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# **DIMENSIONS OF MEDICAL TERMINATION OF PREGNANCY IN INDIA: A CRITICAL EXAMINATION OF MTP ACT, 1971 (AMENDMENT 2021) AND JUDICIAL INTERPRETATIONS<sup>1</sup>**

AUTHORED BY - DR. OMLATA RAJ

## **Abstract**

*In India till 1960s, abortion was prohibited, and violation led to imprisonment or fines under Section 312 of the Indian Penal Code (corresponding to Section 88 of BNS). The Medical Termination of Pregnancy Act, introduced in 1971, was created to safeguard women's autonomy over their bodies. Certain pregnancies may be safely and legally terminated under the legislation by licensed medical professionals. The act was a progressive step towards legalizing abortion. Where the life or health of the woman is endangered, her rights are paramount. The MTP Act 1971 aims to provide the right to privacy and dignity guaranteed under Article 21 of the Constitution, as well as the physical and reproductive autonomy of women. The legislature, through the 2021 amendment to the Medical Termination of Pregnancy Act, has also adopted this benchmark by prescribing twenty-four weeks as the outer limit for termination under most circumstances.*

## **Introduction**

The Medical Termination of Pregnancy Act, introduced in 1971, was created to safeguard women's autonomy over their bodies. Certain pregnancies may be safely and legally terminated under the legislation by licensed medical professionals. The act was a progressive step towards legalizing abortion, but it did not explicitly state that single women had a right to abortion. All women are entitled to safe and legal abortion; the distinction between married and unmarried women is unconstitutional. All women in the country, regardless of marital status, can undergo an abortion up to 24 weeks into pregnancy to access safe and legal abortion care.<sup>2</sup> Reproductive right includes the right to access education and information about contraception and sexual health, the right to decide whether and what type of contraceptives to use, the right to choose

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<sup>1</sup> Dr. Omlata Raj, Guest Faculty, University of Allahabad.

<sup>2</sup> X v. Principal Secretary, Health and Family Welfare Department, Govt. of NCT of Delhi, 2022 SCC OnLine SC 1321.

whether and when to have children, the right to choose the number of children, the right to access safe and legal abortions, and right to reproductive healthcare. Women must also have the autonomy to make decisions concerning these rights, free from coercion or violence.<sup>3</sup> Constitutional right of women to make reproductive choices, as a part of personal liberty under Article 21 of the Indian Constitution, which, despite laying a robust jurisprudence on reproductive rights and the privacy of a woman, does not translate into a fundamental shift in power from the doctor to the woman seeking an abortion.<sup>4</sup>

“There is no doubt that a woman's right to make reproductive choices is also a dimension of “personal liberty” as understood under Article 21 of the Constitution of India. It is important to recognize that reproductive choices can be exercised to procreate as well as to abstain from procreating. The crucial consideration is that a woman's right to privacy, dignity and bodily integrity should be respected. This means that there should be no restriction whatsoever on the exercise of reproductive choices such as a woman's right to refuse participation in sexual activity or alternatively the insistence on use of contraceptive methods.

### **Historical Background**

In India till 1960s, abortion was prohibited and violation led to imprisonment or fines under Section 312 of the Indian Penal Code (Corresponding section 88 of BNS). The Indian Penal Code established in 1860 had a section 312-318 all dealing punishment for the unlawful conduct of miscarriage. The section 312 established that whosoever voluntarily causes a woman with child to miscarry, shall if such miscarriage be not caused in good faith for the purpose of saving the life of the women be punished.<sup>5</sup> This led to a vast number of abortions being performed by non-medical personnel and a substantial number of deaths due to abortions being performed by unqualified persons. This prompted the legislature to reconsider the stances on abortion. The main objective behind the incorporation of this legislation is to overcome the lacunas of the earlier provisions dealing with the termination of pregnancy in India, as they were incorporated under the Penal Code, 1860 about a century ago and were highly dependent on the British laws as a subject-matter.<sup>6</sup> The United States decision of *Roe v. Wade*,<sup>7</sup> is termed

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<sup>3</sup> Ibid.

