

## Medical Termination of Pregnancy

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### *Abstract*

*This paper analyzes laws relating to medical termination of pregnancy as they stand in India and beyond. Firstly, this paper critically examine the abortion laws in India, significantly throwing light upon the latest amendment sought to be brought by the legislature. This is done in light of the draft of the MTP Bill, 2014 and also the Medical Termination of Pregnancy Act, 1971, which is the law that seeks to regulate and govern abortion in India. The paper also discusses the latest MTP bill 2020, which has been approved by the union cabinet, but is yet to be placed before the Parliament. Secondly, this paper analyzes abortion laws in different regions of the world by segregating them into developed and developing regions. Comparisons will be drawn between abortion laws in different countries. Different factors will be analyzed like rigidity of abortion laws, economic conditions in the country, economic condition of woman seeking abortion etc, that affect the rates of abortion in a country and how trends in developed and developing regions differ.*

Keywords: Medical Termination of Pregnancy, Abortion, Women

### **Introduction**

The recent changes through Medical Termination of Pregnancy Bill, 2020 seek to make the abortion laws more progressive in India. Making such progressive laws leads to empowerment of woman by giving them reproductive autonomy. Abortion was made legal in India from 1971, but amendments are the need of the hour. The need for adequate amendments were brought into light in 2014 and 2020. It has been a topic of such an importance in India because the

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purpose of this Act was to control population and reduce maternal mortality rate, but this law did not prove to be much efficient, as people with increasing advancements and requirements lack awareness. They rely on unsafe modes of abortion in the sense that illegal abortion takes place where there is lack of sanitation and the mother is prone to the risk of even death and may also threaten her health and wellbeing. To prevent this, child policies like china, for example, after two children vasectomy and salpingectomy can be performed on the couple to make sure that even if contraceptives are avoided after the birth of second child, the women does not conceive and therefore no abortions and unsafe abortions amongst married women.

### **Why is there a need of Amendment?**

The MTP Act, 1971 made abortion legal in India however this Act has now become outdated because of medical advancement, awareness among people, over population and various other reasons. Under this Act the limit for termination was fixed to 20 weeks from the date of pregnancy, but this restriction became an obstacle in the path of development as many times the women or the couple is not ready to take up the responsibility. It seemed that the decision-making power was given to the medical practitioners or the court. The process of getting certificate and permissions is very cumbersome which makes it more hectic for the mother and affects the health of mother furthermore. The Act blatantly denied the reproductive autonomy to the woman or husband. Due to late determination of abnormalities in the fetus, the women could not get the pregnancy terminated after 20weeks. If the reason is unavoidable and the termination is necessary, then no other option except appeal to court is the only way to get the pregnancy terminated. *X v. Union of India*,<sup>1</sup> the mother who was twenty- two-year-old was granted the permission to terminate the pregnancy as the continuance of pregnancy may cause substantial mental and physical injury to the mother the fetus was twenty-two weeks old and was suffering from bilateral renal agenesis anhydramnios. The process of seeking permission and then getting the pregnancy terminated might increase the chances of risk to life or health of both the mother and the fetus.

Under this Act, an unmarried woman cannot cite failure of contraceptive as a reason for abortion and this was a discriminatory restriction which violated their Right to equality. An unmarried woman could get the pregnancy terminated only when the continuation of pregnancy would invoke threat or risk to life of the mother or if the mother was a rape victim and the pregnancy was an outcome of the rape.

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<sup>1</sup>*X v. Union of India*, AIR 2017 SC 1055.

No personal reasons were taken into account for granting permission for termination. For instance, if the couple wants to seek divorce then they cannot get the pregnancy terminated or due to economic conditions or due to career opportunities of the mother, etc. *Neelam Choudhary v. Union of India*,<sup>2</sup> in this case the court did not allow the medical termination of pregnancy because no personal reasons can be grounds for termination as was contended by the petitioner that she has not been able to survive with her husband and in-laws has been a victim of violence and a patient of epilepsy, which cannot be a justified reason for snatching the right to life of the unborn. This Act indirectly contributed in maternal mortality as the couple or mother, who are determined to get the pregnancy terminated, seek help from unqualified practitioners and undertake illegal abortions which risks the life of mother because of lack of skill or sanitation issues.

