

# Country Profile: India

Last Updated: 07 December 2023

Region: South-Eastern Asia



## Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- ✓ Criminal / Penal Code
- Civil Code
- ✓ Ministerial Order / Decree
- ✓ Case Law
- ✓ Health Regulation / Clinical Guidelines
- ✓ EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- ✓ Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- ✓ Other

## Related Documents

### From Criminal / Penal Code:

- [Penal Code, 1860](#)

### From Ministerial Order / Decree:

- [Medical Termination of Pregnancy Rules, 2003](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021](#)

### From Case Law:

- [Supreme Court Judgement, 2022](#)

### From Health Regulation / Clinical Guidelines:

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [Guidance Handbook on Ensuring Access to Safe Abortion and Addressing Gender Based Sex Selection](#)
- [India Guide Abortion Sex Selection MoH, 2015](#)
- [India Medical Abortion Handbook MoH, 2016](#)
- [Training for Early Medical Abortion, 2022](#)

### From EML / Registered List:

- [National List of Essential Medicines, 2022](#)
- [Misoprostol -form 46](#)

### From Abortion Specific Law:

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021](#)

### From Other:

- [The Pre-conception & Pre-natal Diagnostic Techniques \(Prohibition of Sex Selection Act and Rules as Amended, 2003](#)
- [Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence](#)
- [Rights of Persons with Disabilities Act, 2016](#)



## List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- Xst OP
- 2nd OP
- ✓ CESC
- CESCR-OP
- CAT
- CAT-OP
- ✓ CEDAW
- CEDAW-OP
- ✓ CRC
- ✓ CRC:OPSC
- ✓ CRC:OPAC
- CRC:OPIC
- CMW
- ✓ CRPD \*
- CRPD-OP
- CED \*\*
- Maputo Protocol

↓ [Download data](#)



## Concluding Observations:

- [CEDAW](#)
- [CEDAW](#)
- [CESCR](#)
- [CRC](#)
- [CRC](#)
- [CRC](#)
- [CRPD](#)
- [SR VAW](#)







## Persons who can be sanctioned:






- ✓ A woman or girl can be sanctioned
- ✓ Providers can be sanctioned
- ✓ A person who assists can be sanctioned






Abortion at the woman's request




✗ No

## Legal Ground and Gestational Limit

<b>Economic or social reasons</b>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"><li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li><li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li><li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li></ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 16)</a></p> <p> <b>Additional notes</b></p> <p>The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<b>Foetal impairment</b>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"><li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li><li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li><li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2 )</a></li><li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021 (page 7)</a></li></ul> <p><b>Gestational limit</b></p> <p><b>Weeks: 20</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p> <ul style="list-style-type: none"><li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li><li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li><li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021 (page 7)</a></li></ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 64)</a></p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 103)</a></p> <p> <b>Additional notes</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>

<p><b>Rape</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 64)</a></p> <p> <b>Additional notes</b></p> <p>According to the 2021 Act, where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks and if not less than two registered medical practitioners are of the opinion formed in good faith, And for the purpose of clause (b), 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. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Incest</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 64)</a></p> <p> <b>Additional notes</b></p> <p>The Comprehensive Abortion Care Service Delivery Guidelines state that: a pregnancy can be terminated by a registered medical practitioner (under the MTP Act) if:</p> <p>I The continuation of pregnancy involves a risk to the life of the pregnant woman or causes grave injury to her physical or mental health. The anguish caused by the unwanted pregnancy in the following situations is presumed to cause grave injury to the mental health of the pregnant woman, including in cases of rape or incest. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Intellectual or cognitive disability of the woman</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002 (page 2 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>Additional notes</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.</p>

<p><b>Mental health</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p><b>Gestational limit</b></p> <p>Weeks: 24</p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.</p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 16)</a></p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 103)</a></p> <p> <b>Additional notes</b></p> <p>According to the 2021 Act, where where the length of the pregnancy does not exceed twenty weeks and 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. And for the purpose of clause (b), 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. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Physical health</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p><b>Gestational limit</b></p> <p>Weeks: 24</p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.</p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 16)</a></p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 103)</a></p> <p> <b>Additional notes</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Health</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 16)</a></p>