<sup>4</sup> In *Justice K.S. Puttaswamy (Retd.) vs. the Union Of India And Others* (2017) AIR 2017 SC.

<sup>5</sup> Section 312 of the Indian Penal Code, 1860.

<sup>6</sup> *Medical Termination of Pregnancy Act, 1971*, Statement of Objects and Reasons, No. 34, Acts of Parliament, 1971.

<sup>7</sup> 1973 SCC OnLine US SC.

to be the milestone judgment on the abortion rights of the women, wherein the Supreme Court of United States for the first time has recognised abortion right as a constitutional right, as an inseparable right enumerated under the right to privacy. However, the abortion law in India was not incorporated as a right for women like the case was in the United States, and rather it was introduced by a Commission headed by Shantilal Shah<sup>8</sup>. Shantilal Shah Committee was set up in the mid-1960s to investigate the need for abortion regulations.<sup>9</sup> The committee submitted their report and the Government of India brought the Medical Termination of Pregnancy Bill in Parliament in 1970. The Medical Termination of Pregnancy Act was introduced in 1971, which legalized Medical Termination of Pregnancy in accordance with the provisions of Section 3.<sup>10</sup>

**Key Changes in Medical Termination of Pregnancy (Amendment) Act, 2021-** With the passage of time and advancement in medical technologies the MTP Act of 1971 became outdated and inadequate as a safeguard for the right women and families. Due to need MTP Act of 1971 was Amended. Amendment in Medical Termination of Pregnancy Act 1971 is to make abortion laws more progressive and inclusive. This amendment aimed to expand access to safe and legal abortion services while ensuring dignity, autonomy, and confidentiality for women. There are the following key changes has been incorporated by Amendment Act, 2021.

- 1- Major changes were increasing the upper gestation limit for termination of pregnancy is from 20 to 24 weeks for certain categories of women, including survivors of rape, incest, and other vulnerable groups such as differently-abled women and minors. Earlier there was 20 weeks for all indications.<sup>11</sup>
- 2- By amendment unmarried women were also covered. While the original Act applies only married women to do so.
- 3- Privacy of women is also procted. No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorized by any law for the time being in force. Earlier there were only fine up to 1000. <sup>12</sup>

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<sup>8</sup> 29th Law Commission of India Report <<http://www.scconline.com/DocumentLink/A210vmdH>>

<sup>9</sup> 29th Law Commission of India Report, Proposal to Include Certain Social and Economic Offences in the Penal Code, <<http://www.scconline.com/DocumentLink/A210vmdH>>

<sup>10</sup> Medical Termination of Pregnancy Act, 1971.

<sup>11</sup> Section 6, Inserted by Act 8 of 2021 ( w.e.f. 24.09.2021)

<sup>12</sup> Section 5A, Inserted by Act 8 of 2021 ( w.e.f. 24.09.2021)

- 4- Punishment for breach of women confidentially is increased. Now who ever breach confidentially of a women shall be punishable with imprisonment which may extend to one year, or with fine, or with both." <sup>13</sup>
- 5- The requirement of opinion for abortion of registered medical practitioner was also modified—up to 20 weeks now requires the opinion of one registered medical practitioner, and between 20 to 24 weeks, the opinion of two practitioners is mandatory.<sup>14</sup>

### **Resort to judicial proceedings.**

Now question arises is that whether resort to judicial proceedings under Article 226 of the Constitution of India is necessitated for the termination of pregnancy in each and every case? The Court opined that in case of survivors of sexual assault or rape or incest, the pregnancy upto 20 weeks may be terminated by a registered medical practitioner and where the pregnancy exceeds 20 weeks but does not exceed 24 weeks, by two registered medical practitioners in accordance with the provisions of Section 3 of the MTP Act, and Rules without taking resort to judicial proceedings before the High Court under Article 226 of the Constitution of India. However, judicial approval is required only in case of survivors of sexual assault or rape or incest, for pregnancies exceeding 24 weeks, as termination beyond this period is not expressly permitted by the MTP Act. In Reference (Suo Motu) v. State of M.P.<sup>15</sup> When a right is created by a Statute, which itself prescribes the remedy or procedure for enforcing the right or liability, resort must be had to that particular statutory remedy before invoking the Writ jurisdiction under Article 226 Constitution of India.<sup>16</sup>

### **Key provision and Judicial Pronouncements**

#### **Section 3 When Pregnancies may be terminated by registered medical practitioners.-**

Notwithstanding anything contained in the Indian Penal Code (45 of 1860), a registered medical practitioner shall not be guilty of any offence under that Code or under any other law for the time being in force, if any pregnancy is terminated by him in accordance with the provisions of this Act.

