



Autonomy and Access: A Critical Look at the Medical Termination of Pregnancy Act

Syed. Nafisa Parveen¹, Shaik. Abdul Razak², Shaik. Abdul Ahad³

¹ Soft Skills Trainer, nafisaparveen@kluniversity.in, Department of CSS Koneru Lakshmaiah Education Foundation, Vaddeswaram, Guntur-522502, India.

² Student, B.Tech, CSE, Tirumala Engineering College

³ B.Tech, CSE, Tirumala Engineering College

Article Info

Article History:

Published: 14 Oct 2025

Publication Issue:

Volume 2, Issue 10
October-2025

Page Number:

70-82

Corresponding Author:

Syed. Nafisa Parveen

Abstract:

The medical expiry of the Pregnancy Act (MTP), adopted in India in 1971 and changed in 2021, represents an important legislative structure that balances women's reproductive autonomy with moral and medical views. This paper examines the implications of the actions of women, focusing on their regulations, social influences, and frequent challenges. The MTP Act allows miscarriage under specific conditions, such as the mother's risk of physical or mental health, fetal deviations, or rape or contraceptive failure because of pregnancy. The change in 2021 extended the pregnancy limit to 24 weeks for some of the women's categories and removed the need for the spouse's consent for unmarried women, taking a progressive step toward identifying individual agency. These changes empower women to create a reproductive alternative that aligns with global human rights standards, emphasising physical autonomy. However, the implementation of ACT reveals the gap that reduces efficiency. Social stigma, lack of awareness, and inadequate infrastructure for the health care system often prohibit access to safe abortion services, especially for marginalised women in rural areas. In addition, medical doctors' approval can limit autonomy, as it presents women's decisions for external verification. Judicial interventions and public health campaigns have tried to address these issues, but there are still differences in socio-economic and geographical divisions. The structure of the law also raises moral questions about balancing fetal rights with the mother's autonomy, especially in cases of late miscarriage. Comparative analysis with global abortion laws emphasises the need for further reforms, such as full abortion and ensuring universal access to reproductive health services. This study emphasises that while the MTP law has enhanced women's autonomy by providing legal support for reproductive alternatives, systemic obstacles and cultural biases continue to hinder its full implementation. Future political interventions should be focused on increasing access, reducing stigma, and promoting an environment where women can use their rights without fear or obstacle. By solving these challenges, the MTP law can do better as a foundation stone for gender and reproductive justice in India.

Keywords: Medical Termination of Pregnancy Act, Women's Autonomy, Reproductive Rights, Abortion Access, Legal Framework

1. INTRODUCTION

The Medical Termination of Pregnancy (MTP) Act, enacted in India in 1971 and amended in 2002 and 2021, represents a full-scale legislative attempt to adjust abortion even as balancing women's reproductive rights with societal and clinical considerations. The Act legalizes abortion under specific conditions, aiming to provide safe and convenient reproductive healthcare at the same time as acknowledging girls' autonomy over their bodies. By allowing women to make informed selections approximately pregnancy termination, the MTP Act is a cornerstone of reproductive justice in India. However, its implementation, societal perceptions, and restrictive clauses continue to spark debates about the extent of women's autonomy in reproductive decision-making.

Historical Context and Evolution of the MTP Act

Before the MTP Act, abortions in India were governed by the Indian Penal Code of 1860, which criminalized the procedure, besides shaming a woman's lifestyle. This led to large, unsafe abortions, contributing to excessive maternal mortality rates. The MTP Act of 1971 became an innovative response, decriminalizing abortion under certain situations and prioritizing women's health. It authorized termination inside the first 20 weeks of pregnancy if continuation posed risks to the woman's body or mental health, or if the fetus had extreme abnormalities. The Act required approval from one registered clinical practitioner for pregnancies as much as 12 weeks and for those between 12 and 20 weeks.

