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**YOUR BODY,
YOUR DECISION**
THE IMPORTANCE
OF CONSENT
IN ABORTION

1. ABORTION IS LEGAL UNDER CERTAIN CONDITIONS.

India's Medical Termination of Pregnancy Act (MTP Act), 1971 introduced exceptions to the criminalisation of abortion. These include risk to the life or physical/mental health of the pregnant woman, risk of serious physical/mental abnormality if the child is born, and pregnancy resulting from rape or contraceptive failure. One registered medical practitioner's opinion is needed to provide abortion services up to 20 weeks, and the opinions of two are required between 20 and 24 weeks. Beyond 24 weeks, cases of substantial foetal abnormalities have to be diagnosed by the Medical Board (mandatory in every state and union territory) within 3 days. There is no gestational limit to abortion services for saving the life of a woman.

2. AN ADULT WOMAN MUST CONSENT TO ABORTION.

By law, abortion cannot be conducted for an adult woman without her consent. For a minor or mentally ill woman, the written consent of the guardian is required.

3. A WOMAN WITH DISABILITIES MUST CONSENT TO ABORTION.

The Rights of Persons with Disabilities Act 2, 2016 penalises providing abortions to women with disabilities without their explicit consent. The consent of a guardian is required only in the case of "severe disabilities".



4. THE MARITAL STATUS OF A WOMAN IS IRRELEVANT FOR ABORTION SERVICES.

By law, marriage is not a prerequisite for abortion services. For rape, as grounds for abortion, the law includes marital rape.

5. ABORTION SERVICES ARE PROVIDED TO ADOLESCENTS.

The Protection of Children against Sexual Offences Act (POCSO) mandates that sexual encounters (including consensual activities) of adolescents below 18 be reported. But the Supreme Court clarified that medical practitioners do not need to disclose the personal details of adolescents who seek abortion services. The MTP law decrees that the confidentiality of adolescents be safeguarded.

6. THE DECISION TO HAVE AN ABORTION IS A WOMAN'S OWN.

Pregnant persons hold the prerogative to make decisions based on their circumstances. The decision to abort a pregnancy vests solely with the pregnant person, except in the case of minors and mentally ill women.



7. GOVERNMENT HEALTH CENTRES HAVE A SPECIFIED MANDATE FOR ABORTION SERVICES.

All government health centres are approved to provide abortion services. Primary health care centres offer consultation, pregnancy termination through pills up to 9 weeks, termination through manual vacuum aspiration up to 12 weeks, and referral for more than 12 weeks' gestation and treatment of complications. At the secondary health care level, pregnancy termination up to 20 weeks through electric vacuum aspiration and dilatation and evacuation and in special category of women up to 24 weeks of gestation through surgical methods are also allowed. The government can be held accountable for these mandated services.

8. POST-ABORTION CONTRACEPTIVES ARE AVAILABLE WITH FRONTLINE WORKERS.

Frontline workers have the mandate to provide contraceptive counselling and emergency contraceptives. For other contraceptive methods, they have to refer the couple to government health centres.

9. ABORTION IS NOT THE PRIMARY CAUSE FOR THE DECLINE IN THE SEX RATIO.

Most abortions take place in the first trimester, before the sex of the foetus can be reliably determined. Societal factors contributing to gender inequality and discrimination against girls are the primary reasons for son preference and the decline in sex ratio. Thus, restricting access to abortions in the second trimester does not address the root causes of gender inequality.



10. SEX DETERMINATION IS A CRIME.

The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 states that foetal sex determination and disclosure is a punishable crime. Sex determination perpetuates and reinforces gender inequality by promoting the preference for male children over female.

11. WORK ON SAFE ABORTION RIGHTS IS ONGOING AND NOT LIMITED TO SPECIFIC PROJECTS.

Abortions are part of reproductive health which in turn is an integral part of overall healthcare. It is important to incorporate comprehensive reproductive rights including safe abortion rights into broader community health initiatives and advocacy across local, district, state and national levels.





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