<p><b>Life</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 1 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p><b>Gestational limit</b></p> <p><b>Weeks: No limit specified</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.</p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 64)</a></p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 103)</a></p> <p> <b>Additional notes</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Other</b></p>	<p>The following categories of women shall be considered eligible for termination of pregnancy under clause (b) of sub- section (2) Section 3 of the Act, for a period of up to twenty-four weeks, namely:-</p> <p>(a) survivors of sexual assault or rape or incest;</p> <p>(b) minors;</p> <p>(c) change of marital status during the ongoing pregnancy (widowhood and divorce);</p> <p>(d) women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)];</p> <p>(e) mentally ill women, including mental retardation;</p> <p>(f) the foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped; and</p> <p>(g) women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government.</p> <p>The anguish caused by the unwanted pregnancy in the following situations is presumed to cause grave injury to the mental health of the pregnant woman where there has been failure of any device or method used by a married woman or her husband for the purpose of limiting the number of children.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021 (page 8 )</a></li> <li>• <a href="#">16: Rights of Persons with Disabilities Act, 2016 (page 1 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)</a></li> </ul> <p> <b>Additional notes</b></p> <p>In 2022, the Indian Supreme Court ruled that it is unconstitutional to distinguish among women as per their marital status. The Court held that a change in the marital status of women often leads to a change in her material circumstances. In this regard, the widowhood and divorce shall only be considered illustrative, and cannot be interpreted to exclude unmarried women. The decision also held that survivors of sexual assault, rape or incest may also include married women. The Court stated that each case must be tested against this standard with due regard to the unique facts and circumstances that a pregnant woman finds herself in.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Supreme Court Judgement, 2022 (page 1)</a></li> </ul>

## Additional Requirements to Access Safe Abortion

**Authorization of health professional(s)**

Yes

**Related documents:**

- [The Medical Termination of Pregnancy Act, 1971 \(page 1 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2 \)](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 8\)](#)

**Number and cadre of health-care professional authorizations required**

**2 if greater than 20 weeks, Board for fetal anomalies**

**Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN**

**Registered medical practitioner; Board for fetal anomalies**

The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002 \(page 1 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2 \)](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 8\)](#)



**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 81\)](#)



**Additional notes**

According to the 2021 Act, two registered medical practitioners are required for abortions where the length of the pregnancy exceeds 20 weeks but does not exceed 24 weeks. Where termination is necessitated by the diagnosis of any of

the substantial foetal abnormalities, this must be diagnosed by a Medical Board to include: a Gynaecologist; a Paediatrician; a Radiologist or Sonologist; and 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. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

**Authorization in specially licensed facilities only**

Yes

**Related documents:**

- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002 \(page 1 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25\)](#)



**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.

↓ **Source document:** [WHO Abortion Care Guideline \(page 52\)](#)



**Additional notes**

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

**Judicial authorization for minors**



**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [Medical Termination of Pregnancy Rule, 2003](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021](#)
- [Training for Early Medical Abortion, 2022](#)



**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 81\)](#)

**Judicial authorization  
in cases of rape**

No

**Related documents:**

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25 \)](#)
- [Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence \(page 5 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2\)](#)



**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 64\)](#)



**Additional notes**

The guidelines and protocols on medico-legal care for survivors/victims of sexual violence state: “Sexual assault victims cannot be denied treatment in either of these hospitals when they approach them as denial has lately been made a cognizable criminal offence punishable with appropriate jail terms or fines or both. As is known rape law has been made more stringent with zero tolerance for offenders and through these guidelines the aim is to ensure a sensitive and humane approach to such victims, their proper treatment apart from attending or treating doctors responsibility and duty in recording and documenting the medical aspects in order that such cases when they come up before the criminal justice system are not found wanting in the quality of evidence produced by the prosecution during trial.” The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

**Police report required  
in case of rape**

No

**Related documents:**

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25 \)](#)
- [Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence \(page 5 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2\)](#)



**WHO Guidance**

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There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.







The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 64\)](#)















**Additional notes**

The guidelines and protocols on medico-legal care for survivors/victims of sexual violence state: “Sexual assault victims cannot be denied treatment in either of these hospitals when they approach them as denial has lately been made a cognizable criminal offence punishable with appropriate jail terms or fines or both. As is known rape law has been made more stringent with zero tolerance for offenders and through these guidelines the aim is to ensure a sensitive and humane approach to such victims, their proper treatment apart from attending or treating doctors responsibility and duty in recording and documenting the medical aspects in order that such cases when they come up before the criminal justice system are not found wanting in the quality of evidence produced by the prosecution during trial.” The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

