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The Right to Reproductive Autonomy: Decoding the Medical Termination Act 1971 Amendment, A Verdict on Reproductive and Sexual Rights of Women in India.

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Research Objective: This research paper aims to provide crucial information regarding women's health and awareness of reproductive and sexual rights. Decoding the MTP Act and related rights will give insights into how and why it is beneficial to get to acknowledge it. Urbanisation has revoked development, but rural India or rural Jharkhand is yet to receive help from it because of the unawareness. Women in the rural world or rape survivors or women with mental disabilities or women who don't consider themselves cisgender go through difficult times which needed to be voiced up. Thus, this amendment and its important regulations are a matter of requisition to be known.

Research Methodology: A qualitative type of research method is to be adopted for the review work of the titled paper. The case study will be done using interviews, case studies, articles presented online and related articulates.

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KEYWORDS

MTP Act, Mental Retardation, Disabilities, reproduction, and sexual rights.

ABSTRACT:

The Indian Supreme Court's ruling on abortion on September 29, 2022, highlights the importance of women's reproductive rights and consent. The Medical Termination of Pregnancy (MTP) Act and Rules were interpreted by the Indian Supreme Court to reaffirm the reproductive rights of women and people with varied gender identities who require access to safe and legal abortion services. The ruling recognized unintended pregnancy as a life-altering reproductive choice that results in unsafe abortions and maternal deaths, and as a human rights problem that is both the source and effect of gender inequality and discrimination. The decision also highlighted that no regulation should be based on patriarchal principles about what constitutes permissible sex, and it acknowledged marital rape as a crime. The Indian judgement can serve as a model for other progressive laws and rulings to uphold and defend the rights and welfare of women. The decision upholds the international commitments made at the International Conference on Population and Development in 1994, which highlighted the fundamental importance of women's empowerment and the rights to an unrestricted sexual and reproductive life as essential to sustainable development.

However, access to safe and legal abortions is still limited in India, with unsafe abortions being the third-leading cause of maternal death. This research paper titled, **'The Right to Reproductive Autonomy: Decoding the Medical Termination Act 1971 Amendment, a Verdict on Reproductive and Sexual Rights of Women in India'** is an attempt to highlight the historic decision. Comprehensive changes to the MTP Act must make it more inclusive and sympathetic to the suffering of married women who are coerced into becoming pregnant and carrying it to term against their will, and to cover the financial hardship a woman must bear when raising a kid.

Journal of Chemical Health Risks

www.jchr.org

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1. Introduction

Social change is never easy, especially when the fundamental roles of men and women in society and families are at stake. A rising understanding of how laws governing men's and women's chances, social advantages, and actions affect the possibility of faster development and justice has appeared. To improve the quality of life for both men and women in the age of globalisation and urbanisation, countries must develop solutions that are based on a vision of justice and gender equality and are right to their cultures and conditions. For the time being, however, the decision is significant in the global context of the abortion debate, for all women on International Safe Abortion Day, the most important lesson to learn from the Indian Supreme Court's (SC) ruling on abortion is that women's consent is important. The Medical Termination of Pregnancy (MTP) Act and Rules were interpreted by India's top court to reaffirm the reproductive rights of women and people with varied gender identities who require access to safe and legal abortion services in a courageous and historic ruling on September 29, 2022.

The human rights movement created reproductive rights as a subset of those rights. A fundamental human right of parents is the freedom and responsibility to choose how many and how far apart to space out their children. Issues independent of the social status, religion, or culture of the population, there is fierce debate around reproductive rights. Reproductive rights are discussed concerning the Indian setting, with a focus on socioeconomic and cultural factors, it discusses educating governmental and judicial institutions on the need of defending reproductive rights, with a focus on defending the rights of people with disabilities (mental illness and mental retardation). You cannot consider the decision by itself. It builds upon progressive government programmes launched over the previous 50 years to acknowledge Indian women's bodily and reproductive autonomy, beginning with the MTP Act of 1971's legalisation of abortions. The Act was changed in a historic way last year, increasing the window for abortions from 20 to 24 weeks. Additionally, the amendment expanded the groups of women who are eligible for abortions (including rape survivors, women with other gender identities and women with disabilities).

This research paper titled, '**The Right to Reproductive Autonomy: Decoding the Medical Termination Act 1971 Amendment, a Verdict on Reproductive and Sexual Rights of Women in India'**, aims at discussing and providing relevant intel on the September 29 decision which is noteworthy and relevant for three key reasons. First, the story of choice, bodily and reproductive autonomy, and a woman's right to choose the outcome of her pregnancy are prominent themes in the 75-page paper. According to the 2022 State of the World Population report by the United Nations Population Fund (UNFPA), about half of all pregnancies worldwide are unplanned. This crisis is unnoticeable. According to the 2019–21 National Family and Health Survey, 9.4% of India's needs for family planning are unmet. As a result, these women are unable to choose whether to become pregnant. However, the Indian decision recognises unintended pregnancy as a life-altering reproductive choice. This health problem results in unsafe abortions and maternal deaths, as well as a human rights problem that is both the source and the effect of gender inequality and discrimination.

