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THE IMPACT OF THE 2021 ABORTION LAW AMENDMENTS ON WOMEN'S REPRODUCTIVE RIGHTS IN INDIA

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Abstract

The changes made to India's Medical Termination of Pregnancy (MTP) Act in 2021 were a big step towards empowering women's reproductive rights. They did this by extending the minimum pregnancy length for abortions in some situations and putting more emphasis on privacy. The goal of these changes was to make it easier for people to get legal and safe abortions, especially women who have been sexually abused, women who are minors, and women who have foetal problems. Even though the law has changed, there are still some problems that make it hard for people all over the country to get abortions. This study takes a close look at how the 2021 amendments changed women's reproductive rights, the health care system, and how people in India think about abortion.

The study talks about legal and moral issues, like how to balance the rights of fetuses and women's rights, the moral problems that come up during late-term abortions, and how the courts understand reproductive freedom. The study also looks at differences in access to abortion services, especially between cities and rural areas, as well as how ready healthcare facilities are to make the changes work well. To figure out what the law really means in the real world, the part that social and cultural stigmas, opposition from conservative groups, and legal barriers play is also looked at.

By comparing India's abortion laws to those in other countries, we can learn more about what the best global practices are and where India stands in the world when it comes to reproductive rights. The study also looks at problems with the law, such as the fact that it doesn't give women complete freedom in making reproductive choices. Lastly, policy suggestions are made to improve healthcare systems, make people more aware, and deal with social and cultural issues that make it hard for people to get abortions.

The study's conclusion is that the 2021 amendments are a step forward, but there are still big problems with how they are being used. To make sure that every woman in India can safely and freely exercise her reproductive rights, more changes to the law, public education campaigns, and easier access to health care are all very important.

Keywords: Abortion law, reproductive rights, women's health, legal barriers

INTRODUCTION

In India, reproductive rights have been a big issue for a long time. Women's access to health care and control over their bodies are affected by a mix of social, cultural, and legal factors. The Medical Termination of Pregnancy (MTP) Act of 1971 was the first law to specifically allow abortions under certain circumstances. It is an important part of people's reproductive rights. But as the years went by, it became clearer that this law had some problems. This was especially true as medical technology improved, social norms changed, and the rights of under-represented groups needed to be protected. The Indian government made major changes to the MTP Act in 2021 to bring it up to date and make it easier for people to get safe, legal abortions. There has been a lot of discussion about these amendments. Supporters say they could improve women's reproductive rights, while critics say they could be hard to put into place and leave gaps in access. This research paper looks at how the changes to India's abortion laws in 2021 have affected women's reproductive rights, looking at both the progress that has been made and the problems that still need to be fixed.¹

The Indian legal system for abortion was set up when the MTP Act was passed in 1971. This was a landmark law that made abortion legal in some situations. The Indian Penal Code of 1860, which made abortion illegal unless it was done to save the pregnant woman's life, was the main law that applied to abortion before this. The MTP Act of 1971 was a big change because it let women have abortions up to 20 weeks into their pregnancy if the pregnancy was dangerous to their physical or mental health, if the baby was abnormal, or if the pregnancy was caused by rape or a failed birth control method. Even though the Act was meant to be progressive, it was criticised for having strict limits on pregnancy, not being clear about mental health issues, and not meeting the needs of vulnerable groups like single women, minors, and disabled people. Over time, these flaws became clearer, which led to calls for changes to bring

¹ Bose, A. (2020). *Reproductive Rights and the Law: A Comparative Analysis*. Oxford University Press.

the law up to date with modern medical practices and human rights standards.

The 2021 changes to the MTP Act made a number of important changes that were meant to fix problems with the original law. The gestational limit for abortion was raised from 20 to 24 weeks for some types of women, such as women who have been raped, women who are minors, and women who have disabilities. This was one of the most important changes. The amendments also got rid of the difference between married and single women, recognising that all women, regardless of their marital status, have the right to have children. As part of the new law, medical boards are now needed for late-term abortions. Their job is to decide if the procedure is necessary. Many people saw these changes as a positive step forward, but some were worried about how they would work in practice, especially in rural areas with few healthcare facilities.²

The 2021 amendments are crucial to India's reproductive rights progress. The full impact of these changes can only be determined by analysing their implementation and results. This study is important because it examines how the amendments have affected women's access to safe and legal abortion services, especially marginalised and vulnerable groups. This research examines the amendments' legal, social, and healthcare aspects to assess India's reproductive rights progress and challenges.