(2) Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner,

<sup>13</sup> Section 5A, Inserted by Act 8 of 2021 ( w.e.f. 24.09.2021)

<sup>14</sup> Section 3, Inserted by Act 8 of 2021 ( w.e.f. 24.09.2021)

<sup>15</sup> 2025 SCC OnLine MP 1533

<sup>16</sup> Radha Krishan Industries vs. State of H.P. (2021) 6 SCC 771.

(a) Where the length of the pregnancy does not exceed twenty weeks, if such medical practitioner is, or

(b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners are, of the opinion, formed in good faith, that—

(i) The continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or

(ii) There is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.

Explanation 1.—For the purposes of clause (a), where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman.

Explanation 2.—For the purposes of clauses (a) and (b), where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

(2A) The norms for the registered medical practitioner whose opinion is required for termination of pregnancy at different gestational age shall be such as may be prescribed by rules made under this Act.

(2B) The provisions of sub-section (2) relating to the length of the pregnancy shall not apply to the termination of pregnancy by the medical practitioner where such termination is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed by a Medical Board.

(2C) Every State Government or Union territory, as the case may be, shall, by notification in the Official Gazette, constitute a Board to be called a Medical Board for the purposes of this Act to exercise such powers and functions as may be prescribed by rules made under this Act.

(2D) The Medical Board shall consist of the following, namely:—

(a) a Gynaecologist;

(b) a Paediatrician;

(c) a Radiologist or Sonologist; and

(d) such other number of members as may be notified in the Official Gazette by the State Government or Union territory, as the case may be."

(3) In determining whether the continuance of a pregnancy would involve such risk of injury

to the health as is mentioned in sub-section (2), account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

(4) (a) No pregnancy of a woman, who has not attained the age of eighteen years, or, who, having attained the age of eighteen years, is a [mentally ill person], shall be terminated except with the consent in writing of her guardian.

(b) Save as otherwise provided in clause (a), no pregnancy shall be terminated except with the consent of the pregnant woman.

**4. Place where pregnancy may be terminated.**—No termination of pregnancy shall be made in accordance with this Act at any place other than—

(a) a hospital established or maintained by Government, or

(b) a place for the time being approved for the purpose of this Act by Government or a District Level Committee constituted by that Government with the Chief Medical Officer or District Health Officer as the Chairperson of the said Committee:

Provided that the District Level Committee shall consist of not less than three and not more than five members including the Chairperson, as the Government may specify from time to time.

In certain circumstances Section 3 and Section 4 does not apply and the said eventuality has been dealt with under sub-section (1) of Section 5, which is as follows:

**5. Sections 3 and 4 when not to apply.**—(1) The provisions of section 4, and so much of the provisions of sub-section (2) of section 3 as relate to the length of the pregnancy and the opinion of not less than two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of opinion, formed in good faith, that the termination of such pregnancy is immediately necessary to save the life of the pregnant woman.

It is evident from the scheme of the MTP Act that the pregnancy can be terminated by a registered medical practitioner if the length of the pregnancy does not exceed twenty weeks or twenty four weeks subject to opinion of one or two medical practitioner respectively if he/they, is/are of the opinion formed in good faith that;

(i) The continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or

(ii) There is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.

Explanation 2 clearly states that where any pregnancy is alleged by the pregnant woman to

have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

Supreme Court in *Suchita Srivastava v Chandigarh Administration*<sup>17</sup> held that a women's right to reproductive choice is a dimension of personal liberty under Article 21 of the Constitution and that she has the sacrosanct right to bodily integrity.