Second, the decision emphasises that no regulation should be based on "patriarchal principles regarding what constitutes permissible sex." Finally, the decision likely will go down in history as the first legal acknowledgement of marital rape in India because it said that under the scope of the MTP Act, the "definition of rape must include marital rape." This is important since the SC is now debating a petition to make marital rape a crime.

Particularly considering a comparable debate in the US, the other largest democracy in the world. It is not just a victory for Indian women. The Roe v. Wade decision, which had declared abortion a constitutional right for American women, was reversed by the US Supreme Court in a contentious decision in June 2022. The Indian judgement can serve as a model for other progressive laws and rulings to uphold and defend the rights and welfare of women.

In India, there has long been discussion about women's access to safe and authorised abortions. A Lancet study estimates that 15.6 million abortions occurred in India in 2015, with 81% occurring outside or at home. In India, unsafe abortions are still the third-leading cause of maternal death.

The decision upholds the bold international commitments made at the International Conference on Population and Development in 1994, which highlighted the fundamental importance of women's empowerment and the rights to an unrestricted sexual and reproductive life as essential to sustainable development. Due to the country's continued preference for sons, the Indian government has historically taken precautions to limit the practice of selective abortions of female foetuses, notably with the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

Furthermore, under the Protection of Children from Sexual Offences (POCSO) Act of 2012, which requires registered doctors to report such situations to the authorities, minors or their guardians fear criminal prosecution while seeking abortions. Because of this, individuals often choose covert abortions performed by unqualified doctors. The most recent decision, however, tries to close this gap between the POCSO Act and the MTP Act by exempting doctors from telling the authorities who the minors who request abortions are. Comprehensive changes to the MTP Act are needed to make it more inclusive and sympathetic to the suffering of married women who are coerced into becoming pregnant and carrying it to term against their will. The financial hardship a woman must bear when raising a kid should also be covered.

Access to safe and legal abortions is a public health concern, a fundamental part of sexual and reproductive parity, and must be taken into consideration in current discussions about democracy to create a fair society that abhors all forms of prejudice. Community-based organisations and development groups have a responsibility to raise these problems in public discourse and through demands.

Some of the reproductive rights which will be discussed further in the paper are as given below: -

1) Right to legal or safe abortions.
2) Right to control one's reproductive functions.
3) Right to access to make reproductive choices free of coercion, discrimination, and violence.
4) Right to access education about contraception and sexually transmitted diseases and freedom from coerced sterilization and contraception.
5) Right to protect from gender-based practices such as female genital cutting and male genital mutilation.
6) Right to make free and informed decisions about health care and medical treatment, including decisions about one's fertility and sexuality.

Women have advanced significantly over time in a variety of fields, with significant progress being made in closing the gender gap. But despite all the progress that has been made, the realities of women and girls being trafficked, maternal health, and fatalities due to abortion every year have hit hard, sometimes even undermining it.

2. What is the MTP Act 1971?

In 1971, the increase in cases of maternal morbidity due to unsafe abortions, together with the idea that abortion could be used as a method of population control, motivated the government to promulgate the Medical Termination of Pregnancy. But what does the law say? To what extent is abortion a reproductive right in India?

Here are 6 things to know about India's abortion law:

1. Access to abortion is legal in India. Medical termination of pregnancy has been legal in India under certain conditions since the law was passed in 1971. India became one of the first countries to legalise abortions beyond life-threatening situations.
However, a 2007 survey by the Department of Health and Family Welfare suggests that only **22.9%** of men and **28%** of women knew that medical abortions were possible and available. Many people are still unaware that by law they have the right to access abortion in India.

2. Although abortion is legal, there are certain conditions to consider.

Although abortions are legal in India, the current law does not allow the termination of a pregnancy at the request of a woman. In India, abortions were legal for up to 12 weeks with the approval of one service provider and beyond 12 weeks up to 20 weeks requires the approval of two service providers.

There were other conditions listed in the law: You can obtain an abortion if the service provider can assess that there is a risk to the life of the woman, a threat to the physical and mental health of the wife (including failure of the contraceptive method for women married) or risk the child if he is born "severely handicapped". Frankly, the conditions are inclusive and whatever the situation, the provider is your friend.

3. Medical abortions and surgical abortions? Yes, there are two types!

Medical abortion is a common terminology for abortions induced using pills. An abortion in the first 10 weeks of pregnancy in India can be done legally using a 2-pill combination. These pills have **mifepristone** and **misoprostol** available in a combination pack and must be taken within 3 days. Ideally, the pills should be placed under the tongue for effective absorption. Medical abortion is completely safe, non-invasive, non-surgical, and as you may have guessed by now, a highly preferred method of seeking an abortion for most women. These pills must be prescribed by a physician or OB/GYN licensed to perform abortions under the MTP Act.