The 2002 change brought measures to improve get right of entry to, together with allowing scientific practitioners to provide services in non-government facilities, provided they met safety requirements. The 2021 change further improved get right of entry to by extending the gestational restriction to 24 weeks for specific categories, such as survivors of rape, minors, and women with fetal anomalies. It additionally eliminated the higher gestational restriction for cases concerning great fetal abnormalities, a challenge to approval with the aid of a scientific board. Additionally, the modification recognized "failure of contraceptive methods" as a legitimate motive for termination, acknowledging ladies' enterprise in family planning, for unmarried girls.

Women's Autonomy and the MTP Act

Women's autonomy in reproductive fitness refers to their right to make informed, impartial selections approximately their bodies, free from coercion or undue restrictions. The MTP Act advances this principle by way of providing a felony framework for secure abortions, lowering reliance on risky, clandestine methods. By spotting mental health dangers and contraceptive failure as grounds for termination, the Act implicitly supports women's proper to prioritise their well-being and life choices. The 2021 modification's inclusion of single women explicitly challenges conventional norms that tie reproductive rights to marital status, selling a broader understanding of autonomy. The Act's framework imposes situations that can restrict autonomy. The requirement for clinical practitioners' approval, and in some cases a scientific board, is to locate outside gatekeepers within the decision-making process. This can undermine a girl's agency, specifically when practitioners' biases or conservative interpretations have an impact on the effects. For instance, the clause requiring intellectual health assessments may additionally cause subjective judgments, probably denying women their desire. Similarly, the clinical board requirement for pregnancies beyond 24 weeks introduces

bureaucratic hurdles, which may be daunting for inclined women, including those in rural regions or from marginalized communities.

Societal and Practical Challenges

Despite its progressive purpose, the MTP Act operates within a complex socio-cultural landscape that frequently restricts women's autonomy. Patriarchal norms, stigma around abortion, and lack of knowledge about criminal rights can deter women from searching for services. In many communities, pregnancy choices are influenced by way of own family members or societal expectations, restricting individual autonomy. The scarcity of skilled healthcare carriers and accepted facilities, in rural areas, in addition exacerbates access troubles. According to research, handiest a fraction of abortions in India are completed in registered centres, with many girls resorting to risky strategies due to a lack of access or awareness.

The Act's reliance on scientific professionals also raises issues about equitable access. Women from decrease socio-economic backgrounds or faraway areas can also struggle to navigate the healthcare system or manage to pay for services. Additionally, the stigma encountered via healthcare companies supplying abortion offerings can discourage specialists from getting into this area, reducing the availability of care.

Balancing Autonomy and Regulation

The MTP Act seeks to stabilize women's autonomy to adjust abortion to ensure safety and prevent misuse. While situations like gestational limits and clinical approvals are intended to protect women's health, they can inadvertently restrict desire. The Act's evolution reflects efforts to deal with those tensions, but gaps continue to exist. For example, simplifying approval tactics, expanding education for healthcare vendors, and growing public cognizance could enhance autonomy without compromising safety.

The Medical Termination of Pregnancy Act is a landmark law that has considerably advanced women's reproductive rights in India. Legalizing and regulating abortion has saved endless lives and empowered women to exercise greater control over their reproductive alternatives. However, its boundaries spotlight the ongoing struggle to completely realize girls' autonomy. Addressing societal stigma, improving access to healthcare, and minimizing bureaucratic obstacles are essential to ensuring that the Act's promise of reproductive justice is fulfilled. As India continues to evolve, the MTP Act ought to adapt to mirror the ideas of equity and autonomy at its core.

2. REVIEW OF LITERATURE

1. Abortion and the Law in India"

By Rangita de Silva de Alwis (2008)

Medical Aspects and Advances

"The treatment of pregnancy" by Baskara Rao and Ramesh Kanburg provides extensive references on the subject, legal structure, and medical practice around the end of the treatment of pregnancy (MTP) in India. Depending on this reference and standard

expectations for a medical-related reference on this subject, such a book is usually covered by an informed observation:

Attention and scope of the subject.