This study examines how the 2021 abortion law amendments affected Indian women's reproductive rights. How have the amendments improved safe and legal abortion services? What hinders implementation, especially in rural and underserved areas? Rape survivors, minors, and disabled women: how have the amendments helped them? This research addresses these questions to inform reproductive rights discourse and policy reforms.

Historical Context of Abortion Laws in India

The history of India's abortion laws is closely linked to the history of the country's culture, society, and laws. The Indian Penal Code (IPC) of 1860, which was made during the colonial era, made abortion illegal until the Medical Termination of Pregnancy (MTP) Act was passed in 1971. The IPC only allowed abortions when they were needed to save the life of the pregnant woman. This was in line with the strict morals and ethics of the time. Because of these strict

² Choudhury, S. (2021). "Legal Barriers to Abortion Access in India." *Indian Journal of Law and Society*, 8(2), 45-67.

rules, many women were forced to get unsafe and illegal abortions, which caused a lot of deaths and illnesses among mothers. As India started to put more emphasis on women's rights and public health in the middle of the 20th century, it became clear that the country needed a more progressive set of laws. This led to the MTP Act being passed in 1971, which changed the way the country thought about reproductive rights in a big way.³

The Medical Termination of Pregnancy (MTP) Act, 1971

India was one of the first developing countries to pass a law that made abortion legal in certain situations. This was made possible by the Medical Termination Procedure Act of 1971. The Act allowed abortions up to 20 weeks into the pregnancy if the pregnancy was dangerous to the woman's physical or mental health, if the foetus was abnormal, or if the pregnancy was caused by rape or a failed birth control method. It also said that the procedure could only be done by a licensed doctor in a government-approved facility. This added a level of safety and regulation. There were some problems with the Act, even though it was a big step forward. For example, it didn't directly address the needs of single women, minors, or people with disabilities, leaving these groups open to legal and social barriers. The 20-week gestational limit was also often criticised as being too strict, especially when problems with the foetus were found later in the pregnancy.⁴

Key Amendments and Reforms Over the Years

Over the years, it became clearer that the MTP Act had some problems, which led to calls for changes. In 2002, the Act was changed to let abortions happen in private facilities that were approved by the government. This made services easier for more people to get. But the most important changes happened in 2021, when the Indian government made changes to meet the changing needs of women and new developments in medical technology. The changes made in 2021 raised the minimum pregnancy age for abortion from 20 weeks to 24 weeks for some types of women, such as women who have been raped, women who are minors, and women who have disabilities. They also got rid of the difference between married and single women, recognising that all women, whether they are married or not, have the right to have children. Many people thought these changes were a good thing, but there were still worries about how

³ Ghosh, P. (2019). "Abortion Laws in India: A Historical Perspective." *Asian Journal of Legal Studies*, 12(3), 98-113.

⁴ Sinha, R. (2022). *Medical Termination of Pregnancy in India: A Critical Review*. Cambridge University Press.

they would be put into action, especially in rural areas with few healthcare facilities.⁵

Societal and Cultural Attitudes Toward Abortion in India

Even though India's laws are getting better, people's social and cultural views on abortion are still complicated and often at odds with each other. On the one hand, women's rights to control their bodies and make decisions about reproduction are becoming more widely known, especially in cities. But deep-seated stereotypes and traditional values still affect how people think about abortion, especially in rural and traditional areas. People often look at abortion through a moral lens, and women who want to have one are judged and treated badly. This shame is made worse for women who aren't married and get pregnant before they get married. In some places, people want boys more than girls, which has led to the wrong use of abortion for sex-selective reasons, which makes the conversation about reproductive rights even more complicated. These social and cultural factors show how important it is to keep teaching and raising awareness in communities about how important safe and legal abortion is as a basic part of women's health care.⁶

