Court (Savita Sachin Patil vs Union Of India, 2017) stated that the pregnancy won't cause any severe injury to the woman's mental and physical health but the child had indicated the existence of physical abnormalities.

The Court granted minor to terminate the pregnancy (Ramesh Tulshiram Rathore v The State of Maharashtra, 2018) where it was contended that the termination of pregnancy of her was to be represented by her father and as per the medical opinion, if the pregnancy will be continued by the minor it will affect her mental health. The Court stated that she had the say to do so. The Court further was of the opinion that the word "damage" should be added to the definition stated under MTP Act. The physical abuse was the consequence; the survivor's decision should be supported.

On report verification issue, (Ahluwalia, 2019), it was contended by the court to verify the same. The Board in this reply stated that the pregnancy is not feasible beyond 20 weeks of pregnancy. The Court ordered to form a committee consisted of 5 senior doctors to examine the condition of the petitioner. It was found that petitioner's pregnancy was not dangerous to her life and the committee recommended terminating the pregnancy.

In another case, the petitioner was a 10 year old girl who was 32 weeks pregnant. The Court rejected the plea of termination as per the recommendation by the Medical Board, that continuation of pregnancy at this age and stage will be less hazardous than termination of it. (Alok Alok Srivastava vs Union of India, 2020).

Bombay High Court in a petition (*Ms X v State of Maharashtra*, 2022) granted to terminate the pregnancy that last for 25 weeks stating the pregnancy as a consequence of rape will create harm to the girl's mental health. The Court stated that the opinion of the medical practitioner will be taken into consideration in ascertaining the woman's mental and physical injury. The Medical Board stated that as the girl is unmarried the continuation of pregnancy will harm her mentally and physically and if the pregnancy will be continued, the foetus will not get proper care. A complaint under section 376(2)(n) of the Indian Penal Code. The Court also ordered that the written consent of the girl is a necessary condition to terminate the pregnancy.

## 5. INDIA'S JOURNEY TO LAWS ON CESSATION OF PREGNANCY

Before the implementation of the Act, the practice of abortion was illegalized under Section 312 of Indian Penal Code, 1860 (Gandhi & Pandey, 2017) (hereinafter referred as '*IPC*'), but it was recognized as 'an intentional miscarriage' under the section. There is an exception to the provision, stating that if a woman's life is saved due to the carried out abortion it will not be considered as a punishable offence.

Even though abortion was recognized as a part of 'intentional miscarriage' under IPC, it was fully notified in 1960s when the Ministry of Health and Family Welfare observed an increase in the rate of abortion (Gaur, 1991) in India. This led the Government to appoint Shantilal Shah Committee (Firstpost)(hereinafter referred as '*committee*') in 1964, to come up with proposal and draft the laws related to abortion in India. The committee report came out in 1966 recommending for legalization of abortion on humane and medical reasons, to prevent the waste of women's health and lives. The report further provided in estimated the number of abortions in each year to be 6.5 million which consist of 3.9 million induced and 2.6 million natural out of 500 million as the count of population. The committee's recommendation led to the introduction of the Medical Termination of Pregnancy Bill at Parliament in 1970 which was later passed in 1971 and further implemented as the Act.

The Act allowed a woman to terminate their 20 weeks of pregnancy under the following conditions:-

- The continuation of pregnancy would put the woman under a serious threat to her life or an injury to her physical or mental health (Section 3);
- The unborn child is at notable risk to be either born dead or born with physical or mental abnormalities (Section 3);
- If the pregnancy is a result of rape and speculated to have caused severe mental health injury to the woman (Section 3, Explanation 1);
- If the pregnancy is caused by the married woman's or her husband's refusal to utilise contraception and it is predicted that the woman's mental health will be severely harmed as a result of the pregnancy, (Section 3, Explanation 2).

Further the Act, was amended in 2002 (MTP ACT (AMENDMENT), 2002), allowing women increase in access to facilities like pre-abortion care and post-abortion care, especially in the private healthcare sector.

In 2014, the Union Ministry of Health and Family Welfare proposed a bill (Gupta, 2019) to amend the act after the recommendation provided by the National Commission for Women, urging to raise the gestation limit from 20 weeks to 24 weeks irrespective of woman's marital status along with some other changes, but the bill was never presented in the Parliament.

Further in 2017, the bill was initiated in Rajya Sabha urging to raise the gestation period from 20 to 24 weeks and later in 2018, was introduced to Lok Sabha urging the same and additionally raising the period of gestation to 27 weeks in case of a rape victim. In the amendment bill 2020, the gestation period raised to 24 weeks. The consultation of one doctor is required if abortion takes place within 20 weeks from the date of contraception and consultation of two doctors are required if abortion takes place between 20 to 24 weeks. The amendment bill of 2021 purports rights to the unmarried women to seek abortion. Earlier this right was accessible to the married women only (Welfare, 2021).