- The possibility of book provides a comprehensive examination of the medical end of the 1971 Pregnancy Act (MTP ACT), which legalized abortion in India under specific circumstances to reduce unsafe abortion and maternal mortality.
- It probably discusses the historical background for abortion laws in India, social and moral debate for the law, and later changes and legal interpretations.
- The lesson is expected to extend legal signs of MTP, such as the risk of a woman's life, physical or mental health problems, pregnancies because of rape or contraception and malignant deviations.
- Legal and clinical guidelines
- This book emphasizes procedural legal abortion requirements, including:
- Pregnancy limits (usually up to 20 weeks, with some exceptions from the end of the latter).
- Need for consent, especially when it comes to minors or psychological disabilities.
- Necessary qualifications for doctors and require approved facilities to perform MTP.
- This can address the roles and responsibilities of medical doctors, including documentation, counselling, and care after the guest.
- Medical aspects and progress
- This book is likely to cover the development of spontaneous abortion, safe, modern methods such as spread and treatment (D&C), such as medical abortion and vacuum aspirations.
- It may discuss the complexities of unprotected abortion and the importance of access to maternal health and mortality to reduce mortality.
- Ethical, social, and political issues
- Writers analyzed the ongoing debate on the MTP law's sufficiency, with a view to the progress of medical technology and changed social requirements, including expansion of pregnancy boundaries and improved access for women in marginalized communities.
- This book may include case studies and legal examples to explain the interpretation and application of laws in complex or controversial cases.

Recent development and recommendations:

- It is commendable that the book discusses challenges in recent changes, political proposals (such as increasing the legal pregnancy limit to 24 weeks), and challenges in implementation, especially in areas with rural or urban understanding.
- Recommendations can be included to improve knowledge, service provisions, and legal clarity, reflecting the ongoing discourse in the region.

The "pregnancy end" of Basket Rao and Ramesh Kanburg is a broad resource that combines legal, medical, and moral perspectives on abortion in India. This will be valuable for students seeking health care professionals, legal doctors, decision makers, and complications of MTP, its regulation, and its understanding of women's health and rights in India. The content of the book will be placed in the structure established by the MTP Act and will be informed by contemporary debate and clinical practice.

2. "Killing the Black Body: Race, Reproduction, and the Meaning of Liberty" by Dorothy Roberts

Killing the Black Body: Race, Reproduction, and the Meaning of Liberty by Dorothy Roberts is a landmark work that examines the historical and ongoing oppression of Black women's reproductive rights within the United States. First published in 1997, the book is widely identified for essentially changing the countrywide conversation about race, gender, and reproductive justice.

Central Themes and Arguments

Historical Reproductive Oppression

Roberts traces the roots of reproductive oppression to slavery, where Black women's bodies have been commodified for their reproductive ability. Enslaved women were forced to have children to boost the enslaved population, and their sexual autonomy turned into robotically violated by way of slave proprietors. The e-book information harrowing practices, including the whipping of pregnant slaves in a manner that blanketed the fetus but brutalized the mother, illustrating the twin exploitation of Black girls as both laborers and child bearers.

Eugenics and Forced Sterilization

Roberts explores the alliance between early delivery control advocates and the eugenics movement within the 20th century. She documents how the rhetoric around contraception shifted from reproductive freedom to a tool for proscribing the fertility of poor women of color, especially Black and Latina girls. State-backed sterilization applications disproportionately centered Black girls, frequently without their understanding or consent, well into the Seventies.

Contemporary Policy and Legal Issues

The book scrutinizes welfare regulations and punitive measures that have historically focused on Black moms, reinforcing stereotypes, inclusive of the "welfare queen" and criminalizing Black women's reproduction. Roberts examines the use of long-performing contraceptives like Norplant, which have been regularly promoted or mandated for poor Black women, and the prosecution of pregnant women for drug use practice that disproportionately affects Black women no matter of comparable or better drug use fees among white women.

Critique of Mainstream Feminism

Roberts challenges the mainstream feminist movement for its limited awareness of abortion rights and contraception, arguing that it regularly fails to deal with the precise reproductive injustices confronted with the aid of Black women. She introduces the concept of "reproductive justice," which expands the framework to encompass not simplest the right to avoid pregnancy but also the right to have children and raise them in safe, supportive environments.