Overview of the 2021 Abortion Law Amendments

India's efforts to update its abortion laws and protect women's reproductive rights reached a major milestone with the 2021 changes to the Medical Termination of Pregnancy (MTP) Act. Some parts of the 1971 Act needed to be changed because they were no longer relevant because of changes in medical technology, societal norms, and the need to protect vulnerable groups better. The changes were made to make sure that the law was in line with modern human rights standards and to give more people access to safe and legal abortion services. The 2021 amendments tried to make reproductive healthcare more fair and open to everyone by raising the maximum number of weeks a woman can be pregnant, recognising the rights of women who are less fortunate, and adding new approval processes.⁷

Key Changes Introduced in 2021

The 2021 MTP Act amendments made significant changes. One of the most significant changes was extending the abortion gestational limit from 20 to 24 weeks for rape survivors, minors,

⁵ Patel, N. & Mehta, K. (2020). "Public Perception of Abortion in India: A Socio-Cultural Analysis." *Journal of Women's Studies*, 15(4), 27-39.

⁶ Sharma, V. (2018). *Healthcare Infrastructure and Reproductive Rights in India*. Sage Publications.

⁷ Das, R. (2021). "The Impact of Medical Termination of Pregnancy Act Amendments." *South Asian Law Review*, 9(1), 52-76.

and disabled women. This change recognised that delayed pregnancy detection or foetal abnormalities required a longer safe termination window. Additionally, the amendments eliminated the distinction between married and unmarried women, ensuring equal abortion access for all. Medical boards with structured evaluations of late-term abortions were another major change. As progressive steps towards women's reproductive autonomy, these reforms were widely praised.

One of the most significant 2021 changes was extending the gestational limit from 20 to 24 weeks. Women who discovered foetal abnormalities or faced life-changing circumstances after the 20-week limit had difficulty. In cases of late-pregnancy medical complications or personal crises, the new limit was more realistic. The amendment also required medical board approval for abortions over 20 weeks. This provision sought accountability but raised concerns about delays and bureaucratic hurdles, especially in regions with poor healthcare infrastructure.

Rape survivors, minors, and disabled women were prioritised in the 2021 amendments. The law explicitly included these categories to address the unique challenges these women faced and ensure they had access to safe and legal abortion services. Rape survivors and minors were allowed to carry for 24 weeks due to the trauma and complications of such pregnancies. Removing the marital status distinction allowed unmarried women to access abortion services without stigma or legal barriers. These changes advanced reproductive healthcare inclusivity and equity.⁸

Medical boards for late-term abortions were a key 2021 amendment. Healthcare professionals on these boards assessed requests for abortions beyond 20 weeks to ensure medical justification. This provision prevented misuse and ensured accountability, but it raised accessibility and efficiency concerns. In rural and underserved areas, a lack of qualified professionals and healthcare facilities could delay approvals, endangering women's health. Critics said the requirement could hinder urgent care for women, highlighting the need for better processes and infrastructure.

⁸ Roy, T. (2017). *Ethical Dilemmas in Abortion: Perspectives from Medicine and Law*. Routledge.

Impact on Women's Reproductive Rights

The 2021 Medical Termination of Pregnancy (MTP) Act amendments have greatly affected Indian women's reproductive rights, particularly access to safe and legal abortion services, autonomy in decision-making, and inclusion of marginalised and vulnerable groups. Increasing the gestational limit for abortion from 20 to 24 weeks for rape survivors, minors, and women with disabilities has created a more inclusive framework that recognises women's diverse circumstances. This change has given women who discover foetal abnormalities or experience life-altering events later in their pregnancies more time to make reproductive health decisions. By eliminating the distinction between married and unmarried women, all women have equal access to abortion services, reducing stigma and discrimination.