The Act did not permit even the rape victims to terminate the pregnancy after the upper limit is crossed because there arises a conflict in the right of life of unborn child with that of the mother whose right to dignity will be effected as was held in the case of *S. v. State of Rajasthan and Ors.*<sup>3</sup> In this case the mother was a victim of sexual abuse and was twenty weeks pregnant and was also a minor (seventeen years old), so her mother filed a petition for divorce as a guardian on her behalf but the court dismissed the petition and did not approve of termination. In this particular case we saw the involvement of *Navjeevan Sansthan* which is society based in Bihar state and works for the rights of children who are not accepted by their parents and takes care of such children and after twelve months of their birth give them up for adoption. With the help of this case, the balance between both their rights was maintained as the mother's identity was kept in secrecy.

### **Draft Medical Termination of Pregnancy Bill, 1971**

Prior to 1971, termination of pregnancy was a criminal offence under section 312, Indian Penal Code, 1860 which states that "Whoever voluntarily tries to cause the miscarriage to a woman except in the good faith or where the woman's life in danger shall be liable for imprisonment which may extend to three years and shall also be liable to fine". However, many women went for illegal abortions which were also unsafe and ultimately resulted into deaths. Then Shanti Lal Shah Committee was instituted which opined that termination of pregnancy must be liberalized and legalized. On the recommendations of the committee, a Bill was introduced and was passed in 1971. Under section

<sup>2</sup>Neelam Choudhary v. Union of India, MANU 2018 MH 2026.

<sup>3</sup>S.v. State of Rajasthan and ors., MANU 2019 RH 1263.

2(d) of the Act it is provided that termination of pregnancy is to be done by a registered medical practitioner as defined under section 2 of the Indian Medical Council Act, 1956, whose name has been registered in the state medical register and who possess required medical skills in gynecology and obstetrics which are prescribed under the said Act. The Act provides that the legal written consent of the guardian is required in case, if the girl is a minor (or below 18 years of age) and above 18 years if the woman is insane or lunatic.

### **Draft Medical Termination of Pregnancy Bill, 2014**

The Bill was drafted in 2014 by the Ministry of Health and Family Welfare which sought to amend section 3, MTP Act, 1971 and thereby changes the upper limit for the termination of pregnancy from twenty weeks to twenty-four weeks, but only if the conditions mentioned are satisfied. To elucidate, the fetus is diagnosed with severe abnormalities which are usually discovered after eighteen weeks and if the pregnancy is not terminated might lead to substantial risk to the life of the mother or might cause severe physical or mental injury. This Bill also empowered the mother to make independent decision to abort but in consultation with a registered medical practitioner.

### **Medical Termination of Pregnancy Bill, 2020**

The MTP Bill 2020 got approval of the Union Cabinet on January 29, 2020. This bill is yet to be presented in either houses of the Parliament. The bill seeks to amend the MTP Act of 1971 which has now become outdated.

The new Bill is drafted in accordance with the advancement in science and technology and takes into consideration the development which our country has done in the field of equal rights and opportunities for women and therefore granting her reproductive autonomy. The Bill extends the upper limit for termination of pregnancy from twenty weeks thereby enabling that the rate of maternal mortality falls. The earlier Act required that if the pregnancy is to be terminated then the recommendation and certificate from two registered medical practitioners was necessary, if the first trimester is over. The new Bill proposes that if the pregnancy is to be terminated there will be a relaxation based on the gestation period i.e. when the pregnancy is to be terminated up to twenty weeks then permission from one registered medical practitioner will be sufficient otherwise if the period is between twenty to twenty four weeks then the recommendation of two registered medical practitioners will be required.

The new Bill provides relaxation to unmarried women by removing the clause by which they were not allowed to get the pregnancy terminated on the grounds of failure of contraceptives. Now it will be a valid reason for the termination.

Since the upper limit has been extended and therefore the abnormalities in the children can be discovered and steps for undertaking abortion can be taken within that period. As many abnormalities take time to be detected and therefore prior to these amendments the fetus could not be terminated if it was found after 20 weeks.

This Bill will contribute less to unsafe abortions and therefore will for sure lead to fall in maternal mortality rate and also promote reproduction right to women.