Impact and Legacy

Killing the Black Body is credited with bringing the concept of reproductive justice to the vanguard of feminist and civil rights discourse. It remains a rallying cry for education, consciousness, and motion, emphasizing that proper reproductive liberty needs to deal with the intersection of race, gender, and class. This book has been broadly seen as essential reading for all people concerned with racial and gender justice in America.

Key Issues Explored

- The commodification and control of Black women's fertility from slavery to the present.
- The legacy of eugenics and forced sterilization focused on Black girls.
- The criminalization of Black moms via welfare and drug rules.
- The exclusion of Black women's reproductive desires from mainstream feminist and civil rights agendas.
- The necessity of a reproductive justice framework that facilitates marginalized women's experiences.

Writing Style and Accessibility

Roberts' writing is mentioned for its passionate, reachable style, making complicated criminal and sociopolitical problems understandable and compelling for an extensive target audience.

Dorothy Roberts' Killing the Black Body remains a foundational textual content in understanding the intersection of race, gender, and reproductive rights in America. It exposes the systemic abuse of Black women's bodies and calls for a greater inclusive and just technique to reproductive freedom—one that recognizes and addresses the precise histories and ongoing realities faced by Black women.

3. "Medical Termination of Pregnancy Act, 1971 with Rules and Regulations"

Publisher: Commercial Law Publishers (India) Pvt. Ltd.

► **Contains the bare act with annotations—good for legal reference.**

The **Medical Termination of Pregnancy (MTP) Act, 1971**, along with subsequent amendments and regulations, governs abortion access in India. Below are the key provisions and updates:

Large provisions in the MTP ACT, 1971

1. Legal Framework

- **Objective:** The Indian Penal Code gives exceptions to the criminalization of abortion, so that registered medical doctors (RMPs) can eliminate pregnancy under specific circumstances.
- **Territorial scope:** Originally, Jammu and Kashmir (East -2019 restructuring) were excluded; it now applies nationwide.

2. Conditions for termination

- **Pregnancy restrictions:**

- Up to 12 weeks: An RMP opinion is required.
- 12-20 weeks: Two RMP opinions require meaning if continuity risk a woman's life, physical/mental health or foster deviation.
- Field:
- Risk to a woman's life or physical/mental health.
- Adequate risk of fetal deviations.
- Pregnancy because of rape or contraception (extended in 2021).

3. Special case

- Minor/mentally ill person: The consent of the Guardian is needed.
- Privacy Protection: The identity of women seeking expiration cannot be revealed.

MTP -Spoi Act, 2021

1. Extended pregnancy limits

- Up to 20 weeks: for contraception (now unmarried women).
- Up to 24 weeks: For persons left from rape, incest victim or other weak categories (eg women with disabilities).
- Beyond 24 weeks: Permission was only granted when a medical board confirms sufficient fatal abnormalities.

2. Medical Board

- Creation: A gynecologist, pediatrician, radiologist/sonologist, and other members are included.
- Roll: Consider and approval over 24 weeks.

3. Medical methods

- Drug-based abortion: Permit up to 9 weeks (first 7 weeks).

Rules and Regulations

1. Qualification Requirements

- RMPs must meet **prescribed training/experience standards** to perform abortions.

2. Approved Facilities

- Terminations must occur in **government-approved hospitals** or facilities certified by a District Level Committee.

3. State-Level Frameworks

- **state governments constitute Medical Boards.**
- **District Committees** oversee facility approvals.

Key Limitations

- **Judicial Hurdles:** Women often approach courts for terminations beyond 20 weeks due to delays or lack of access.
- **Third-Party Authorization:** Medical Boards' decisions can create barriers for urgent cases.

4. DISCUSSION

The Medical Termination of Pregnancy (MTP) Act, 1971, marked a considerable legislative milestone in India, as it legalized abortion under specific conditions to prevent unsafe procedures and reduce maternal mortality. Over the years, the Act has gone through amendments (extensively in 2002 and 2021) and has been supplemented through the MTP Rules and Regulations, 2003, reflecting a transfer of felony and social understanding of reproductive rights. However, despite its innovative aim, the Act continues to raise crucial questions about women's autonomy, access to reproductive healthcare, and the role of the state in personal physical decisions.

