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TYPF Course

Please answer the following questions in 50-70 words.

1.The MTP Act was the first attempt to legislate Abortion in India. True or False?

False, before the MTP Act abortion in India was regulated by the Indian Penal Code,1862. This drew inspiration from the British Offences Against the Person Act, 1861 and sought to criminalise abortion or voluntary miscarriage in all cases except those that intended to save the pregnant person's life.

2.What was the motivation behind creating a more liberal abortion law in India?

The motivation for a new law arose in the context of Family Planning and Population Control in India. Abortion was endorsed as an effective way to undertake Family Planning for which the new law sought to increase the number of registered medical centres and liberalise access to abortion. Additionally, the need for the law was also felt in the context of increasing abortions and maternal deaths in India at the time.

3.What was the rationale behind amending the MTP Act in 2002?

The motivation was to remove red tape and bureaucratic hurdles that restricted the number of private medical facilities that could gain permission to conduct safe abortions. The new amendment decentralised the process by allowing district level committees to approve private facilities, in an attempt to increase the number of such centres.

4.Mention some of the gaps in the MTP Act.

Given that the Act came into effect to counteract the regulations under IPC, 1862 it is heavily centred around the service provider, rather than around the demands/requirements of the pregnant person. Further, the context of family planning and population control mean that the Act does not centre the choice of the pregnant person. Additionally, the language and focus of the Act is very exclusionary centring cis, predominantly married women, and using 'abnormalities' as terms to refer to foetal anomalies or disabilities.

5. How can the MTP Act be improved?

The Act can begin by adopting a more inclusive focus and language - accounting for persons with disabilities, single women, trans persons, sex workers and persons from other marginalised communities seeking safe abortions. Further, removing the focus from the pregnant person and their partner/spouse is key in order to reinforce the former's choice and autonomy. There also remain issues in implementation which do not effectively regulate private and public service providers. This lack of care for quality care standards also reflect in the lack of research and good clinical practice guidelines which could strengthen the sector further with newer, safer technology.