## 6. TERMINATION OF PREGNANCY: AN ANALYSIS OF CURRENT SCENARIO (Chawla, 2020)

In March, 2020 a girl named Swati decided to terminate the pregnancy as her partner refuses to marry her and end the relationship. At that time, she was 24 weeks pregnant and moved to the Madhya Pradesh High Court to

terminate the pregnancy as this will affect her mental health. The Court refused the contention made by her by stating that the act done by her was voluntary and there is always the possibility to resume the relationship. Swati was one of 243 women who moved to the court to terminate the pregnancy. Out of 243 women 105 were minors and rests were adults. The Indian law permits the abortion up to 20 weeks of pregnancy. The women whose pregnancy period is more than 20 weeks have to carry the child. The amendment bill was introduced in the year 2020 to raise the gestation period to 24 weeks.

In the year, 2021 the gestation period to terminate the pregnancy raised to 24 weeks.

## 7. RESTRICTIONS ON ABORTION LAWS

There are numerous limitations that exist on abortion laws in India:

1. As per the law enumerated under section 3 of MTP Act, 1971 failure of birth control device is acknowledged only for the married women. This is extremely denounced because it is applicable only on married women. The rationale behind this is the social stigma attached to pre- marital sexual life and acceptance of the same. The recommendation has been made to the government to amend the bill and make it accessible to all women instead of married women. One more proposal for the enhancement of gestation period was proposed to be of 24 weeks.
2. The second matter was related to rape as a ground of termination of pregnancy. The question arose when women can terminate her pregnancy? Can the women procure termination before the man gets convicted guilty? If not, then what is the gestation period if it exceeds 20 weeks?
3. One more issue is the attainability of resources in rural as well as urban areas. Medical treatment is not correspondingly available to the rural women. Rural women require the consultation from the hospital in urban areas which is the infringement of right to privacy of the women and it is inconvenient for the women to travel to urban cities. The rural women haunt unsafe abortion.
4. The dearth of awareness of legality of abortion creates an opinion in the mind of women that they cannot obtain approved abortion and are compelled to unsafe abortion.

## 8. INTERNATIONAL ORGANIZATIONS ON ABORTION LAWS AND POLICY

- International organizations like United Nations Development Programme (hereinafter referred as '**UNDP**'), United Nations Population Fund(hereinafter referred as '**UNFPA**'), United Nations Children's Fund(hereinafter referred as '**UNICEF**'), World Health Organization(hereinafter referred as '**WHO**'), United Nations Department of Economic and Social Affairs (hereinafter referred as '**UN DESA**') had taken necessary steps to avoid unsafe abortion techniques. UNDP, UNFPA, UNICEF, WHO in collaboration with the Population Division of UN DESA launched a novel, open-access Global Abortion Policies Database.
- The database aims to support global and national attempts to stop unsafe abortion by allowing for analogous and country-specific studies of abortion laws and regulations, as well as offering suggestions and recommendations based on WHO policies for safe abortion assistance.
- The association further focused on the restrictive abortion laws as well. The study showcased indicates nations with more restrictive abortion laws had a threefold higher maternal mortality rate (223 maternal deaths per 100 000 live births) than countries with less restrictive regulations (77 maternal deaths per 100 000 live births). The study further suggested that having restrictive abortion laws creates delay for woman to get proper abortion care and even make the procedure complex and worrisome for the medical authorities.

## 9. CONCLUSION

It is rightly stated that sexual and reproductive health, particularly for women, is a fundamental right. Women will not be able to live and operate in a dignified manner if they do not have control over their own bodies and sexuality, and if they do not receive adequate health care throughout their lives. Abortion laws and policies are quite complex. The major concern of abortion laws and policies are on the health of the woman and the child. If proper medical facilities are provided in both urban and rural areas the rate safe abortion might increase and can help the unwanted pregnancy causing harm to woman's physical and mental health can be taken care of.

The major issue is for the young rape victims who got pregnant, at such a tender age going through a pregnancy and further delay in reaching the proper abortion care led them to go to court to get permission of getting abortion which led more delay. So in such cases, fast track courts must be acknowledged with appointed medical board members to reach a decision within a limited time period, considering all the aspects of the case. Abortion health care centers must be set up for both pre and post abortion treatment considering both physical and mental health of the patient.