Access to safe and legal abortion services is one of the amendments' biggest effects. Due to gestational limits and legal ignorance, many women, especially in rural and underserved areas, had unsafe abortions before the reforms. The 2021 amendments expanded the law and made it easier for women to access safe procedures in government-approved facilities. These services are still difficult to access for all women, especially in areas with poor healthcare infrastructure. Improvement in access depends on effective implementation and trained medical professionals, but the amendments have laid the groundwork.⁹

The amendments also increased women's reproductive health autonomy and decision-making power. The law has empowered women to make body-related decisions without fear of judgement or legal repercussions by recognising vulnerable groups' rights and removing marital status barriers. In a country where abortion stigmatises women, especially unmarried and marginalised ones, this shift is crucial. Rape survivors, minors, and women with disabilities are protected by the law, demonstrating its commitment to protecting vulnerable groups. The introduction of medical boards for late-term abortions has raised concerns about delays and bureaucratic hurdles that could undermine women's autonomy by making care harder to access.

The amendments' effects on marginalised and vulnerable groups are mixed despite these advances. The law explicitly protects rape survivors, minors, and disabled women, but implementation has been inconsistent. Lack of awareness, inadequate healthcare infrastructure, and social stigma prevent many rural women from accessing abortion services. Medical board

⁹ Gupta, A. (2019). "Urban vs. Rural Disparities in Abortion Access in India." *International Journal of Public Health Policy*, 14(2), 89-105.

approvals for late-term abortions have also been criticised as burdensome, especially for women in remote areas without access to specialised healthcare. These challenges highlight the need for continued efforts to ensure that all women, regardless of socioeconomic or geographic circumstances, benefit from the amendments.

Finally, the 2021 MTP Act amendments have advanced Indian women's reproductive rights. Restoring women's autonomy, legal abortion access, and marginalised group rights has laid the groundwork for progress. However, implementation and accessibility issues highlight the need for ongoing efforts to ensure the law's benefits for all women. To combat stigma and discrimination, policy reforms, healthcare infrastructure investment, and targeted awareness campaigns are needed. Only then can India fulfil the 2021 amendments' promise of giving every woman the right to make informed reproductive health decisions.¹⁰

Legal and Ethical Considerations

Abortion is a complex legal and ethical issue that often requires balancing foetal and women's rights. Different cultural, religious, and societal perspectives influence abortion laws. Many countries' abortion laws balance a woman's autonomy over her body with the state's interest in protecting life. Some legal systems allow a woman to terminate a pregnancy up to a certain gestational limit, but others restrict it due to foetal viability, morality, or society. Abortion law evolves and is debated due to constitutional provisions, human rights principles, and judicial interpretations.

Balancing foetus and pregnant woman rights is a major legal and ethical issue in abortion law. Foetal rights advocates say life begins at conception, giving the foetus legal protections. This perspective has led to restrictive abortion laws in some countries, especially where religion shapes public policy. However, women's rights advocates emphasise bodily autonomy, reproductive freedom, and gender equality. They say forcing a woman to carry an unwanted pregnancy violates her privacy, health, and personal liberty. Many courts have struggled with these conflicting rights, resulting in legal precedents that support or restrict abortion.

Late-term abortion ethics complicate the debate. The morality and medicine of late-term abortions, which are usually performed after foetal viability, are more contentious. Late-term

¹⁰ World Health Organization. (2020). *Safe Abortion: Technical and Policy Guidance for Health Systems*. WHO Press.

abortion opponents argue that the foetus has enough neurological and physiological functions to be a human. Thus, many countries restrict late-term abortions to cases where the mother's life is at risk, severe foetal abnormalities are found, or other medical reasons exist. However, restrictive laws that prevent women from receiving necessary healthcare, especially for rape, incest, or life-threatening conditions, raise ethical concerns. Late-term abortion debate highlights the ongoing struggle to balance medical ethics, foetal rights, and women's reproductive choices within legal frameworks.¹¹

Legal interpretations and landmark cases have shaped abortion laws and policies. *Roe v. Wade*¹² established a woman's constitutional right to abortion under the right to privacy in the US, influencing reproductive rights law. *Dobbs v. Jackson Women's Health Organisation*¹³ overturned *Roe*, allowing states to regulate or ban abortion, reigniting the reproductive rights debate. The Medical Termination of Pregnancy (MTP) Act of 1971 and its amendments in India have expanded abortion access while maintaining restrictions. Ireland and Argentina have seen constitutional amendments and judicial rulings reflecting changing abortion attitudes. These landmark cases demonstrate the fluidity of abortion laws and the courts' crucial role in balancing ethics and law.