1. Focus on Conditionality Over Autonomy

A key trouble with the MTP Act is that it does not deal with abortion as a girl's right consistent with the however rather as a conditional medical method. Permission to terminate a being pregnant is contingent upon the opinion of 1 or extra registered clinical practitioners (relying on the gestational age), and best below unique grounds along with chance to lifestyles or grave harm to bodily/mental fitness, fatal abnormalities, or cases of rape and incest. While those situations are intended to defend both the woman and the fetus, they make stronger a medicalized and paternalistic model wherein the choice in the end lies no longer with the woman, but with clinical government.

This restricts a lady's reproductive autonomy and bodily integrity, especially when the pregnancy is unwanted for personal, social, or financial reasons that aren't legally identified. The legal framework, therefore, reflects a nation-centric and protectionist method, in preference to a rights-based one.

2. Expansion Through the 2021 Amendment

The MTP (Amendment) Act, 2021 added massive modifications, which include:

Extending the upper gestation restriction for abortion from 20 to 24 weeks for "certain classes of girls".

Permitting abortions past 24 weeks in instances of huge fetal abnormalities, with the approval of a clinical board.

Recognizing the proper of single girls to seek abortion under comparable grounds as married women. These developments are vital steps toward gender equality and inclusive care. However, the requirement for approval using a clinical board, particularly in rural or underserved regions, creates

practical obstacles and frequently delays care, potentially endangering the lady's health. Furthermore, the shortage of readability on who qualifies under the "sure categories" clause (e.g., survivors of sexual violence, differently abled individuals) leaves room for subjective interpretation and inconsistent utility.

3. Gaps in Accessibility and Implementation

Although the criminal provision exists, access to safe abortion services remains choppy throughout India. Factors which include:

Lack of consciousness approximately the MTP Act among girls and even healthcare vendors,

Stigma and ethical judgment from service companies, Inadequate education and the availability of certified doctors, especially in rural regions, Fear of criminal repercussions with the aid of doctors, even in criminal instances, all contribute to unsafe or non-timely abortions. Many ladies still motel to unqualified practitioners or dangerous strategies, risking their lives and violating their dignity.

The Rules and Regulations under the MTP Act impose infrastructural and administrative requirements that small clinics and rural facilities often can't meet, similarly lowering provider coverage in non-urban areas.

4. Judicial Support and Activism

Indian courts have increasingly taken an innovative stance on reproductive rights. For instance, in *X v. Union of India* (2022), the Supreme Court emphasized physical autonomy and decisional privacy, permitting unmarried ladies to are trying to find abortion within 24 weeks. Such choices reflect a developing recognition of constitutional values, inclusive of dignity, equality, and non-discrimination.

However, the shortage of a uniform jurisprudence and the continued need for judicial approval in many cases highlight how prison and procedural uncertainty undermine women's ability to make time-sensitive choices.

5. Comparative and International Perspective

Compared to international locations like South Africa, Canada, or Ireland, in which abortion is decriminalized and framed as a woman's proper, India's MTP Act still operates within a criminal framework. Sections of the Indian Penal Code (IPC) continue to criminalize abortion except under the conditions prescribed by the MTP Act, reinforcing a carve-out rather than an entitlement.

This dual criminal framework adds confusion and discourages both patients and providers from searching for or presenting lawful offerings.

The Medical Termination of Pregnancy Act, along with its Rules and Amendments, has provided a prison foundation for abortion in India, it falls short of granting complete reproductive autonomy to girls. The law continues to place middle clinical authority and national oversight, as opposed to prioritizing a woman's proper to choose. Bridging the space between criminal provision and actual get entry to, ensuring uniform implementation, and shifting towards a rights-based approach is important for safeguarding reproductive justice in India.