<p><b>Parental consent required for minors</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002 (page 2 )</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022 (page 19)</a></li> </ul> <p><b>Can another adult consent in place of a parent?</b></p> <p>Yes</p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002 (page 2)</a></li> </ul> <p><b>Age where consent not needed</b></p> <p>18</p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971 (page 2 )</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002 (page 2)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 81)</a></p> <p> <b>Additional notes</b></p> <p>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments. Guardian means a person having the care of the minor.</p>
<p><b>Spousal consent</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022 (page 19)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 81)</a></p> <p> <b>Additional notes</b></p> <p>The 2018 Comprehensive Abortion Care Service Delivery Guidelines specifically state that “Only the consent of the woman is required to terminate the pregnancy.” The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Ultrasound images or listen to foetal heartbeat required</b></p>	<p> <b>Not specified</b></p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">Medical Termination of Pregnancy Rule, 2003</a></li> <li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 85)</a></p>



<p><b>Compulsory counselling</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 33)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality.</p> <p>Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements.</p> <p>The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 77)</a></p> <p> <b>Additional notes</b></p> <p>The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Compulsory waiting period</b></p>	<p> <b>Not specified</b></p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">Medical Termination of Pregnancy Rule, 2003</a></li> <li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 79)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b></p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">Medical Termination of Pregnancy Rule, 2003</a></li> <li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 59)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b></p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">Medical Termination of Pregnancy Rule, 2003</a></li> <li>• <a href="#">Medical Termination of Pregnancy Amendment Rules, 2021</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 59)</a></p>

<p><b>Prohibition of sex-selective abortion</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Pre-conception &amp; Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 1))</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement.</p> <p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<p><b>Restrictions on information provided to the public</b></p>	<p> <b>Not specified</b></p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Medical Termination of Pregnancy Act, 1971</a></li> <li>• <a href="#">The Medical Termination of Pregnancy as Amended, 2002</a></li> <li>• <a href="#">The Medical Termination of Pregnancy Amendment Act, 2021</a></li> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="https://abortion-policies.srhr.org/documents/countries/08-India-Guidance-Handbook-Ensuring-Access-to-Safe-Abortion-Ministry-of-Health-2015.pdf">https://abortion-policies.srhr.org/documents/countries/08-India-Guidance-Handbook-Ensuring-Access-to-Safe-Abortion-Ministry-of-Health-2015.pdf</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Dissemination of misinformation, withholding of information and censorship should be prohibited.</p> <p>Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 74)</a></p>
<p><b>Restrictions on methods to detect sex of the foetus</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The Pre-conception &amp; Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 35))</a></li> </ul> <p><b>List of restrictions</b></p> <p>"No person, including a specialist or a team of specialists in the field of infertility, shall conduct or cause to be conducted or aid in conducting by himself or by any other person, sex selection on a woman or a man or on both or on any tissue, embryo, conceptus, fluid orgametes derived from either or both of them. Prohibition on sale of ultrasound machines, etc., to persons, laboratories, clinics, etc. not registered under the Act- No person shall sell any ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of foetus to any Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic or any other person not registered under the Act."</p> <ul style="list-style-type: none"> <li>• <a href="#">The Pre-conception &amp; Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 35))</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 103)</a></p>
<p><b>Other</b></p>	<p>The Rights of Persons with Disabilities Act specifies that pregnancy termination cannot be performed on a woman with a disability without her express consent, except in cases where medical procedure for termination of pregnancy is done in severe cases of disability and with the opinion of a registered medical practitioner and also with the consent of the guardian of the woman with disability. However, the 2022 Training for Early Medical Abortion indicates that for mentally ill women, the consent of the guardian should be taken.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Training for Early Medical Abortion, 2022 (page 19 )</a></li> <li>• <a href="#">16: Rights of Persons with Disabilities Act, 2016 (page 31)</a></li> </ul>

## Clinical and Service-delivery Aspects of Abortion Care

## National guidelines for induced abortion

Yes, guidelines issued by the government

### Related documents:

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 1 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 1\)](#)



### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

↓ **Source document:** [WHO Abortion Care Guideline \(page 50\)](#)



### Additional notes

The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

## Methods allowed

### Vacuum aspiration

Yes (12 WEEKS)

The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 49 \)](#)
- [India Medical Abortion Handbook MoH, 2016 \(page 24 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 45\)](#)

### Dilatation and evacuation

Yes (20 WEEKS)

The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 80 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 45\)](#)

### Combination mifepristone-misoprostol

Yes (63 DAYS 9 WEEKS)

Medical Abortion by MTP Act is legal up to 49 days. However, Comprehensive Abortion Care Guidelines have a footnote indicating that it is safe up to 63 days. Combi-pack (1 tablet of mifepristone 200mg & 4 tablets of misoprostol 200mcg) has been approved by Central Drugs Standard Control Organisation for up to 63 days gestation in December 2008. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 65 \)](#)
- [India Medical Abortion Handbook MoH, 2016 \(page 5 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 45\)](#)