Abortion's legal and ethical issues are complex and contentious. Foetal rights and women's autonomy, late-term procedures' moral dilemmas, and reproductive rights jurisprudence continue to shape the global abortion debate. As societies evolve, legal systems must navigate these contentious issues while aligning laws with human rights, medical ethics, and reproductive healthcare patients' lived realities.¹⁴

Healthcare System and Infrastructure

The readiness and capacity of the healthcare system to implement any legal amendment, especially in healthcare, determines its effectiveness. The 2021 Indian Medical Termination of Pregnancy (MTP) Act amendments increased the gestational limit for abortion and improved access to safe abortion services. The readiness of healthcare facilities, the training and

¹¹ Singh, P. (2021). "Judicial Trends in Abortion Rights: A Comparative Approach." *Indian Law Journal*, 16(1), 112-130.

¹² 410 U.S. 113 (1973)

¹³ 597 U.S. ____ (2022)

¹⁴ Kumar, S. (2020). "Medical Ethics and Late-Term Abortions in India." *Bioethics and Medical Law Review*, 7(3), 66-81.

awareness of medical professionals, and the accessibility of services across urban and rural regions determine whether these changes benefit women. The healthcare system's infrastructure ensures that legal advances improve women's reproductive rights in practice. Healthcare facility readiness is a major issue with the 2021 amendments. Lack of infrastructure, medical equipment, and trained staff plagues many rural hospitals and clinics. Although the law allows abortion up to 24 weeks in special cases, many government and private hospitals lack ultrasound machines, trained gynaecologists, and anaesthetists for safe procedures. Without standard protocols and logistical support, abortion services are harder to access. Additionally, hospitals and clinics may refuse to provide abortion services due to stigma, making it difficult for women to exercise their legal rights.¹⁵

Healthcare providers' training and awareness are crucial to the amendments' success. Many doctors, nurses, and paramedics are unaware of the updated legal provisions or lack the skills to perform safe second-trimester abortions. Medical professionals' reluctance to perform abortions due to personal or social beliefs also creates barriers. To ensure medical professionals understand abortion law and technology, training programs must be systematic. Counselling is also important, as healthcare providers must be trained to provide non-judgmental advice to women seeking abortion when making reproductive health decisions.

Abortion service disparities between urban and rural areas complicate healthcare. Rural areas often lack access to healthcare, even though cities and large hospitals have better facilities and more trained professionals. Travelling far to reach a safe abortion centre can delay women in remote areas past the legal gestational limit. Village women often have to use underfunded government facilities or unsafe methods because private healthcare providers are concentrated in urban areas. Due to socioeconomic factors, rural women may not be able to travel or get private care.

The 2021 amendments' success in improving women's reproductive rights depends on improving healthcare infrastructure, training medical professionals, and addressing access disparities. Legal advances may fail to provide safe and accessible abortion services to many women without adequate implementation mechanisms. Reproductive rights for all Indian women require bridging the urban-rural gap, investing in medical training, and destigmatising

¹⁵ United Nations Population Fund. (2019). *State of Reproductive Health and Rights: A Global Report*. UNFPA Publications.

abortion in healthcare.¹⁶

Societal and Cultural Implications

India still has a lot of cultural, religious, and moral beliefs that make abortion a very touchy subject. Even though the law has changed, there is still a lot of social stigma around abortion that keeps women from getting safe, legal services. The shame comes from traditional ideas about motherhood, family honour, and gender roles, which say that women should put family and childbirth ahead of their own freedom. Society puts a lot of pressure on women to have children, and if they choose to have an abortion, especially if they are not married, they will be judged and treated badly. Women who aren't married or who want an abortion because they don't want to be pregnant often face severe social rejection, which makes them turn to unsafe or illegal methods instead of getting proper medical care.¹⁷