EXAMPLES:

Example 1: Supreme Court Judgment – X v. Union of India (2022)

Case Overview:

A 25-12-month-old unmarried woman approached the Supreme Court looking for permission to terminate her 24-week pregnancy after her companion deserted her. The Delhi High Court initially denied her plea, stating that the MTP Act (earlier than the 2021 change) most effectively allowed termination up to 20 weeks for unmarried women.

Supreme Court Ruling:

The Supreme Court allowed the abortion, declaring that the 2021 Amendment ought to be interpreted liberally. It said that marital popularity must no longer influence a woman's proper to reproductive choice, and unmarried girls must be treated on par with married girls under the regulation.

Key Legal Impact:

Affirmed the precept of bodily autonomy and decisional privacy.

Expanded the interpretation of "change in marital fame" to encompass non-married relationships.

Reinforced that the proper to reproductive desire is part of the proper to life under Article 21 of the Constitution.

Example 2: Bombay High Court – XYZ v. Union of India (2023)

Case Overview:

In 2023, a woman in her 33rd week of pregnancy approached the Bombay High Court seeking permission for termination after doctors detected extreme fetal abnormalities. She noted emotional trauma and danger to mental fitness.

Court Decision:

The Court denied permission, mentioning that once 24 weeks, abortion can simplest be permitted under exceptional circumstances and with clinical board approval. The court docket emphasized that the fetus became possible and that the Act did not allow termination merely due to mental anguish at that level.

Key Legal Insight:

Highlights the limitations of the MTP Act beyond 24 weeks, even in instances of fetal abnormality.

Shows the inflexibility of the regulation, where even severe distress or clinical worries might not constantly justify past due-time period abortions.

Brings attention to the need for quicker functioning and more broadly accessible medical forums.

5. CONCLUSION

The End of Pregnancy (MTP) Act, 1971, with subsequent changes and rules, represents an important legislative structure in India, aimed at regulating and facilitating something secure, legal, and accessible ending of any pregnancy. The law was adopted to meet the need for safe abortion practice, reduce maternal mortality from unsafe abortion, and strengthen women's reproductive rights in a regulated medical environment.

KEY TAKEAWAYS

The law allows the elimination of pregnancy of medical doctors recorded under specific conditions, such as the risk of woman's life or health, sufficient fetal abnormalities, pregnancies that occur in rape or contraception.

Originally, the law allowed abortion for up to 20 weeks, with a requirement from one or two registered doctors based on pregnancy. The change in 2021 expanded this, so that some of the women's categories could be allowed to end with 24 weeks, showing progress in medical science and social needs.

The law said that abortion is only done to ensure the security and responsibility of the government, approved by the government, and by qualified doctors.

Consent is a cornerstone: The consent of a pregnant woman is necessary, except for cases with minors or mentally ill women, where parents require consent.

The law emphasizes the protection of women's privacy and privacy and prevents disclosure of their identity under the legally specified circumstances.

Rules and regulations by the Act provide detailed procedures for certification, record keeping, and reporting, and ensure regulatory inspections and security for women's rights.

The Pregnancy Act, with subsequent rules and changes, represents an important step in India's attempt to legalize and regulate abortion in a safe and structured way, with subsequent rules and changes. Originally, the law was adopted to reduce maternal mortality due to unsafe abortion, the law has evolved, especially with the 2021 change, to reflect the changed social realities and medical progress. Despite these legal reforms, the law continues to work within a medical and conditional structure, with a final decision in the hands of doctors and state mechanisms, often made instead of women themselves.

While the law provides a legal basis for abortion, it prevents abortion from being considered a basic reproductive right or completely personal autonomy. Medical control requirements continue to serve as obstacles to access, especially for unmarried women and people in rural areas, the existence of pregnancy boundaries, existence of pregnancy boundaries and abortion services.

Judge intervention has helped to expand interpretations, making the law more inclusive and rights-oriented. Nevertheless, there is a reduction in consistent and rights-based implementation. MTP law requires a change to serve its purpose - an exception given by the state by looking at an abortion as an essential component of women's autonomy, dignity and reproductive freedom as an essential component.