A surgical abortion, on the other hand, is usually done after 7 weeks of pregnancy. Terminates a pregnancy by removing the foetus and placenta from the uterus using electric or manual suction. Although these terms sound very technical, technological advances have made these procedures completely safe!

Journal of Chemical Health Risks

www.jchr.org

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4. You do not need parental or spousal consent if you are an adult.

As an adult, when it comes to seeking access to safe abortion in India, you don't need anyone else's permission. The law recognizes the personality of a woman and respects the rights of an adult person in India.

5. The MTP Act is separate from the Biased Sexual Selection Act...and there are 2 separate laws for these 2 unrelated issues! Does that still make sense?

Access to safe abortion is an issue of sexual and reproductive rights in which a woman makes decisions and makes choices about her body and her life. On the other hand, gender-based sex choice is a deeply entrenched gender discrimination issue against women and girls in Indian patriarchal society that needs to be addressed at the root. The former is governed by the 1991 Medical Termination of Pregnancy Act and the latter by the 1994 PCPNDT Act (Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994).

We don't do that! If you read the 2 laws, you will find that the MTP law does not mention gender-biased sexual selection and that the PCPNDT does not mention access to abortion anywhere.

6. The law and its relationship with single women

The conditions mentioned in the MTP law also cover single adult women except for a clause reserved for married women, which is abortion due to contraceptive failure. For all the other reasons listed above, unmarried women can access abortion. It is mainly because of the stigma associated with being a single woman that some service providers stigmatize the abortions they look for, making women feel humiliated or discouraging them from accessing abortion services.

3. History of the Revolutionary Action

Although most people concur that one's right to life depends on having access to reproductive rights, how to achieve this has always been a contentious issue. Modern society has understood that reproductive rights are not just lacking for women but also other gender minorities, from menstrual rights to abortion rights. This often does not, however, reflect international law. Modern definitions of feminism include "equity between all genders and sexualities." Even though the idea of a non-binary world is gradually becoming more accepted, it is still important to use this information in our laws.

3.1. The Indian Penal Code, Section 312

Although there have been many articles written about stopping pregnancies through the IPC 1860 in the past, the IPC's sections were designed to control forced miscarriage, not to offer instructions on how abortions should be carried out. Due to a lack of legislation at the time, there were many illegal abortions performed, which had an impact on the health of the women seeking abortions. The State of Madhya Pradesh on August 7, 2014, where the defendant had filed an appeal before the High Court, provided current evidence that this clause is still in effect. The High Court concluded that the trial court had not considered the fact that the miscarriage was brought on in good faith to save the prosecutrix's health. As a result, the applicant was not subject to Section 312 of the IPC.

Although this part is desperately needed, no law was created to support it. This proves that not enough information was provided about the situation's actual circumstances. In addition to using medical procedures, starvation, torture, and other gruesome methods are also used to induce forced miscarriage. These methods often go unreported because women frequently lack the resources or freedom to report the abuse they endure, often at the hands of their own families or in-laws.

3.2. Acts and Bills about Medical Abortion of Pregnancy

The Maternity (MTP) Act of 1971 may be regarded as India's first abortion-related law. It introduced restrictions on not just who could have an abortion but also set out details on where they might lawfully end their pregnancies. The Act stipulated that the lady would need to obtain one medical professional's written consent within a 12-week window. If the gestational period is more than twelve weeks, at least two practitioners are needed. The requirement of "good faith" was the "sine qua non" of this legislation, which meant that even if a woman wanted to end her pregnancy, a threat to her physical well-being was one of the key determinants of whether the termination would be approved.

The following scenarios also allowed abortion:

- When a pregnant woman claims that a pregnancy was brought on by rape,
- If a pregnancy arises because of a married woman or her husband failing to use a contraceptive device or other method intended to reduce the number of children they have,

The legislation said that the procedure of abortion may only be carried out in a hospital set up or kept by the government or a location currently approved for this purpose. It also said that the pregnancy of a minor or a

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

lunatic (as defined by law) may not be stopped without the consent of their guardian. The protection of the woman's privacy was required by law. The rules for the same, though, were later found to be unclear.

Although this Act was a bright spot in an otherwise dark situation, it was unable to achieve its intended outcome of ending illegal abortions. By employing merely "guidelines" and denying women bodily autonomy, it neglected to consider the scope of executive failure. The law was unable to offer much-needed relief in situations when the cause of the pregnancy did not fit into one of the listed subcategories, such as a married woman without children. This showed how Indian society views women, who are only allowed to have abortions if they have "enough children."

The MTP Act, 2003 clarified the earlier Act and made other changes to it. The purpose of this act was to make the procedure of termination safer by restricting consultations with unqualified practitioners, even though it was still possible to end a pregnancy with the advice and consent of an authorised medical practitioner. Specifically approving the locations where the treatment may be performed, supporting the inspection of the approved location, and writing down the method for the cancellation or reconsideration of an approved certificate were used to carry out this. For the protection of women, this was a commendable action. Non-cisgender females, however, were not mentioned in the Act. Indian law's blatantly gendered wording limits the Act to cisgender females. Abortion was not an option for trans males who opted against surgery or hormone therapy and may be physiologically capable of producing children. Additionally excluded from these laws were members of the intersex community. This made reproductive health inaccessible to many populations and made abortion illegal.