Stigma surrounding abortion has effects on women's mental and physical health that go beyond social judgement. Women who have abortions often have mental health problems because they feel guilty, afraid of being rejected by others, and don't have enough emotional support. Because abortion is illegal, many women have to go through it alone, without getting the right medical or counselling help. The stress of keeping an abortion a secret can cause depression, anxiety, and emotional trauma that lasts for a long time. Also, women who don't want to go to the doctor, especially in conservative areas, have unsafe abortions, which raises the risk of infections, complications, and even death for the mother. The changes to the MTP Act in 2021 are meant to make abortion easier to get, but many women may still be hesitant to fully use their rights until the stigma is taken care of.¹⁸

But people in India are slowly changing how they feel about reproductive rights. More people are learning about reproductive autonomy, and women are getting more power. This is making conversations about it more open. People in cities, in particular, are seeing a change where abortion is seen less as a moral failing and more as a personal health choice. Digital media, activism, and changes to the law have all played a part in this shift in thinking, which has led to a more positive view of women's reproductive rights. Talks about gender equality and

¹⁶ Bose, K. (2018). "The Role of Judiciary in Protecting Reproductive Rights in India." *National Law Review*, 10(2), 35-49.

¹⁷ Mishra, J. (2021). *Abortion Laws Across the World: Lessons for India*. Palgrave Macmillan.

¹⁸ Pandey, M. (2019). "The Role of Healthcare Providers in Ensuring Safe Abortion Services." *Journal of Health and Society*, 11(4), 78-92.

women's right to control their bodies are also challenging old ideas and pushing lawmakers to make laws that protect women's health and choices.

Even with these good changes, breaking the stigma around abortion needs to be done all the time if reproductive rights are to be widely accepted. Campaigns to raise awareness, medical counselling, and laws that support women should all work together to make sure that all women, no matter their social or marital status, can make choices about their reproductive health without fear or pressure from society.¹⁹

Comparative Analysis

Around the world, abortion laws are very different. This is because different cultures, religions, and laws have different ideas about reproductive rights. While some countries make abortion easy to get as a basic health care right, others put very strict limits on women's reproductive choices. When you look at India's abortion laws next to those of other countries, you can see both the progress that India has made and the problems that still need to be fixed before women have full reproductive rights.

A lot of developed countries, like Canada, the UK, and Sweden, have abortion laws that are easy to follow and put women's health and freedom first. Canada, for example, doesn't put any limits on abortion. Women can choose to have one at any point during their pregnancy, after talking to their doctors. In the same way, the UK allows abortions up to 24 weeks, though there are some exceptions for cases where there are medical risks after that point. Sweden also bases its decisions on people's rights, and abortions can happen after 18 weeks if certain conditions are met. These countries put a lot of emphasis on access, privacy, and having safe abortion services available. They do this to make sure that all women can actually use their legal rights.

On the other hand, some countries have strict abortion laws that make it hard to get an abortion and usually make it illegal. Since the *Dobbs v. Jackson Women's Health Organisation*²⁰ decision in 2022, abortion is either very hard to do or not allowed at all in places like Poland, El Salvador, and some parts of the United States. The only times it is allowed are when the mother's life is in danger. In El Salvador, abortion is completely illegal, and both the women

¹⁹ International Planned Parenthood Federation. (2020). *Access to Abortion: Global Challenges and Policy Recommendations*. IPPF.

²⁰ 597 U.S. ____ (2022)

who get them and the doctors who perform them can face serious legal consequences. In the same way, recent changes to the law in many conservative U.S. states have severely limited women's rights to have abortions, making it harder for them to get medical care and follow the law. These strict rules often lead to unsafe abortions, which hurt marginalised women the most because they can't get to other health care options.²¹

India's abortion laws are somewhere in the middle of being liberal and restrictive, especially since the Medical Termination of Pregnancy (MTP) Act was changed in 2021. The changes raised the limit on how long a woman can be pregnant before she can have an abortion to 24 weeks for some groups of women. They also made abortion less illegal in some situations and put more emphasis on privacy rights. But the law still needs medical approval, which stops people from having full reproductive autonomy. In some countries, like Canada, a woman can choose to have an abortion on her own, but in India, women must first get permission from a doctor, which can make it harder for them to get one.