*Suchita Srivastava v. Union of India*<sup>4</sup> is a landmark case where the consent of the mother was considered as necessary ingredient to abort the fetus even if the mother was mentally retarded. This was the case where a mentally retarded girl was raped by the workers of the organization where she was taken care of, as she was abandoned and had no guardian. The court held that the consent of the victim who was mother of the child is necessary to abort the child, but the question arose whether she will be able to take care of the child after birth, if she does not consent to abortion. It was held that the pregnancy will not be terminated and hence the child was able to see the world and the condition of mother was also good and it was later seen that the mother was happy and taking care of the child.

## **Advantages and Disadvantages of the MTP 2020 Amendment**

### **Pros**

- ❑ Privacy clause: the proposed Act makes revelation of identity of the woman seeking abortion, a punishable offence.
- ❑ Victims of sexual assault - By the virtue of the new amendment, protection to the survivors of sexual assault will be accorded. As a result, the rape victims will be able to seek the abortion lawfully.
- ❑ Unmarried woman – the new amendment allows even the unmarried woman to terminate the pregnancy for the “failure of contraceptive method”.
- ❑ Husband: the amendment aims to substitute the word ‘husband’ with ‘partner’. This makes it easier for a woman to get the abortion done

<sup>4</sup> AIR 2002 SC 234.

irrespective of the marital status. This will ensure reproductive rights to the unmarried woman.

### Cons

- In the case of rural areas, an approval is required from the medical board for abortion beyond 24 weeks. There is a stipulation of the inclusion of gynecologist, pediatrician and radiologist on the board. Further, the bill stipulates that the termination of pregnancy has to be performed only by doctors with specialization in gynecology or obstetrics. Shortage of such specialists in the rural areas, might pose a difficulty in execution of the provisions of the Bill. Also in the case of sex determination, making the abortion laws more liberal, there is a probability of increase in the sex specific abortions. For transgender persons, certain reports show that there may be cases where transgender persons can also conceive.<sup>5</sup> But the present bill only allows the medical termination of pregnancy in case of women. It is ambiguous if transgender persons are included within the ambit.

### **Medical Termination of Pregnancy beyond India: Criterion determining Developed and Developing Countries**

A developed economy is typically characteristic of a developed country with a relatively high level of economic growth and security. Standard criteria for evaluating a country's level of development are income per capita or per capita gross domestic product, the level of industrialization, the general standard of living, and the amount of technological infrastructure. Noneconomic factors, such as the Human Development Index (HDI), which quantifies a country's levels of education, literacy, and health into a single figure, can also be used to evaluate an economy or the degree of development.<sup>6</sup> Developing countries are commonly used to refer to countries that do not enjoy the same level of economic security, industrialization, and growth as developed countries.<sup>7</sup> Although there is no established convention for the designation of developed and developing countries or areas in the United Nations system, in 1996 the concept known as M49 was introduced for statistical use. It is intended for statistical convenience and does not express a judgment about the stage

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<sup>5</sup>Alexis D. Light, J. Obedin-Maliver, JM Sevelius, et. al. *Transgender men who experienced pregnancy after female-to-male gender transitioning*, 124(6) OBSTETGYNAECOL. 1120 (2014).

<sup>6</sup>Christina Majaski, *Developed Economy*, 21<sup>st</sup> November, 2020, <https://www.investopedia.com/terms/d/developed-economy.asp> (last accessed on 24/04/2021).

<sup>7</sup>Id.

reached by a particular country or area in the development process <sup>8</sup>.

## **Analysis and Comparison of Abortion Laws in Developed and Developing Regions**

Abortion rates vary across countries and trends visibly differ in developed and developing countries. It is often difficult to map the accurate abortion rates taking into consideration the abortion laws of different countries. It is a herculean task to determine abortion rates particularly in countries where abortion is illegal, because records are barely kept. There is a general perception that abortion rates might be low in countries where abortion is made illegal, but the scenario might be a complete turnaround. Women in these countries indulge in abortion themselves. They practice methods which are not only unsafe for their health but also at times, life threatening. Research has shown that restrictive abortion laws lead to higher unsafe abortion rates, because laws can hardly restrict a person determined to end pregnancy as there can be numerous reasons to terminate the pregnancy like for an unmarried women social stigma and at times the mother is a victim of a crime.