The MTP Act of 2021, like other Acts, restricts the definition of "women" and does not extend its advantages to transgender people or people who identify as members of other gender minorities. It is crucial to keep in mind that the transgender community in India experiences severe discrimination, rape, and sexual abuse. In such cases, a member of the transgender or intersex population would not have the same legal options as a cis female. The primary concern with this Act has been related to bodily autonomy, which has been extensively debated in cases like **Suchita Srivastava v. Chandigarh Administration (2009) and ABC v. Union of India.** The MTP Rules specify an upper gestation restriction of 20 to 24 weeks for groups of women, which is added by the Act. Modifications include provisions for rape survivors, incest victims, and other vulnerable women (including children and women with disabilities). Only one medical professional's opinion is needed up until the 20th week of pregnancy. Although not "ideal," this can still be viewed as an improvement over the Acts before it. In addition, the inclusion of unmarried women who may now have abortions due to "failure of contraception" is a significant step in the direction of inclusion.

3.3. Act of 2019 for the Protection of Rights of Transgender Persons

Whether or not they received gender confirmation surgery, transgender people can be recognised under the Transgender Persons (Protection of Rights) Act of 2019. Due to the District Magistrate's mysterious control over such recognition, this initiative to raise the social standing of the community falls short of its intended purpose. In addition, legislation that lets transgender people preserve their sperm or eggs so they can later use them to conceive biological children if they choose is urgently needed.

Even though gender confirmation surgery (also referred to as gender reassignment surgery in India) is allowed, there isn't any legislation that sets up rules and regulations like those for abortions. In addition to the severe persecution of the transgender and intersex communities in India, we also face the strange situation where many intersex children are forced to undergo "reproductive correction" without their consent to "make them" a part of the binary, while many transgender individuals refuse gender confirmation surgeries and are unable to bring it up with authorities due to the stigma attached to the same.

3.4. 2019's Surrogacy (Regulation) Bill

It is significant to remember that India allows altruistic surrogacy but prohibits commercial surrogacy. To prevent human trafficking for surrogacy, this is being done. The law specifies requirements for the "intending couple" who may use surrogacy. The use of binary terms in this legislation results in yet another exclusion of the genderqueer community, meaning that a non-binary person will neither fall under the definition of the "intended couple" nor be able to give birth to a surrogate child even if they are biologically capable of doing so. Like adoptive laws, the Bill differentiates against homosexual couples since, despite coming under the binary of the gender spectrum, they will not fall under the definition of the "intending couple" under this bill.

4. Sexual And Reproductive Rights in India

A person's health and well-being, as well as economic growth and prosperity on a global scale, depend on their ability to exercise their sexual and reproductive health and rights (SRHR). Through international agreements,

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

governments have pledged to make investments in SRHR. However, advancement has been hampered by a lack of political will, a lack of funding, ongoing discrimination against women and girls, and a reluctance to address sexuality-related issues openly and fully. Unplanned pregnancies, which cause maternal mortality and disability, STDs like HIV, gender-based violence, and other issues with the reproductive system and sexual behaviour impact underprivileged women, particularly those from developing nations. Countries must ensure its fulfilment and mandate the acknowledgement of sexual and reproductive health under the context of human rights because of SRHR's inclusion in SDGs and its enshrinement in global policy instruments. India must ensure the execution of laws and policies that protect the rights to sexual and reproductive health because it is a signatory to the 2030 Agenda for Sustainable Development and is home to one-sixth of the world's population. In India, there are many opportunities for engagement in this regard and significant gaps in the national regulations and laws that are pertinent to SRHR. Extreme abuses of sexual and reproductive rights, as well as autonomy, have been committed, particularly against women from marginalised groups.

Sexual and reproductive health is not just the absence of sickness, malfunction, or infirmity, but also a condition of mental, social, and emotional wellness concerning all aspects related to sexuality and reproduction. Sexual and reproductive health can only be achieved when sexual and reproductive rights are upheld, which are founded on everyone's fundamental human rights to:

- regard for their personal liberty, privacy, and bodily integrity.
- they can freely find their sexuality, encompassing their gender identity and sexual orientation.
- figure out whether to engage in sexual activity.
- selecting their sex partners.
- having sexual encounters that are both safe and enjoyable.
- select a spouse, a date, and a partner.
- choose whether, when, and how to have a kid or children, as well as how many.
- have lifetime access to the knowledge, tools, services, and aid required to accomplish all of the aforementioned goals, free from oppression, coercion, exploitation, and violence.