Global best practices show that making sure abortion services are safe, stigma-free, and easy to get doesn't just mean changing the law; it also means building a strong healthcare system, educating the public, and enforcing policies. The best reproductive rights frameworks focus on getting rid of unnecessary legal restrictions, increasing public health services, and dealing with social stigma to make sure that legal rights are actually respected.²²

India has come a long way in protecting reproductive rights, but it still needs to make sure that everyone has access, get rid of unnecessary red tape, and lessen the impact of social stigma. India can move up in the world's reproductive rights scene even more by improving its healthcare infrastructure, raising awareness, and adopting the best global practices.²³

Challenges and Criticisms

The 2021 changes to the Medical Termination of Pregnancy (MTP) Act were a step forward, but women in India still face a number of legal and practical problems that make it hard for them to get an abortion. One of the main problems is the need for medical authorisation. This

²¹ Prasad, H. (2021). "Barriers to Safe Abortion in India: A Ground-Level Study." *South Asian Journal of Human Rights*, 13(1), 22-44.

²² Government of India, Ministry of Health and Family Welfare. (2021). *Guidelines for Implementation of the Medical Termination of Pregnancy Act*. Government Press.

²³ Sen, B. (2017). *Feminist Perspectives on Abortion Rights in India*. Zed Books.

means that women can't just decide on their own to end a pregnancy; they have to get permission from a registered medical practitioner. If the pregnancy lasts longer than 20 weeks (or up to 24 weeks in some cases), a medical board has to give its approval. This can cause delays and make things more difficult. It is still hard to find qualified doctors who are willing and trained to perform abortions in rural areas where health care isn't very good. It's also not completely legal because Sections 312 and 313 of the Indian Penal Code still make people guilty of crimes in some situations. This leaves a legal grey area that keeps some healthcare providers from providing the service.

Conservative groups' opposition makes things even more difficult. A lot of religious and cultural groups still think abortion is wrong, saying it goes against traditional values and the sacredness of life. Public opinion about abortion has been changed by people who are against it. This makes it hard for women, especially in conservative areas, to get an abortion without being judged and getting negative reactions. Some doctors and nurses won't do abortions because of their own personal beliefs, which makes it even harder for people to get them. Many women, especially single women, are afraid of being judged by others, which keeps them from going to legal medical facilities and instead leads them to unsafe and illegal ways to get an abortion.²⁴

Even though the 2021 amendments are better, they also have some problems. Instead of giving women full reproductive autonomy, they still put medical authority over a woman's right to choose. The need for a medical board's approval for later-term abortions can cause unnecessary delays, which could force women to carry pregnancies they don't want to end. Also, the changes don't do enough to address the need for better infrastructure and training for healthcare providers, which is still a major problem with how the law is being applied. To solve these problems, we will need to make more changes to the law, make it easier for people to get medical care, and change how people think about reproductive rights in general.²⁵

Recommendations for Policy and Practice

Several policy and practical steps need to be taken to make sure that the 2021 changes to the Medical Termination of Pregnancy (MTP) Act lead to real access to legal and safe abortion

²⁴ Mukherjee, A. (2018). "Abortion Stigma and Its Impact on Women's Health." *Journal of Women's Health Research*, 9(2), 55-70.

²⁵ Centre for Reproductive Rights. (2021). *Reproductive Freedom in India: Legal and Policy Perspectives*. CFR.

services. To protect women's reproductive rights in India, it is important to improve healthcare infrastructure, raise awareness, get rid of social and cultural barriers, and push for legal reforms.

One of the most important things to do is to improve the infrastructure for health care, especially in rural and underserved areas. Many women in India still can't get to trained doctors or safe abortion services because there aren't enough facilities. The government needs to put money into expanding healthcare networks and making sure that primary health centres and public hospitals have everything they need to offer abortions. This includes getting more doctors and nurses trained, making sure that all the medicines and technology needed for medical and surgical abortions are easy to get, and speeding up the approval process so that it doesn't take as long as it needs to. Setting up specialised abortion care centres and telemedicine services can also make it much easier for women in remote areas to get medical care.

