



Medical Termination of Pregnancy (Amendment) Bill, 2020

Why in News

Recently, the Rajya Sabha passed the [Medical Termination of Pregnancy \(Amendment\) Bill, 2020](#). The Bill was passed in the Lok Sabha in March 2020.

- The Bill seeks to amend the [Medical Termination of Pregnancy Act, 1971](#).

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	Present Law	Proposed Amendments
Indications (Contraceptive failure)	Only applies to married women	Unmarried women are also covered
Gestational Age Limit	20 weeks for all indications	24 weeks for rape survivors Beyond 24 weeks for substantial fetal abnormalities
Medical practitioner opinions required before termination	One RMP till 12 weeks Two RMPs till 20 weeks	One RMP till 20 weeks Two RMPs 20-24 weeks Medical Board approval after 24 weeks
Breach of the woman's confidentiality	Fine up to Rs 1000	Fine and/or Imprisonment of 1 year

Key Points

- **Provisions:**
 - **Termination due to Failure of Contraceptive Method or Device:**
 - Under the Act, a pregnancy may be terminated up to 20 weeks by a married woman in the case of failure of contraceptive method or device. The Bill **allows unmarried women to also terminate a pregnancy for this reason.**
 - **Opinion Needed for Termination of Pregnancy:**
 - Opinion of **one registered medical practitioner** (instead of two or more) for termination of pregnancy **up to 20 weeks** of gestation .

- **Gestation** is the foetal development period from the time of conception until birth.
- Opinion of **two registered medical practitioners** for termination of pregnancy of **20-24 weeks** of gestation.
- Opinion of the **State-level medical board** is essential for a pregnancy to be terminated after **24 weeks** in case of substantial foetal abnormalities.
- **Medical Boards:**
 - Every **state government is required to constitute a Medical Board.**
 - These Medical Boards will consist of the following members: (i) a gynaecologist, (ii) a paediatrician, (iii) a radiologist or sonologist, and (iv) any other number of members, as may be notified by the state government.
- **Upper Gestation Limit for Special Categories:**
 - It **enhances the upper gestation limit from 20 to 24 weeks for special categories of women which will be defined in the amendments to the MTP Rules** and would include survivors of rape, victims of incest and other vulnerable women (like differently-abled women, minors) etc.
- **Confidentiality:**
 - The **“name and other particulars of a woman whose pregnancy has been terminated shall not be revealed”**, except to a person authorised in any law that is currently in force.

Note

- **Before 1971, abortion was criminalized** under **Section 312** of the **Indian Penal Code, 1860**, describing it as intentionally 'causing miscarriage'.
- **Benefits:**
 - **Termination in Case of Anomaly:**
 - A number of foetus abnormalities are detected after the 20th week, often turning a wanted pregnancy into an unwanted one.
 - **Helps Special Category Women:**
 - The law will **help the rape victims, ill and under-age women** to terminate the unwanted pregnancy lawfully.
 - **Beneficial for Unmarried Women:**
 - The Bill also **applies to unmarried women** and therefore, relaxes one of the regressive clauses of the 1971 Act, i.e., single women couldn't cite contraceptive failure as a reason for seeking an abortion.
 - Allowing unmarried women to medically terminate pregnancies and a provision to protect the privacy of the person seeking an abortion will bestow **reproductive rights to the women.**
- **Challenges:**
 - **Viability of the Foetus:**
 - A key aspect of the legality governing abortions has always been the 'viability' of the foetus.
 - Viability implies the **period from which a foetus is capable of living outside the womb.**
 - As technology improves, with infrastructure up-gradation, and with skilful professionals driving medical care, this **'viability' naturally improves.**

- Currently, **viability** is usually placed at about seven months (28 weeks) but **may occur earlier, even at 24 weeks.**
- Thus, **late termination of pregnancy may get in conflict with the viability of the foetus.**
- **Preference for a Male Child:**
 - The preference for a male child keeps sex determination centres in business in spite of their illegal status. There are concerns that a **more liberal abortion law can aggravate this state-of-affairs.**
- **Change of Choice:**
 - The current Bill **does not consider factors such as personal choice, a sudden change in circumstances** (due to separation from or death of a partner), and **domestic violence.**
- **Medical Boards:**
 - The present healthcare budgetary allocation makes setting up a board across the country, both **financially and practically impossible.**
 - **Access** to the board by pregnant women **in remote areas of the state is a matter of concern.**
 - **No time limit set** to respond to the requests.
 - The board will subject women to multiple examinations before allowing her to terminate her pregnancy. This is a **violation of right to privacy and right to live with dignity.**

Way Forward

- Though Medical Termination of Pregnancy (Amendment) Bill, 2020 is a step in the right direction, the government needs to ensure that **all norms and standardised protocols in clinical practice to facilitate abortions are followed** in health care institutions across the country.
- Along with that, the question of abortion needs to be decided on the basis of human rights, the principles of solid science, and in step with advancements in technology.

Source:TH

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