Unsafe abortions<sup>9</sup> and related health issues occur more likely in the developing world than in developed countries. A poor woman in a rural area is more susceptible to seek treatment from traditional practitioners and more prone to unsafe abortion methods. The results solidify the stance by showing that a poor woman in rural area is three times more likely to experience complications of unsafe abortion and half as likely to receive medical treatment when compared to a well-off woman in an urban area.<sup>10</sup>

According to the World Health Organization (WHO), close to 8% of maternal deaths across the world are occurring due to complications from unsafe abortions, almost all in developing countries.<sup>11</sup>

The average unsafe abortion rate was approximately 4-5 times greater in countries with rigid abortion policies in 2011 (26.7 unsafe abortions per 1,000 women aged 15 to 44 years) than in countries with more liberal abortion laws

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<sup>8</sup>Statistics Division, United Nations, Department of Economic and Social Affairs.

<sup>9</sup>The World Health Organization defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or conducted in an environment that does not conform to minimal medical standards, or both.

<sup>10</sup>The Lancet, *Unsafe Abortions: Eight Maternal Deaths Every Hour*, 374 (9698) THE LANCET 1301 (2009).

<sup>11</sup>Say L., Chou D., Gemmill A., Tunçalp Ö., et. al, *Global Causes of Maternal Death: A WHO Systematic Analysis*, 2 (6) THE LANCET 323(2014).

(6.1 unsafe abortions per 1,000 women aged 15 to 44 years).<sup>12</sup>

It has been witnessed that most of the countries are now taking steps to liberalize abortion laws in their respective countries. In 2018, Ireland by the use of referendum, legalized abortion in the country, while South Korean High Court declared abortion ban in the country as unconstitutional. However, some countries like El Salvador, Poland, and the United States of America are enacting policies to strengthen the restrictions.

In 2013, 48 countries out of 148 in developing regions allowed abortion on five or more grounds, as compared to 41 out of 49 countries in developed regions.<sup>13</sup> Six countries - Chile, the Dominican Republic, El Salvador, the Holy Sea, Malta and Nicaragua absolutely prohibit abortion.

96% of governments in developed countries and 97% of governments in developing countries permitted abortion to save a woman's life and this is an impressive number in both types of countries. However, when we consider other grounds, we notice a wide gap in percentages. 88% of the developed countries allowed abortion so as to preserve woman's physical health whereas in case of developing countries, the statistics is at 61%. As far as preservation of mental health is concerned, 86% developed countries and 57% of developing countries permitted abortion. 86% of Governments in developed regions allowed abortion when the pregnancy resulted from rape or incest and in cases of fetal impairment, as compared with only 41% and 20% of the countries developing regions, respectively. 82 % of developed countries permitted abortion for economic or social reasons, and 71% allowed abortion on request. In contrast, only 20% of developing regions permitted abortion for economic or social reasons, and only 16% allowed it on request. The legal grounds for abortion were even more restrictive in the least developed countries, where only 6 per cent of Governments permitted abortion for economic or social reasons, and only 4% allowed it on request in 2013.

By geographic region, abortion policies were most rigid in Oceania, closely followed by Africa, Latin America and the Caribbean. Only 6% of Governments in Oceania and Africa and only 12% in Latin America and the Caribbean allowed abortion upon request. 18 countries in Africa, 12 in Asia, 8 in Latin America and the Caribbean and 8 in Oceania permitted medical termination of pregnancy only to save a woman's life. Europe and Northern

<sup>12</sup>Abortion Policies, <https://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiveHealth.pdf>. (last accessed on 24/04/2021).

<sup>13</sup>*Supra* note 9, Id.



America, in contrast, proved to have the least restrictive abortion policies in 2013. Both Governments in Northern America and 73% of Governments in Europe allowed abortion on request. The proportion of the world's population living in countries with certain legal grounds for abortion differs considerably from the corresponding proportion of countries. In 2013, just 36% of countries allowed abortion for economic or social reasons, but those countries contained 61% of the world's population. The difference is due to the inclusion of some countries with large populations like China and India that permit abortion on this very ground.<sup>14</sup>

What has been generally witnessed is that most unsafe abortions happen in developing countries mainly because of two reasons, illegality of abortion and rampant poverty.

### **Current Abortion Laws in few Countries**

China encouraged abortion with its liberalized abortion laws in 1979, with the coming in of the one child policy. Soon, abortion, sterilization etc. came out as a compulsion in order to stop unauthorized births. However, in 2016, to control its increasing ageing population, China promoted two-child policy and along with it, came up with various incentives. But it is also feared that in order to control demographics, it may again impose reproductive restrictions.