The Apex Court in *X v. Principal Secretary, Health and Family Welfare Department, Govt. of NCT of Delhi*,<sup>18</sup> while considering Rule 3B of the MTP Rules and more particularly Rule 3B(c) of the said Rules has observed as under: Further, the decision to give birth to and raise a child is necessarily informed by one's material circumstances. By this, we mean the situational, social, and financial circumstances of a woman or her family may be relevant to her decision to carry the pregnancy to term. Those who fall victim to emergencies or disasters may unexpectedly find themselves without a home or separated from their families. They may have lost loved ones. Their livelihood may be adversely affected and they may undergo other deeply impactful changes in their lives, both material and psychological. The possibility that they have suffered grave injuries which alter their mobility or quality of life cannot be discounted. The myriad changes that may take place in the aftermath of a disaster, emergency, or humanitarian crisis cannot be exhaustively listed or envisaged. Each woman's circumstances are unique and we have merely listed (by way of illustration) some of the many potential repercussions of the catastrophes accounted for in Rule 3B(g).<sup>19</sup>

A woman in such situations may have decided to have a child before the emergency or disaster which changed her material circumstances. However, this change may understandably impact each woman's evaluation of her ability to raise a child as well as her willingness to carry the pregnancy to term. While many women may decide to carry the pregnancy to term, others may no longer find the pregnancy to be a viable or practical option. **It is ultimately the prerogative of each woman to evaluate her life and arrive at the best course of action, in view of the changes to her material circumstances.**<sup>20</sup>

Rule 3B(c) states that a "change in the marital status during the ongoing pregnancy (widowhood and divorce)" renders women eligible for termination of their pregnancy under Section 3(2)(b). The impact of the continuance of an unwanted pregnancy on a woman's physical or mental health should take into consideration various social, economic, and cultural factors operating in her actual or reasonably foreseeable environment, as provided in Section

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<sup>17</sup> (2009) 9 SCC 1

<sup>18</sup> 2022 SCC OnLine SC 1321

<sup>19</sup> Id pare 90

<sup>20</sup> Id para 91.

3(3). The rationale behind Rule 3B(c) is comparable to the rationale for Rule 3B(g) i.e., a change in a woman's material circumstances during the ongoing pregnancy.<sup>21</sup>

Rule 3B(c) is based on the broad recognition of the fact that a change in the marital status of a woman often leads to a change in her material circumstances. A change in material circumstance during the ongoing pregnancy may arise when a married woman divorces her husband or when he dies, as recognized by the examples provided in parenthesis in Rule 3B(c). The fact that widowhood and divorce are mentioned in brackets at the tail end of Rule 3B(c) does not hinder our interpretation of the rule because they are illustrative.<sup>22</sup>

A change in material circumstance may also result when a woman is abandoned by her family or her partner. When a woman separates from or divorces her partner, it may be that she is in a different (and possibly less advantageous) position financially. She may no longer have the financial resources to raise a child. This is of special concern to women who have opted to be a homemaker thereby forgoing an income of their own. Moreover, a woman in this situation may not be prepared to raise a child as a single parent or by coparenting with her former partner. Similar consequences may follow when a woman's partner dies.<sup>23</sup>

Women may undergo a sea change in their lives for reasons other than a separation with their partner (Rule 3B(c)), detection of foetal “abnormalities” (Rule 3B(f)), or a disaster or emergency (Rule 3B(g)). They may find themselves in the same position (socially, mentally, financially, or even physically) as the other categories of women enumerated in Rule 3B but for other reasons. For instance, it is not unheard of for a woman to realise that she is pregnant only after the passage of twenty weeks. Other examples are if a woman loses her job and is no longer financially secure, or if domestic violence is perpetrated against her, or if she suddenly has dependents to support. Moreover, a woman may suddenly be diagnosed with an acute or chronic or life-threatening disease, which impacts her decision on whether to carry the pregnancy to term.<sup>24</sup>

A recognition of the fact that there may be a change in a woman's material circumstance animates Rule 3B(c), Rule 3B(g) and Rule 3B(f). However, Rule 3B does not enumerate all the potential changes that a woman's material circumstances may undergo. It merely specifies some of the potential changes to a woman's material circumstances, in sub-rules (c), (f) and (g). From the object and purpose of the MTP Act, its overall scheme, and the categories of women specified in Rule 3B, it is evident that it was not the intention of the legislature to

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<sup>21</sup> Id para 92.