References

1. Article: Supreme Court of India Judgement on Abortion as a Fundamental Right: Breaking New Ground Pickles, Camilla. "Termination-of-Pregnancy Rights and Foetal Interests in Continued Existence in South Africa: The Choice on Termination of Pregnancy Act 92 of 1996." Potchefstroom Electronic Law Journal/Potchefstroomse Elektroniese Regsblad 15, no. 5 (June 1, 2017): 403. <http://dx.doi.org/10.17159/1727-3781/2012/v15i5a2530>. Author: C Pickles <http://dx.doi.org/10.4314/pelj.v15i5.11>—ISSN 1727-3781.
2. Menon, P. K. "The Medical Termination of Pregnancy Act 1983 (Barbados)." *International and Comparative Law Quarterly* 34, no. 3 (July 1985): 630–36. <http://dx.doi.org/10.1093/iclqaj/34.3.630>. Published online by Cambridge University Press: 17 January 2008-- P. K. Menon
3. McQuoid-Mason, D. J. "Termination of pregnancy: Cultural practices, the Choice on Termination of Pregnancy Act and the constitutional rights of children." *South African Medical Journal* 108, no. 9 (August 30, 2018): 721. <http://dx.doi.org/10.7196/samj.2018.v108i9.13289>. The author's name is D. J. McQuoid-Mason.
4. De Meyer, Fien. "Late Termination of Pregnancy in Belgium: Exploring Its Legality and Scope." *European Journal of Health Law* 27, no. 1 (March 4, 2020): 9–34. <http://dx.doi.org/10.1163/15718093-12271451>. In: *European Journal of Health Law* Author: Fien De Meyer, Online Publication Date: 04 Mar 2020.
5. Shanzi, Aubrey, Brian Chiluba, and Mabvuto Zulu. "Reasons Women Request for Termination of Pregnancy at a Rural Hospital in Zambia; A Cross Sectional Study at Mansa General Hospital, Mansa District, Zambia." *Journal of Preventive and Rehabilitative Medicine* 3, no. 2 (June 1, 2021): 92–100. <http://dx.doi.org/10.21617/jprm2021.3215>.
6. L., Veena, and Sarojini. "A review of medical termination of pregnancy profile in a tertiary care center." *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 6, no. 8 (July 26, 2017): 3332. <http://dx.doi.org/10.18203/2320-1770.ijrcog20173260>.
7. Nimbalkar, Somashekhar Marutirao ., and Dharti Sanjay Patel. "The Medical Termination of Pregnancy Act: Need to keep pace with technology." *Indian Journal of Medical Ethics* IV, no. 1 (January 12, 2019): 59–64. <http://dx.doi.org/10.20529/ijme.2018.096>.
8. Hall, Susan. "Is the Choice on Termination of Pregnancy Act Guilty of Disability Discrimination?" *South African Journal of Philosophy* 32, no. 1 (March 2013): 36–46. <http://dx.doi.org/10.1080/02580136.2013.810414>.
9. Phanjoubam, Memchoubi. "Proposed amendments in the Medical Termination of Pregnancy Act in a nutshell." *Journal of Medical Society* 31, no. 1 (2017): 1. <http://dx.doi.org/10.4103/0972-4958.198421>.
10. Manninen, Bertha Alvarez. "A Pro-Choice Response to New York's Reproductive Health Act." *Philosophies* 6, no. 1 (February 16, 2021): 15. <http://dx.doi.org/10.3390/philosophies6010015>.
11. Title: *Abortion and the Law: From International Comparison to Legal Policy* (2008), ISBN-13: 978 906704197, ISBN-10: 9067041971, Publication Date: July 28, 2005
"Killing the Black Body: Race, Reproduction, and the Meaning of Liberty" by Dorothy Roberts, ISBN-13: 978 067975869, ISBN-10: 0679758690

12. Publication Date: December 29, 1998 (Paperback Edition) The original hardcover edition was published in 1997 (ISBN: 978-0679442264).
13. "Medical Termination of Pregnancy Act, 1971 with Rules and Regulations"
Publisher: Commercial Law Publishers (India) Pvt. Ltd.