5. The Road to Gender Equality: The Role of SRHR in India

Recent shocking rape incidents all over the nation have sparked many public protests, calls for better legislation, and calls for quicker law enforcement across India, all of which point to less politically conservative discussions and disregard for sexual violence in national systems in the nation.

To enhance people's reproductive health conditions in India, several issues with reproductive health must be addressed. In India, **78% of the 15 million** abortions are performed outside of hospitals. Evidence suggests that more than **30 million** married women in their reproductive years struggle to use contraception.

A fact sheet tells that 2 million teenage girls in India don't have access to modern contraception, **52% of teenagers** who give birth go to the proposed minimum of four prenatal appointments, and **78% of teenage abortions** are hazardous setting them at risk for complications. Additionally, 190,000 teenagers who have had unsafe abortions do not get the care they need.

Historically, the Indian state's strategy for reproductive rights has emphasised population control over encouraging individual liberty and removing structural barriers to reproductive health care, according to a country case study based on research. As a result, achieving top-down population control goals has taken precedence over ensuring that abortion, contraception, and other SRHR efforts are accessible to all people.

In addition, a nationwide assessment on sexual and reproductive health and well-being conducted on behalf of the National Human Rights Commission found that gender-based violence has remained a marginalised issue within India's public health system, where it is primarily seen as a law-and-order issue, despite international stipulates and well-established health repercussions.

Due to the high rates of unintended pregnancy and maternal mortality in India, there is an unmet demand for safe abortion services. Unsafe abortion-related reasons account for **13 deaths per day** nationwide, making them the third most common reason for maternal death.

6. What does India’s take on SRHR?

Access to services, treatment, and knowledge are all parts of sexual and reproductive health and rights (SRHR), as well as freedom of choice. These are unassailable, indivisible, and universal human rights. To address a variety of health issues that contribute to maternal mortality and morbidity, SRHR is crucial. Three things the WHO Country Office for India does to advance the SRHR programme:

i) Promote political will, good governance, and the improvement of health systems for SRHR.
ii) Offer technical support for national initiatives to improve policy, programmes, and service delivery at all levels.
iii) Building the evidence basis and exchanging research will help to create a shared understanding of SRHR links.

Journal of Chemical Health Risks

www.jchr.org

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The Government of India continues to be dedicated to the SRHR agenda within the UHC and SDG framework and has launched several efforts to increase the accessibility and availability of abortion and contraception services.
India's National Health Policy 2017 places a high priority on making the best use of available resources to guarantee the availability of free, comprehensive primary health care services for all aspects of reproductive, maternal, child, and adolescent health. Additionally, the Government of India recently made the policy decision to introduce midwifery services in the nation to increase the provider base for reproductive health services.

7. What are the Reproductive Rights of Women in India?

In India, the argument over reproductive rights is different from that in the West, where most people are torn between being pro-life and pro-choice for ethical, financial, or public health reasons.

Two words with a lot of power, "reproductive rights," sum up the rights that every woman is entitled to safeguard her sexual and reproductive health. Reproductive rights, as defined by the Oxford Dictionary as "the rights of women as humans to exercise control over and make choices regarding reproduction, particularly with regards to contraception and abortion," have been a subject of debate for as long as there have been laws. So, are you aware of the reproductive rights and options you must have and that no one has the right to take away from you? Come on, let's learn and empower ourselves.

Legally, India is a pro-choice nation, allowing "conditional" abortions for women who are 18 or older (with the patient's and doctor's approval). The following circumstances allow for abortion or pregnancy termination:

- Scenarios where the pregnant woman's life or physical or mental health might be seriously harmed by continuing the pregnancy.
- Pregnancy brought on by rape, presumed to do severe harm to the expectant woman's mental health.
- Pregnancy brought on by a married lady or her husband's failed use of contraception.
- A pregnancy in which there is a significant chance that the unborn child may have severe physical or mental disabilities.

The severe scrutiny for these choices, from contraception to abortion to whatever is related to our sex life, is a product of societal taboos and judgements. A few of our rights have been granted to us, but there are still more that we must struggle for. Every single right also has a taboo surrounding it that needs to be lifted.

What type of reproductive options and rights are we discussing then? Despite societal "judgement" or criticism, the following are 7 options or rights that every Indian woman ought to have able to access:

I.Right to Sex education

Even in the twenty-first century in India, discussing sex is strongly frowned upon. The nation gave birth to the Kamasutra, but even inside our family, talking about sex is frowned upon. Even newlywed women receive no information about sexual activity, STI prevention, or pregnancy. We often end up with little or no understanding and suffer the terrible results of our ignorance, such as STIs and unintended pregnancies! When a woman visits a gynaecologist, it is almost usually because she has a "problem," not because she wants to make sure she is healthy.

To help girls and boys deal with their changing bodies and avoid associating any bad sentiments with it, sex education should preferably be given in the early years of puberty. In addition, after they reach adolescence, women should preferably schedule routine exams with gynaecologists.