### Misoprostol only

Not specified

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [India Medical Abortion Handbook MoH, 2016](#)
- [Training for Early Medical Abortion, 2022](#)

### Other (where provided)

Extra-amniotic instillation (20 WEEKS)

The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 83\)](#)



### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

↓ **Source document:** [WHO Abortion Care Guideline \(page 101\)](#)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

↓ **Source document:** [WHO Abortion Care Guideline \(page 103\)](#)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 106\)](#)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 106\)](#)

Country recognized approval (mifepristone / mife-misoprostol)

Yes

**Related documents:**

- [National List of Essential Medicines, 2022 \(page 75\)](#)

**Pharmacy selling or distribution**



**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The drugs for medical abortion are Schedule H drugs and are to be sold by retail on the prescription of a Registered Medical Practitioner only.

- [National List of Essential Medicines, 2022](#)
- [Training for Early Medical Abortion, 2022](#)



**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

↓ **Source document:** [WHO Abortion Care Guideline \(page 55\)](#)

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

↓ **Source document:** [WHO Abortion Care Guideline \(page 55\)](#)

Country recognized approval (misoprostol)

Yes, for gynaecological indications

**Related documents:**

- [National List of Essential Medicines, 2022 \(page 75\)](#)
- [Misoprostol -form 46 \(page 1\)](#)

**Misoprostol allowed to be sold or distributed by pharmacies or drug stores**



**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The drugs for medical abortion are Schedule H drugs and are to be sold by retail on the prescription of a Registered Medical Practitioner only.

- [National List of Essential Medicines, 2022](#)
- [Misoprostol -form 46](#)
- [Training for Early Medical Abortion, 2022](#)
- [Training for Early Medical Abortion, 2022 \(page 27\)](#)



**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

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Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

↓ **Source document:** [WHO Abortion Care Guideline \(page 55\)](#)

## Where can abortion services be provided

### Related documents:

- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 13\)](#)

### Primary health-care centres

Yes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 13\)](#)

### Secondary (district-level) health-care facilities

Yes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971 \(page 4 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 13\)](#)

### Specialized abortion care public facilities

Not specified

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [Training for Early Medical Abortion, 2022](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26\)](#)

### Private health-care centres or clinics

Yes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [India Guide Abortion Sex Selection MoH, 2015 \(page 43 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 13\)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26\)](#)

### NGO health-care centres or clinics

Not specified

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [Training for Early Medical Abortion, 2022](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26\)](#)

### Other (if applicable)

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. In case of termination of early pregnancy up to seven weeks using a combination of mifepristone with misoprostol, the RMP can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancy under the MTP Act. In case of an emergency; any pregnancy may be terminated by an RMP to save the life of the woman at an unapproved place. According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places: A hospital established or maintained by the Government A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Training for Early Medical Abortion, 2022 \(page 13 \)](#)
- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002 \(page 1 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26\)](#)



### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.






Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

↓ **Source document:** [WHO Abortion Care Guideline \(page 48\)](#)



### Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

<p><b>National guidelines for post-abortion care</b></p>	<p>Yes, guidelines issued by the government</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 50)</a></p> <p> <b>Additional notes</b></p> <p>The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>
<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">India Medical Abortion Handbook MoH, 2016</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">India Medical Abortion Handbook MoH, 2016</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">India Medical Abortion Handbook MoH, 2016</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">India Medical Abortion Handbook MoH, 2016</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018</a></li> <li>• <a href="#">India Medical Abortion Handbook MoH, 2016</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 133)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 34 )</a></li> <li>• <a href="#">India Medical Abortion Handbook MoH, 2016 (page 5 )</a></li> <li>• <a href="#">Training for Early Medical Abortion, 2022 (page 34)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 126)</a></p> <p> <b>Additional notes</b></p> <p>The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.</p>

Insurance to offset end user costs

No data found



## WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 53\)](#)

Who can provide abortion services

### Related documents:

- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 26 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2 \)](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 8 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 46\)](#)

### Nurse

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [Training for Early Medical Abortion, 2022](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25\)](#)

### Midwife/nurse-midwife

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)
- [Training for Early Medical Abortion, 2022](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25\)](#)

### Doctor (specialty not specified)

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

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Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy as Amended, 2002 \(page 5 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2 \)](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 8 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 46\)](#)

### Specialist doctor, including OB/GYN

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002 \(page 5 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25 \)](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 8 \)](#)
- [Training for Early Medical Abortion, 2022 \(page 46\)](#)

#### Other (if applicable)

Registered medical practitioner: To conduct termination of pregnancy up to 9 weeks by medical methods of abortion, a registered medical practitioner shall have (i) experience at any hospital for a period of not less than three months in the practice of obstetrics and gynaecology; or (ii) has independently performed ten cases of pregnancy termination by medical methods of abortion under the supervision of a Registered Medical Practitioner in a hospital established or maintained, or a training institute approved for this purpose, by the Government.

