

New Delhi: Jan 31, 2020: While any change in law or policy that advances women's health and rights is welcome, the amendments to the MTP Act approved by the cabinet seems to fall short of expectations and needs, which various stakeholders have been advocating for many years.

There seems to be a conflicting report on the increase in gestational limit from 20 to 24 weeks. The reading of the Press Information Bureau's statement dated 29th January 2020 and the op-ed by a cabinet minister in a national daily today indicate that this increase is only for 'special categories of women (including vulnerable women, survivors of rape, incest, differently abled women, minors etc.)' However other media reports seem to suggest that the increase in gestation limits from 20 to 24 weeks is for all women. We hope this is correct and if it is, it would be a much bigger step in the right direction. FRHS India is not yet privy to the actual draft bill in its entirety and waits for the bill to be shared widely.

The intention to address the needs of vulnerable women and those who want to terminate their pregnancy due to substantial fetal abnormalities is commendable. However in order for these women to fully benefit from the intention, we would urge the government to consider the following:

1. Remove upper gestation limits for vulnerable women such that they are allowed to terminate at any point during the pregnancy as the trauma caused by sexual assault and resultant pregnancy can adversely impact her mental health and compromise her right to life and liberty.
2. For substantial fetal abnormalities, the amendments propose constituting medical boards to decide the cases. FRHS India believes this decision should be based on the opinion of the woman's doctor alone. Subjecting women to undergo repeated medical assessments by an unfamiliar panel is disrespectful, humiliating and can also delay access to abortion care.
3. While we welcome the decision to remove the requirement of opinion of two providers for 12-20 weeks, we would like to urge that this decision be extended to 24 weeks, given the small number of specialists who are authorised to provide second trimester abortions in the country.

The above changes would translate the government's intention to reality.

The amendment in its current form (if what is mentioned in the PIB statement is correct) will address only a small, yet important part of the problem. However it is unlikely to have significant impact on women's access to safe abortion care or reduction in maternal mortality and morbidity.

The amendments approved by the cabinet address only a small but important section (less than one percent) of the estimated 15.6 million women who seek abortions annually in the country. There is enough evidence on the need to overhaul the MTP Act to make it contemporary and align it with advancements in medical technology. For the amendments to be truly progressive and address the needs of gender justice and reproductive rights we would urge the government to also address barriers over 14 million women who seek abortion within 12 weeks and 1.5 million between 12-20 weeks face in accessing abortion care. This would include progressive changes to the MTP Act to include issues like making abortion a woman's right; expanding the provider base by allowing trained Nurses and AYUSH providers to offer abortion up to 12 weeks and for contraceptive failure to be grounds for women irrespective of their marital status. While the amendments approved by the cabinet is in the right direction, it is our hope that larger issues highlighted above will be also be incorporated in the final MTP (Amendment) Bill 2020 prioritizing women and their reproductive rights.