II. Right To Accessing Contraception Options Affordably

A way to prevent pregnancies is through contraception, of which there are many different kinds. The birth control pill is the most popular. The others consist of:
- The Copper Coil
- The Morning-After Pill
- Sterilisation
- Intrauterine System (IUS)
- Injectable Contraception

Family planning is a crucial element in keeping India's population under control, and it is what led to the "Hum Do Hamare Do" custom in 1992. While the effects of the same are debatable, we must exercise one right: the right to choose contraception and to have access to affordable contraception options based on what works best for our bodies. Due to the differences in each woman's body, one method of contraception does not work for all women. This explains why there are many contraception methods accessible worldwide. Due to the two-child norm that was set up in 1992, awareness of these contraceptives is relatively common, but not all women have easy or affordable access to them. To ensure that you can plan your family wisely and follow your

Journal of Chemical Health Risks

www.jchr.org

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physical, mental, and financial readiness, you must discuss contraception with your doctor.

III. Right to Refuse Sterilisation or Undergo Safe Sterilization

The sterilisation process is a lasting contraceptive method that may be either permanent or reversible. However, there have been many instances under India's National Family Planning Programme where women's lives have been lost because of exercising their right to refuse sterilisation.
4.6 million women had their tubal tubes tied during the emergency because of forcible sterilisation cases. In some regions of the country, lottery systems continue to offer significant incentives to induce women to get sterilised. Women are apprehensive to choose sterilisation, however, due to a shortage of healthcare facilities that has resulted in deaths even as late as 2014. Correctly so!
Some women's families urge them to get sterilised because they are so eager for rewards. For the same, they gravely jeopardise their health. Keep in mind that sterilisation is a choice; nobody should pressure you to take it. If you do agree to the procedure, make sure it is secure and that the hospital and doctor are both qualified and authorised to perform it.

IV. Accessing to Various Options for Treating Infertility

Women experience the painful emotion of being unable to have children, which has a significant impact on their mental well-being. But thanks to the amazing things of modern science, childless couples have lots of options. A few of these are:
- Artificial Insemination
- Reproductive Surgery
- Donor Embryos
- Donor Eggs
- Surrogacy
- Intracytoplasmic Sperm Injection (ICSI)
- In Vitro Fertilization (IVF)
- Fertility Drugs

Couples that have recourse to these options may find that they transform their lives, and males everywhere should be entitled to them as well.

These procedures, nevertheless, are pricey and often viewed as inappropriate by some religious groups. Others hold the opinion that the children born because of some of these techniques are not your actual children because they are not of your "blood." We need to get rid of these preconceived notions and have the freedom to choose these treatments for infertility if necessary.

V. Right to Choose Abortion

Abortion is the part of women's reproductive rights that has generated the most debate. The act of performing an abortion involves removing the foetus a woman is carrying to end the pregnancy. As was previously mentioned, India's Medical Termination of Pregnancy (MTP) Act, 1971, makes abortion lawful. However, a woman's right to choose a safe abortion is affected by several factors, including lack of knowledge, family pressure, and legal requirements.

Within the first 20 weeks of pregnancy, women in India may choose to have an abortion with a doctor's approval. However, some procedures call for the father's or spouse's signature on forms. Particularly in circumstances of a coerced pregnancy or a pregnancy brought on by rape, issues arise. For instance, the protocol mandates that a woman must give the father's name, his consent to end the pregnancy and the reason for the termination. Because rape is stigmatised, this might add to the woman's mental anguish. Additionally, the process of ending the pregnancy after 20 weeks becomes much more stressful as legal permission from the Court is needed in such cases if the pregnancy is not discovered before 20 weeks (often in the case of minors). The lack of understanding about MTP and the stigma associated with seeing a gynaecologist can lead to women turning to risky abortion techniques. Such practices have the potential to be lethal at times and substantially affect their ability to procreate. If the situation calls for it and you feel the necessity for an abortion, speak to your doctor before choosing a hazardous or unproven technique. Indian women have the option to undergo an abortion up until the "safe" point in the pregnancy (the first five months), and we should feel free to exercise this choice if necessary.

VI. Right to Say No to Abortions (Female Infanticide)

In India, female infanticide is a serious issue when it comes to a woman's reproductive options. When a child's gender is revealed through illegally obtained sonography records, some regions of the country require women to have abortions. Additionally, some medical professionals who carry out these illegal abortions occasionally make false claims about the sex of the child to profit financially. During this, a woman's reproductive rights are violated as she is ostensibly compelled to have an abortion and give birth to a dead kid.

VII. Right to Abort Regardless of Foetal Age If Woman's Life is in Danger

While abortion is allowed up until 20 weeks of pregnancy, after that point, two medical reports are needed. Before an abortion can be carried out, these

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

reports — which must be corroborated by a court and say that the woman's life is at risk if the pregnancy continues — must be made. The doctors will not allow a late abortion if they believe it will put the woman in danger.

But occasionally, things get incredibly complicated. Women are occasionally coerced into having an abortion covertly. When the baby is a girl or the child is "unwanted," this has been seen.