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgery in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Training for Early Medical Abortion, 2022 \(page 46 \)](#)
- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 8 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002 \(page 5 \)](#)
- [The Medical Termination of Pregnancy Amendment Act, 2021 \(page 2 \)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25\)](#)



#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

↓ **Source document:** [WHO Abortion Care Guideline \(page 97\)](#)



#### Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

#### Extra facility/provider requirements for delivery of abortion services

##### Referral linkages to a higher-level facility

Yes

For Medical Methods of Abortion (MMA), up to seven weeks gestation, drugs can be prescribed in outdoor clinics with an established referral linkage to an MTP approved site. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25\)](#)

##### Availability of a specialist doctor, including OB/GYN

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:

A hospital established or maintained by the Government

A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee

In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site. The Government has yet to update and amend the 2018 guidelines in line with the 2021 amendments.

- [The Medical Termination of Pregnancy Act, 1971 \(page 2 \)](#)
- [The Medical Termination of Pregnancy as Amended, 2002 \(page 1\)](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 \(page 25\)](#)

##### Minimum number of beds

Not specified

- [The Medical Termination of Pregnancy Act, 1971](#)
- [The Medical Termination of Pregnancy as Amended, 2002](#)
- [Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018](#)

#### Other (if applicable)

In case of termination beyond 24 weeks of pregnancy, facilities shall have (a) an operation table and instruments for performing abdominal or gynaecological surgery; (b) anaesthetic equipment, resuscitation equipment and sterilisation equipment; (c) availability of drugs, parental fluids and blood for emergency use, as may be notified by the Central Government from time to time; and (d) facilities for procedure under ultrasound guidance.

- [Medical Termination of Pregnancy Amendment Rules, 2021 \(page 9\)](#)



#### WHO Guidance








The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.


There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themselves, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

↓ **Source document:** [WHO Abortion Care Guideline \(page 132\)](#)



## Conscientious Objection

<b>Public sector providers</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 98)</a></p>
<b>Private sector providers</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 98)</a></p>
<b>Provider type not specified</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 98)</a></p>
<b>Neither Type of Provider Permitted</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 98)</a></p>
<b>Public facilities</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 48)</a></p>
<b>Private facilities</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 48)</a></p>
<b>Facility type not specified</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 48)</a></p>

<p><b>Neither Type of Facility Permitted</b></p>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Abortion Care Guideline (page 48)</a></p>
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## Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

### Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	No data
1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable	No data
1.a.2 Proportion of total government spending on essential services (education, health and social protection)	No data

### Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio	174 (2015)
3.1.2 Proportion of births attended by skilled health personnel	No data
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	No data
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	23.1 (2015-2020)
3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	No data
3.c.1 Health worker density and distribution	No data

### Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	No data
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### Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex	No data
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	No data
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	No data
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	No data
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care No data

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5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education No data

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5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure No data

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5.b.1 Proportion of individuals who own a mobile telephone, by sex No data

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## Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities No data

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## Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities No data

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10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law No data

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## Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months No data

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16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation No data

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16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 No data

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16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms No data

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16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months No data

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16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar) No data

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16.6.2 Proportion of the population satisfied with their last experience of public services No data

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16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions No data

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16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age No data

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16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months No data

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16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law No data

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## Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet No data

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### Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

	<b>12.9</b> (2016)
Percentage of births attended by trained health professional	<b>85.7</b> (2016)
Percentage of women aged 20-24 who gave birth before age 18	<b>22</b> (2009-2013)
Total fertility rate	<b>2.326</b> (2016)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	No data
Gender Inequalities Index (Value)	<b>0.52</b> (2017)
Gender Inequalities Index (Rank)	<b>127</b> (2017)
Mandatory paid maternity leave	<b>yes</b> (2016)
Median age	<b>26.6</b> (2015)
Population, urban (%)	<b>33.6</b> (2017)
Percentage of secondary school completion rate for girls	<b>0.53</b> (2013)
Gender parity in secondary education	<b>1.017</b> (2016)
Percentage of women in non-agricultural employment	<b>19.3</b> (2010)
Proportion of seats in parliament held by women	<b>11.6</b> (2017)
Sex ratio at birth (male to female births)	<b>1.11</b> (2017)