<sup>22</sup> Id para 93.

<sup>23</sup> Id para 94

<sup>24</sup> Id para 95

restrict the benefit of Section 3(2)(b) and Rule 3B only to women who may be confronted with a material alteration in the circumstances of their lives in the limited situations enumerated in Rule 3B. Rather, the benefit granted by Rule 3B must be understood as extending to all women who undergo a change of material circumstances.<sup>25</sup>

To this, we may add that a woman is often enmeshed in complex notions of family, community, religion, and caste. Such external societal factors affect the way a woman exercises autonomy and control over her body, particularly in matters relating to reproductive decisions. Societal factors often find reinforcement by way of legal barriers restricting a woman's right to access abortion. The decision to have or not to have an abortion is borne out of complicated life circumstances, which only the woman can choose on her own terms without external interference or influence. Reproductive autonomy requires that every pregnant woman has the intrinsic right to choose to undergo or not to undergo abortion without any consent or authorization from a third party.<sup>26</sup>

The right to reproductive autonomy is closely linked with the right to bodily autonomy. As the term itself suggests, bodily autonomy is the right to take decisions about one's body. The consequences of an unwanted pregnancy on a woman's body as well as her mind cannot be understated. The foetus relies on the pregnant woman's body for sustenance and nourishment until it is born. The biological process of pregnancy transforms the woman's body to permit this. The woman may experience swelling, body ache, contractions, morning sickness, and restricted mobility, to name a few of a host of side effects. Further, complications may arise which pose a risk to the life of the woman. A mere description of the side effects of a pregnancy cannot possibly do justice to the visceral image of forcing a woman to continue with an unwanted pregnancy. Therefore, the decision to carry the pregnancy to its full term or terminate it is firmly rooted in the right to bodily autonomy and decisional autonomy of the pregnant woman.<sup>27</sup>

The object of Section 3(2)(b) of the MTP Act read with Rule 3B is to provide for abortions between twenty and twenty-four weeks, rendered unwanted due to a change in the material circumstances of women. In view of the object, there is no rationale for excluding unmarried or single women (who face a change in their material circumstances) from the ambit of Rule 3B. A narrow interpretation of Rule 3B, limited only to married women, would render the provision discriminatory towards unmarried women and violative of Article 14 of the

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<sup>25</sup> Id para 96

<sup>26</sup> Id para 101.

<sup>27</sup> Id para 102.

Constitution. Article 14 requires the state to refrain from denying to any person equality before the law or equal protection of laws. Prohibiting unmarried or single pregnant women (whose pregnancies are between twenty and twenty-four weeks) from accessing abortion while allowing married women to access them during the same period would fall foul of the spirit guiding Article 14.<sup>28</sup>

The MTP Act recognises the reproductive autonomy of every pregnant woman to choose medical intervention to terminate her pregnancy. Implicitly, this right also extends to a right of the pregnant woman to access healthcare facilities to attain the highest standard of sexual and reproductive health. It is meaningless to speak of the latter in the absence of the former. Reproductive health implies that women should have access to safe, effective, and affordable methods of family planning and enabling them to undergo safe pregnancy, if they so choose.<sup>29</sup> Court further held that “marital rape” must be included in the definition of rape for the purposes of the Medical Termination of Pregnancy Act and Rules. According to the Court, wives who became pregnant as a result of their husbands forcing them into sexual activity will also fall under the definition of “survivors of sexual assault or rape or incest” as stated in Rule 3B(a) of the Medical Termination of Pregnancy Rules. In order to provide context, Rule 3B(a) lists the types of women who may request pregnancy termination between 20 and 24 weeks. However, the bench clarified that including marital rape within the meaning of rape was solely to be interpreted for the purpose of the MTP Act ie related to the rights access to abortion. The apex court further held that it is the prerogative of each women to evaluate her life and arrive at the best course of action in view of the change in material circumstance and also in view of the fact that the right to reproductive choice also includes the right not to procreate, the Court opined that, the petitioner should be permitted to terminate her pregnancy because allowing the petitioner to continue with the pregnancy can impair the mental stability of the petitioner as she is showing suicidal tendencies.<sup>30</sup>