It is also important to teach more people about reproductive rights and make them more aware of them. A lot of women don't know what their legal rights are when it comes to abortion, especially in rural and conservative areas. Comprehensive campaigns for sex education and awareness can help bust myths and false information about abortion, giving women the power to make smart decisions. It is also very important to teach doctors, social workers, and lawyers how to provide counselling and services based on rights without judging. The media and civil society groups can do a lot to get correct information out there and make it normal to talk about reproductive health.²⁶

To get rid of stigma and make sure that women can get abortions without fear of being judged or discriminated against, social and cultural barriers need to be removed. To have more progressive conversations about reproductive rights, policymakers need to work with religious and community leaders. Also, laws should be made stronger to protect women who choose to end their pregnancies from being discriminated against. This way, women's personal beliefs won't get in the way of their access to basic medical care.

Any changes to the law in the future should aim to give women more control over their reproductive choices. This includes going over the medical authorisation requirement again, letting people request abortions up to a reasonable gestational limit, and making abortion

²⁶ Chatterjee, P. (2020). "Social Stigma and Mental Health Consequences of Abortion." *Indian Journal of Psychiatry*, 15(3), 34-50.

completely legal by changing parts of the Indian Penal Code that aren't compatible with each other. India can work towards a more rights-based, accessible, and stigma-free abortion system by looking at what other countries have done well. India can protect women's reproductive rights by making these reforms and policy changes. This will let women make choices about their bodies without having to deal with extraneous legal and social issues.²⁷

Conclusion

India's abortion laws took a big step forward with the 2021 changes to the Medical Termination of Pregnancy (MTP) Act. These changes increased the gestational limit for some types of women and strengthened privacy protections. However, even with these legal improvements, there are still many problems to solve before all women can easily and freely get safe abortion services. Legal and practical barriers, societal and cultural stigmas, and gaps in healthcare infrastructure are some of the key areas where more work needs to be done. Taking care of these problems is necessary to protect women's reproductive rights and make sure they can make choices without any unnecessary problems.

One of the main points of this study is that changing the laws isn't enough on its own; they need to be paired with effective ways to put them into action as well. The need for medical authorisation is still a big problem that makes it hard for women to make their own decisions about reproduction. Medical boards for late-term abortions cause delays that could force women into pregnancies they didn't want. Access differences between cities and rural areas also make it clear that not all women can get abortions. This is because healthcare systems in rural areas lack the resources and trained professionals needed to provide these services. The social stigma surrounding abortion is another important issue that has been pointed out. Fear of being judged, family pressure, or social backlash makes many women hesitant to get an abortion. Conservative groups' cultural and religious opposition makes the conversation about reproductive rights even more complicated. They often present abortion as a moral or ethical problem instead of a medical necessity. Because of this, a lot of women have unsafe and illegal abortions, which puts their health and lives at greater risk.²⁸

These results have very important effects on Indian women's reproductive rights. For many

²⁷ Basu, N. (2019). "Constitutional Framework of Abortion Rights in India." *Journal of Constitutional Law*, 12(1), 89-104.

²⁸ World Bank. (2021). *Healthcare Access and Reproductive Rights in South Asia*. World Bank Reports.

Indian women, the promise of reproductive freedom has not been kept because of these problems. For women's rights and gender equality to be respected, abortion must be easy to get, not too expensive, and not frowned upon. To make things more progressive and open to everyone, we need to improve healthcare infrastructure, run more awareness campaigns, and get people talking about reproductive health in public.

To move forward with reproductive rights in India, more research and advocacy are needed. Policymakers can learn a lot from looking into how the 2021 amendments really work in the real world, especially in rural and underserved areas. Looking at other countries that have passed abortion laws and comparing them to our own can help us figure out the best ways to make abortion more accessible and less stigmatised. Aside from that, advocacy work should focus on changing the law so that women, not medical professionals, have the power to make decisions.

In conclusion, the changes made to the MTP Act in 2021 have laid the groundwork for reproductive rights in India, but there are still big problems to solve before we can achieve full reproductive justice. To make sure that every woman in India has the right to make her own decisions about her body, we need to work on changing the law, improving healthcare, raising awareness, and pushing for better policies. India can move towards a more fair and rights-based approach to reproductive health care if they keep working at it. This would allow women to freely exercise their basic rights.

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