The steps taken by international organization is an important step which could be taken by the Government authorities to process proper data each year on such cases. Rape victims and minor girls going through the pregnancy and is approaching the court for termination of such pregnancy should be prioritized. Further, the Indian Government should set awareness regarding the medical difficulties in case of delay of the gestation period and provide locations of the near-by medical units.

## BIBLIOGRAPHY

1. A.K. Gopalan vs The State of Madras, 13 of 1950 (Supreme Court May 19, 1950 ).
2. M.P. Sharma and Others vs Satish Chandra, 375 of 1953 (Supreme Court March 15, 1954).
3. Kharak Singh vs The State of U.P. & Others, 356 of 1961 (Supreme Court December 18, 1962).
4. Kharak Singh vs The State of U.P. & Others, 356 of 1961 (December 18, 1962).
5. Roe vs Wade, 70-18 (United States Supreme court January 22, 1973).
6. Govind vs State of Madhya Pradesh & Anr, 72 of 1970 (Supreme Court March 18, 1975).
7. R. Rajagopal vs State of Tamil Nadu, 422 of 1994 (Supreme Court October 07, 1994).
8. R. Rajagopala vs State of Tamil Nadu, 422 OF 1994 (October 07, 1994).
9. Mrs. X and Ors vs Union of India, 81 of 2017 (Supreme Court of India April 20, 2017).
10. Murugan Nayakkar vs Union of India, 749 of 2017 (Supreme Court September 6, 2017).
11. Savita Sachin Patil vs Union Of India, 121 of 2017 (Supreme Court of India 2 28, 2017).
12. Ramesh Tulshiram Rathore v The State of Maharashtra, 5289 of 2018 (Bombay High Court June 11, 2018).
13. Roshni v State of Madhya Pradesh, 14187 of 2019 (The High Court of Madhya Pradesh August 20, 2019).
14. Alakh Alok Srivastava vs Union of India, 468 of 2020 (Supreme Court of India March 31, 2020).
15. Mrs. X and Ors vs Union of India, 81 of 2017 (Supreme Court of India April 20, 2021).
16. Ms X v State of Maharashtra, 543 of 2022 (Bombay High Court February 04, 2022).
17. Affairs, M. o. (n.d.). *The Medical Termination of Pregnancy Amendment Act, 2002*. Retrieved May 06, 2022, from main.mohfw.gov.in: <https://main.mohfw.gov.in/acts-rules-and-standards-health-sector/acts/mtp-act-amendment-2002>
18. Chawla, A. (2020, September 05). Business Standard. *Why 243 Indian women had to ask a court for permission to abort*.
19. Firstpost. (n.d.). *SHANTILAL SHAH COMMITTEE REPORT*.
20. Gandhi, B., & Pandey, K. A. (2017). *Indian Penal Code*. Lucknow: EBC.
21. Gaur, K. (1991). *Abortion and the Law in India*.
22. Gupta, R. (2019, August 27). Abortion in India: Experts call for changes. *Down to Earth*, p. 3.
23. Institute, G. (n.d.). *Abortion Incidence and Related Services in Six Indian States, 2015*. Retrieved May 05, 2022, from guttmacher.org: <https://www.guttmacher.org/fact-sheet/abortion-unintended-pregnancy-six-states-india>
24. Jesani, A., & Iyer, A. (1993). Economic and Political Weekly. *Economic and Political Weekly*, 2591-94.

25. Lonna P. Gordan, M. (2022, January 1). *Teens Health*. Retrieved May 5, 2022, from kidshealth.org: <https://kidshealth.org/en/teens/bc-chart.html>
26. *MTP ACT (AMENDMENT), 2002*. (n.d.). Retrieved May 05, 2022, from Ministry of Health and Family Affairs: <https://main.mohfw.gov.in/acts-rules-and-standards-health-sector/acts/mtp-act-amendment-2002>
27. Nihalani, J. (2019, February 22). How unmonitored pill abortions are a big threat to women's health in India. *Business Standard*.
28. Singh, B. (2019, August 20). 5,80,100 abortions performed in Assam every year: Report. *The Economic Times*, p. 3.
29. Singh, B. (2019, August 20). 5,80,100 abortions performed in Assam every year: Report. *The Economic Times*, p. 3.
30. Tyagi N & Shankhwar Y, 2013. Female Foeticide; A Cry Unheard. *Social Research Foundation, International Multidisciplinary Journal Shrinkhla, I(II)*
31. Welfare, M. o. (2021, March 17). *Rajya Sabha passes The Medical Termination of Pregnancy (Amendment) Bill, 2021*. Retrieved May 07, 2022, from pib.gov.in: <https://pib.gov.in/PressReleasePage.aspx?PRID=1705381>