Other times, the lady becomes embroiled in a court dispute, as was the case with the 28-year-old Mumbai woman who, despite wanting to have a kid, wanted it to be born dead!
Such abortions pose a serious risk to the woman's health. The woman's lack of reproductive options as a result could cause her death!

In India, reproductive rights and any associated topics are taboo. Every type of reproductive decision a woman makes has a societal stigma. Before added families are destroyed because of the women being denied access to reproductive health care, this needs to change.
It's time to restore a woman's right to her own body and offspring!

8. Factcheck: The Medical Termination of Pregnancy (Amendment) Act, 2022

The Medical Termination of Pregnancy (MTP) Amendment Act, passed by the Indian Parliament in 2021, amended the country's 50-year-old abortion statute that legalised abortion. The Amendment was passed in response to appeals from proponents to increase access to safe, high-quality abortion, particularly considering the Indian Penal Code, which still considers "causing a miscarriage" to be a crime. The MTP Amendment Act made much-needed changes to the current abortion law, but it stopped short of dropping several crucial access restrictions.

ACT OF 1971 REGARDING MEDICAL TERMINATION OF PREGNANCY

The 1971 MTP Act's stated goal was to "provide". As an exception to criminal liability under the Indian Penal Code, for the termination of specific pregnancies by registered medical practitioners"[ii]. [iii] Although the MTP Act made abortion performed by a registered medical practitioner (RMP) lawful, it also set restrictions on the types of grounds, gestational ages, and methods. The RMP bases its determination of the right to obtain an abortion at gestational limits of 20 weeks and 24 weeks on the following factors:

- If continuing the pregnancy puts the pregnant woman's life in danger or will seriously harm her physical or mental health
- Significant chance of a major foetal abnormality
- Pregnancy up to 20 weeks brought on by ineffective contraception and pregnancy up to 24 weeks brought on by rape are both regarded as "grave injuries to the woman's mental health."

Before the most recent changes, several pregnant women requested judicial approval for abortions that went above the 20-week gestational restriction.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

Key Features:

Increased gestational restrictions.
The MTP Amendment Act expanded the availability of abortion in a significant way by raising gestational thresholds.

GESTATIONAL LIMITS	MTP ACT 1971	MTP AMENDMENT ACT, 2022
Until 12 weeks	Advice of one doctor	Advice of one doctor
12 to 20 weeks	Advice of two doctors	Advice of one doctor
20 to 24 weeks	Only to save the life of the pregnant woman	The advice of two doctors if the pregnant woman falls under the categories prescribed below.
After 24 weeks	Only to save the life of the pregnant woman	Approval of Medical Board, and only if there is substantial foetal "abnormality"

Categories of women and girls who are eligible for abortions up to 24 weeks are listed below:

- victims of rape, sexual assault, or incest.
- Minors.
- Women who go through a marriage change.
- Status, including widows and divorced women, throughout pregnancy.
- Women who have physical impairments that meet the definition of "major disability" under the Rights of Persons with Disabilities Act, 2016.
- Women who suffer from mental problems.
- Pregnant women with "foetal malformations that have a significant chance of being incompatible with life" or children who "may have physical or mental abnormalities that would leave them seriously handicapped".
- Women who are pregnant in humanitarian circumstances, catastrophe relief efforts, or government-sanctioned emergencies.

It is now possible for a woman and "her partner" to obtain an abortion up until 20 weeks if they are unable to use contraception.

Failure to use contraception as a preventative measure could only be used by a "married woman or her husband" to justify an abortion under the 1971 law.
The MTP Amendment Act, a positive move, extended this to "any woman or her partner," which means that single women in relationships may now request abortions based on contraceptive failure.

Medical Boards will decide whether to provide abortions after 24 weeks in certain situations.

Following the MTP Amendment, Medical Boards will be established at accredited facilities and will have the authority to "allow or deny termination of pregnancy" beyond 24 weeks. This additional layer of third-party authorization was not included in the 1971 MTP Act, although Medical Boards had been established in post-20-week instances at the courts' request.

The window for medical abortions has been extended to nine weeks of gestation.

The MTP Amendment Act expanded the gestational restrictions for medical techniques of abortion (i.e., medication abortion, which refers to abortion using approved pharmacological drugs) from seven weeks to nine weeks when aided by an RMP with the training and experience that have been recommended.