In 2018, the Irish parliament passed law to permit abortion in pregnancy of not more than twelve weeks by use of referendum. Termination of pregnancy is also allowed in cases where health of the mother is jeopardized. Before the 2018 legislation liberalizing abortion, Ireland had one of the most restrictive abortion laws in Europe. The practice was banned by a legislation which came up back in 1983 by way of constitutional amendment.

In 2012 the death of Savita Halappanavar caused uproar in the country. She was denied an emergency abortion, which caused her death. This resulted in public debates at mass level throughout the country, which prompted a referendum to nullify the amendment. The result of the referendum was in favour of overturning the amendment banning abortion. In 2019, abortion was legalized in Northern Ireland by extending the United Kingdom's 1967 Abortion Act, which grants doctors the authority to perform abortions in England, Scotland, and Wales.

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<sup>14</sup>Vinod Mishra, Victor Gaigbe-Togbe and Julia Ferre, *Abortion Policies and Reproductive Health Around the World*, United Nations, Department of Economic and Social Affairs, Population Division(2014).

Poland allows abortion only on certain grounds - in cases of rape, serious fetal abnormality, in order to preserve health of the mother and to save her life. In 2016, the Polish government took into consideration a bill to remove all exceptions from the prohibition. Women protested against the move in huge numbers by putting forth a nationwide strike on streets. As a consequence, the legislation was rejected.

Similar Bills in Lithuania and Russia were tabled. In other Eastern European nations—including Armenia, Georgia, Macedonia, Russia, and Slovakia, recent legislation imposes preconditions on patients seeking abortions, such as mandatory waiting periods or counseling.

Zambia has a liberal abortion law as compared to other African nations. It is one of the few countries in Africa where abortion is permitted for economic and social reasons. But presence of numerous structural and cultural barriers poses hardships for Zambian women in termination of pregnancy. The law stipulates that only a registered medical practitioner, and not a nurse or midwife, can perform an abortion, rendering safe access out of reach for most. Zambia is plagued by a high rate of abortion-related maternal mortality, with about 30 percent of maternal deaths caused by abortion complications.<sup>15</sup> Abortion is legal in Zambia but there are certain conditions that should be met before the pregnant woman can access the services for termination of pregnancy. Law provides for legal and safe abortion and government health services should aim to provide adequate services to achieve what is provided by law. Health care providers need to be aware of the Act in order to avoid litigation.

Kenya's abortion law, post colonization emanated from the British Penal Code, which criminalized abortion. In 2010, Kenya adopted a new constitution that provides better protection for the health, safety and lives of women. The new constitution explicitly permits abortion when “in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the pregnant woman is in danger or is permitted by any other written law”<sup>16</sup>, whereas the previous law only permitted abortion to save the pregnant woman's life. Recently, in June 2019, the court included the cases of rape by the way of exceptions.

Many ex European colonies are reconsidering their abortion laws. For instance, countries like Benin, Burkina Faso, Chad, Guinea, Mali, and Niger, which had

<sup>15</sup>Catherine Mubita Ngoma, Maureen M Masumo and Brenda N Sianchapa, *Abortion Policy in Zambia: Implementation Challenges*, 3(1) JOJNHS 1 (2017).

<sup>16</sup>National Council for Law Reporting, Constitution of Kenya, 2010.

restrictions in their abortion laws inspired from the 1810 Napoleonic Code, France have all made abortion legal in cases of rape, incest, and fetal abnormality.

El Salvador is only the 2<sup>nd</sup> country apart from Nicaragua to have imposed new restrictions on abortion since the 1994 Cairo Declaration, which recognized reproductive health as critical to development. El Salvador decided to re-consider its penal code and abortion laws prevalent in the country in 1990s, after a prolonged and devastating civil war. It then amended the abortion law as it stood and imposed a complete ban on abortion by eliminating all the exceptions. In El Salvador, doctors are mandated to report suspected abortions, and there is even a special division of the prosecutor's office that is tasked with investigating them.<sup>17</sup> Between 2000 and 2011, more than 129 women were prosecuted for suspected abortion, and at least 13 are still in jail, some of them serving decade long sentences.<sup>18</sup>

