



## **Questioning Life and Choice\_**

the case of Abortion in India

By [Sanjana Kumari](#)

**W**hether or not a human fetus is the same as a human person with the right to live has been at the center of the never-ending debate on abortion across the world. With ‘pro-life’ groups bringing up the issue of moral responsibility of a woman with respect to her unborn child, and ‘pro-choice’ groups ( or abortion rights groups, as they say) arguing for the reproductive rights of a woman it does become difficult for one to choose sides on this issue (if at all one decides to choose).

Induced abortion is an integral part of reproductive health services across the world. Unsafe abortions lead to thousands of deaths every year in India itself. The Maternal Mortality Rate (MMR) for India as per the Sample Registration System (SRS) data declined to 130 in 2014-16 from 167 in 2011-13 – a significant improvement on a parameter which is largely used by analysts and developmental economists to rate a country’s Progress. The Maternal Mortality Rate

for countries like Greece, Norway stands in single-digit numbers. The difference in numbers is staggering, to say the least. Unsafe abortions are the third major cause of maternal deaths in the country.

**Abortion cases are legally approached in India** through the Medical Termination of Pregnancy Act, 1971. The act allows for the induced abortion of a fetus up to 20 weeks, beyond which abortion can only be allowed by a court on certain special grounds.

The issue of abortion is not just one with a moral angle, it comes with its own serious and complicated set of problems with respect to fetuses conceived of sexual assault. The country was recently hit with many cases of rape survivors asking for permission to abort their over 20-week old fetuses. What was more heart-wrenching was that many of these were girls aged between 10 and 15. The argument here is that the rape survivor cannot be forced to bear the brunt of a crime committed by somebody else. Apart from posing serious health risks to younger survivors going ahead with their pregnancies, it also raised the question of responsibility. However, citing the existing law, the courts did not allow abortion in some cases even to rape survivors. However, in December 2017, a 13-year old rape survivor's father approached the Bombay High Court seeking permission for the termination of 26-week fetus. The Court allowed them to go ahead with the abortion on the basis of a report from a medical board

that placed greater harm to the girl's life if she continued with the pregnancy. This however can change in the upcoming years as the Medical Termination of Pregnancy Amendment Bill, 2014 was put in the public domain for suggestions and observations recently. It seeks to increase the legal limit of abortion from 20 weeks to 24 weeks. The Bill amends Section 3 of the 1971 Act to provide that "the length of pregnancy shall not apply" in a decision to abort a fetus diagnosed with "substantial fetal abnormalities" or if it is "alleged by the pregnant woman to have been caused by rape". It also seeks to widen the service provider base in order to ensure the penetration of safe abortion services in the country, which is currently marred by the practice of unsafe and undocumented abortions.

Abortions in India have another significant angle to them - the preference of a baby boy over a baby girl. This is where the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 meant to crack down on sex-selective abortions comes into the picture. Although, pre-natal diagnosis of the sex of the fetus is illegal in the country, quacks and even registered doctors practice it under the influence of greed.

Recently, **Kenya in the African continent** saw a teenager's death after a botched abortion procedure. The case hit the media reports as there were campaigns and the filing of a case against the Kenyan

Government for failing to provide the girl with adequate post-abortion care. The demand was to reinstate the guidelines on safe abortions. What needs to be kept in mind here is that the death was due to a safe practice gone wrong and the service provider's inability to take care of the girl after the abortion.

Abortions in the developed world are one of the safest procedures in medicine, when allowed by law. **The stigma surrounding abortion in a country as culturally and socially complex as India**, however, makes it a matter of shame for most women to approach a registered practitioner for an abortion. They end up going to quacks or taking over-the-counter medicines to induce abortions without required safeguards and often end up with serious issues and sometimes even death. The philosophical debate around abortion can be turned in one's favour by putting up arguments which are pro-life or pro-choice, but the fact that a number of single women end up aborting fetuses conceived out of premarital relationships (which is a taboo in almost all Indian societies) unsafely thus posing great risk to their health is a cry for help.

The matter of abortion encompasses a number of other issues like contraception, safe-sex methods, sex awareness, abortion awareness etc. It is crucial to the development of the nation that its citizens understand the nuances of both reproduction and abortion. Sex

education has not been a part of formal education in India. Its importance, however, cannot be emphasized upon more.

The Medical Termination of Pregnancy Amendment Bill, 2014 is a step in the right direction. However, the fact that it seeks to widen the service provider base might be a cause of concern in such a huge country. It will be difficult to monitor the service providers and can lead to a growth in the sex-selective abortion rackets in the country. There is a need to discuss the bill with greater rationality and compassion, for only a mix of both will be able to curb the growth of unsafe abortion methods being employed in the country.

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[Sanjana Kumari](#) recently completed her post-graduation from the University of Delhi.

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