Whereas the MTP Amendment Act did gradually raise the gestational limits, it also continues to limit access to abortion and erects new obstacles:

- The MTP Amendment Act keeps the original Act's lack of a rights-based framework. It does not prove rights; rather, it merely grants immunity from punishment. Contrary to international law standards that claim that restrictions on abortion violate human rights, the rights to life, privacy, freedom from gender discrimination and stereotyping, and freedom from abuse are only a few examples of human rights. In its General Recommendation No. 24, the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee recommends that States guarantee access to abortion and health services for women and not impose any restrictions on access. The World Health Organisation (WHO) has branded gestational limitations as arbitrary. The most recent WHO Abortion Guideline, published in 2022, advocates for the complete decriminalisation of abortion, the elimination of grounds-based abortion access, and on-demand abortion services for girls, women, and other vulnerable populations or any pregnant person; the elimination of gestational restrictions to guarantee that access to abortion is not hindered; and the elimination of necessary waiting times to access abortion.
- Access to safe and legal abortions is made more difficult by legal provisions like the POCSO Act's (Protection of Children from Sexual Offences Act) obligatory reporting requirement. Without a comprehensive review of the laws that affect access to abortion, such as pertinent clauses of the Indian Penal Code and the POCSO Act, current law only protects

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

access to abortion for expectant mothers and does not consider the diverse experiences of all people, including transgender and nonbinary people. The Transgender Persons Protections and Rights Act, 2019, which affirms transgender people's right to non-discriminatory access to medical facilities and services, is not in line with the MTP Act's limiting implementation.

- Eugenics lies at the core of the requirement for "severe foetal abnormalities" to obtain an abortion after 24 weeks. This stigmatises people with disabilities and advances an ableist worldview in place of one based on bodily autonomy and self-determination.
- Access to safe abortion may be significantly hampered by the addition of third-party authorizations, such as those required by Medical Boards, particularly for pregnant women and girls living in rural and tribal areas and those from disadvantaged socioeconomic backgrounds. Studies have shown that the public health system, which often supplies the only available healthcare system in underserved areas, has a shortage of skilled medical professionals. Receiving urgent abortion care is likely to be delayed by the added authorisation needed, even in areas where it is available. Women's equality is violated, and discrimination is committed when women must obtain permission and/or consent from a third party, such as a spouse, a court, a panel of doctors, or a medical board. It also shows as a significant barrier to other reproductive health care for women.
- The availability of safe and legal abortion in India continues to be hampered by the lack of recognition for medical abortion procedures, including the ability for self-management. While the expansion of access to medical abortions (also known as "medical abortions") until 9 weeks is a positive development, there is room for further liberalisation in line with global standards for human rights and public health. For instance, the 2022 WHO Abortion Care Guideline recognises a variety of supported and self-managed medical abortion regimens, in full or in part, and throughout various gestational stages. The Guideline emphasises that "it is the individual (i.e., the "self") who drives the process of figuring out which components of abortion care will be supported or delivered by qualified health workers or in a health-care facility and other aspects will be self-managed. This is crucially important.

Lack of access to abortion on demand results in forced pregnancy, which violates the human rights of women who are pregnant. The right to be free from forced pregnancy is included in Article 16 of CEDAW, according to the UN CEDAW Committee. The right of women to choose the number and spacing of their children is guaranteed by Article 16. In its General Comment 22, the UN Committee on Economic, Social, and Cultural Rights reaffirmed that forcing women to become pregnant is against their human rights.

Abortion laws and regulations must respect the bodily and reproductive choices of pregnant women. Women's rights to bodily autonomy have been included in the rights to health, freedom from torture, and harsh, inhuman, and degrading treatment.

8.1. In Statistics

- In India, where there are 48.5 million pregnancies each year, 44% of them are unplanned. Of these unwanted pregnancies, 16 million (or 77%) result in abortions. Every year, 800,000 unsafe abortions take place in India. In India, 10% of unsafe abortions result in maternal death.
- During the COVID-19 pandemic in India between January and June 2020, it is predicted that there were an additional 1 million unsafe abortions, 650,000 unwanted pregnancies, and 2,600 maternal deaths.
- Poor and illiterate girls and women, members of marginalised castes and religions, and residents in rural areas face more severe access restrictions and a higher chance of being criminalised.
- Abortion rates are not reduced by restrictive abortion laws. Instead, they raise morbidity and mortality rates among mothers.

9. Conclusion

Here is where I make my case for diversity. If you've ever read stories of a similar nature and questioned "Why are all of these things such a big problem?" Why don't these neighbourhoods fight back against discrimination? The fact that these communities are systematically underrepresented in the government needs to be remembered. This isn't just a result of their smaller numbers; they are also underrepresented. This is a major issue in India. This holds not only for the non-binary community but also for transgender people and women who identify as female or male (and who do not identify as non-binary). Laws governing the bodily autonomy of people who identify as another gender are often formed by cis-heterosexual men who are often undereducated and underexposed to the perspectives of other identities. Additionally, it is challenging for non-male identities to be portrayed in politics due to the stigma associated with them.

Lack of representation equates to a lack of informed individuals with the experience necessary to understand and fight for minorities' rights inside the legal system. Lack of information results in laws that are either unfair, unworkable, or rife with loopholes. Instead, we must broaden our perspectives and make laws that are inclusive of all residents.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

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Journal of Chemical Health Risks

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Journal of Chemical Health Risks

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JCHR (2023) 13(4), 2550-2563 | ISSN:2251-6727

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