The Supreme Court of the United States decriminalized abortion in the country in 1973 by the decisions of *Roe v. Wade*<sup>19</sup> and *Doe v. Bolton*.<sup>20</sup> Although, abortion was legal in various States, the decisions of the court imposed a uniform framework for State legislation on the subject. It standardized a certain period during which abortion is legal. The period of pregnancy after which abortion is legal is determined on the basis of concept of viability of the fetus outside the womb, i.e. if the fetus is capable of surviving on its own and thus liable to be protected by the State. It is accepted that viability is usually at 28 weeks i.e. approximately seven months but it may occur earlier, even at 24 weeks. Advances over the past three decades have made survival of some babies possible even when born at 22 weeks.<sup>21</sup> The basic framework was modified in *Planned Parenthood v. Casey*,<sup>22</sup> after which it remains intact to date, subject to variations in different states. This case held that a law cannot place legal restrictions imposing an undue burden for “the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a non-viable fetus.”<sup>23</sup>

<sup>17</sup>Abortion Ban, <https://www.guernicamag.com/consequences-el-salvadors-abortion-ban/> (last accessed on 24/04/2021).

<sup>18</sup>Anna-CatherineBrigida,[https://www.washingtonpost.com/world/the\\_americas/women-serving-decades-long-prison-terms-for-abortion-in-el-salvador-hope-change-is-coming/2018/09/26/0048119e-a62c-11e8-ad6f-080770dcdc2\\_story.html](https://www.washingtonpost.com/world/the_americas/women-serving-decades-long-prison-terms-for-abortion-in-el-salvador-hope-change-is-coming/2018/09/26/0048119e-a62c-11e8-ad6f-080770dcdc2_story.html). (last accessed on 24/04/2021).

<sup>19</sup>*Roe v. Wade*, 410 U.S. 113 (1973).

<sup>20</sup>*Doe v. Bolton*, 410 U.S. 179 (1973).

<sup>21</sup>Perinatal Management of Extreme Preterm Birth before 27 weeks of gestation A Framework for Practice, British Association of Perinatal Medicine, (2019).

<sup>22</sup>*Planned Parenthood v. Casey*, 505 U.S. 833 (1992).

<sup>23</sup>505 U.S. at 877 .

The current position in USA as regards to abortion is that abortion is legal in the country but may vary across the states. This position has been developed through judicial interpretation of the US Constitution, by the Supreme Court of USA after the landmark decision and subsequent companion decisions. States have passed various laws imposing different regulations, like that of restricting late-term abortions, requirement of parental permission in case of minors, and disclosure of information of abortion risk to patients prior to the procedure. Due to differences between federal and state law, abortion laws vary by State.<sup>24</sup> Moreover, conforming to the Hyde Amendment, many State health programs do not cover abortions, currently only 17 States inclusive of California, Illinois and New York offer such coverage.

Furthermore, USA is a country which provides medical funds to many countries. Donor governments like these intensify the legal restrictions on abortion with policies like the global gag rule. USA came up with the Global Gag Rule (GGR) in 1984 under President Ronald Reagan by the name of the Mexico City Policy. It seeks to cut down funds to those non-US non-governmental organizations which are found giving information and referrals for abortion, providing safe abortion or pleading for better abortion legislation. Since 1984, this policy has been revoked by Democratic Presidents and re-introduced by all Republican Presidents, who have taken office. In 2017, President Donald Trump signed a dramatically expanded version of the policy to make the GGR apply to all global health funds provided by the US government.

The grounds on which abortion is permissible in Australia are different under different jurisdictions. Abortion policies in Australia are largely controlled by the states and territories and not by the Federal Government. In each state, termination of pregnancy is legal to protect the life and health of a woman, though each state has a definition of its own. As of October 2019, all states and territories barring South Australia have fully decriminalized abortion, continuing the saga which started with West Australia in 1998.

## **Conclusion**

Liberalization of abortion laws has been happening in many countries, both developed and developing by expanding the grounds on which abortion can be legally allowed. However, in comparison to developed regions, abortion policies in developing countries remain much more restrictive in nature. It is here that India needs to look at other countries and bring about progressive changes into its laws too.

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<sup>24</sup> Access to Abortion, National Abortion Federation, 2003.