In *X2 v. State (NCT of Delhi)*<sup>31</sup>, the Supreme Court interpreted Rule 3-B of the MTP Rules purposively, recognizing that women in difficult circumstances, such as survivors of sexual violence, incest, or those facing social and financial constraints, may delay disclosure or decision-making regarding pregnancy. The Court clarified that the Rule was designed to overcome such barriers and ensure meaningful access to abortion. Importantly, it anchored reproductive rights within Article 21 as encompassing not only the choice to have or not have

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<sup>28</sup> Id para 124.

<sup>29</sup> Id para 133.

<sup>30</sup> Id

<sup>31</sup> (2023) 9 SCC 433

children, but also access to contraception, safe abortion, and healthcare. By linking reproductive autonomy to bodily autonomy, the Apex Court affirmed that forcing a woman to carry an unwanted pregnancy violates her dignity, privacy, and decisional freedom, making abortion access an essential facet of constitutional personhood rather than a mere statutory benefit.

In *Sarmishtha Chakraborty and Another v. Union of India Secretary and Others*; this Court, considered the medical report and held that unless the pregnancy was terminated, the life of the mother and that of the baby to be borne would be in great danger and, therefore, permitted termination of the pregnancy.<sup>32</sup>

A three-Judge Bench of this Court in *Murugan Nayakkar v. Union of India & Ors.*, while considering the case of a minor petitioner survivor of alleged rape and sexual abuse, held that it would be appropriate that termination of pregnancy be allowed in accordance with the opinion of the Medical Board constituted by an order of this Court, to the effect that termination of pregnancy should be carried out. A direction was issued that on a very next date i.e. 07.09.2017, the petitioner was to be present so that on 08.09.2017 the termination of pregnancy could be carried out.<sup>33</sup>

### Conclusion

The right to life is a very broad concept and is the most fundamental at all. In India right to life has been recognized as fundamental right under Article 21 of the Constitution of India, which provides that "No person shall be deprived of his life or personal liberty except according to procedure established by law." Person here includes both man and women. Woman's right to reproductive choice is a dimension of personal liberty under Article 21 of the Constitution and that she has the sacrosanct right to bodily integrity. It stands settled that the rights of the woman, flowing from Article 21 of the Constitution, comprising her life (which includes right to physical and mental well being), liberty, dignity, and decisional autonomy, must prevail over competing claims of foetal survival. The State cannot, consistent with constitutional guarantees, compel a woman to undergo physical or mental trauma solely for the preservation of unborn life. Any such compulsion would, in effect, render her fundamental rights nugatory and subordinate to rigid biological benchmarks.<sup>34</sup> The woman alone who has the right over her body and is the ultimate decision-maker on the question of whether she wants to undergo an

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<sup>32</sup> (2018) 13 SCC 339

<sup>33</sup> Writ Petition (Civil) No.749 of 2017, disposed of on 06.09.2017,

<sup>34</sup> *XX vs. State Govt. of NCT of Delhi & Anr.* (2025:DHC:8031)

abortion. Dignity is a fundamental value in our legal system and an inherent aspect of humanity. The concept of dignity is the very foundation of the Constitution and the rights enshrined within it. Every woman has the right to enjoy their Reproductive rights.

### References

1. Medical Termination of Pregnancy Act, 1971
2. Article 21, The Constitution of India, 1950.
3. Section 312 of the Indian Penal Code, 1960 (Corresponding section 88 of BNS).
4. SCC Online
5. Medical Termination of Pregnancy Act, 1971, Statement of Objects and Reasons, No. 34, Acts of Parliament, 1971.
6. 29th Law Commission of India Report, Proposal to Include Certain Social and Economic Offences in the Penal Code, <<http://www.sconline.com/DocumentLink/A210vmdH>>.

