

## Summary Webinar 3

The first two webinars covered the legal environment, reforms in abortion law over time, the difficulties faced by vulnerable groups in accessing services and highlighted how contradictions between laws/acts, policies and programme contents and crisis situations succeed in further limiting access and disenfranchising the vulnerable.

CommonHealth and CREA are committed to women's right to safe abortion services and believe that a cross movement, collaborative effort is a more effective strategy to do advocacy for access, especially legal access to safe abortion. Aim of third webinar therefore was to deliberate on different legal pathways to ease access to safe abortion specifically in the context of discussions in the first two webinars and any other available evidence and experiences and also to identify advocacy goals and strategies.

In the first session, Aparna Chandra<sup>1</sup> talked about the contradiction in object and provisions under the current Medical Termination of Pregnancy (MTP) Act. While object of the Act talks about autonomy, dignity, justice and confidentiality, provisions of the Act do not support these. She explained how mere decriminalisation of abortion would not go far in addressing legal barriers as long as under other laws such as the matrimonial laws, woman's decision was still subject to legal review. She discussed three available alternatives - decriminalisation, legislation of abortion and right-based model law. But she cautioned that decriminalisation could be a counter productive as current MTP Act at least ensures that health service providers do not easily deny services, as the law demands that they provide these. She also acknowledged that legislation of abortion as a right is unlikely to have any impact in the family law sphere. She therefore proposed a right based "Model law" similar to that enacted in Nepal which obligated the State to provide safe and comprehensive abortion care.

Mrinal Satish<sup>2</sup> in his session started by stating that current MTP Act's legal framework with exceptions to Indian Penal Code poses un-necessary barriers, stigmatises abortion and empowers service providers in a scenario where women's needs are not dependant on legal status of the relevant services. He stressed that the gap between social norm and constitutional values would still need to be filled by legislation and so doing away with legal dimension would be impractical. He argued that decriminalisation or reading down though necessary may not be sufficient and proposed selective removal of sections 312,314 and 315 accompanied by a framework or charter for provision of services that also provided some scope for conscientious objection of service providers. For the purpose of framing these, he suggested a detailed review of international legal instruments, especially Vietnam's right based framework and Canada's decriminalisation with basic charter for service provision and closer to home review and leveraging of Justice Verma Committee's report (Bill of Rights).

Renu Khanna<sup>3</sup> summarised the discussions at all the three webinars and said that the domains for advocacy were ideological and practical. She listed two main areas of consensus between participants at the webinar about advocacy needs:

1. a right based approach to advocacy that not only stressed on reproductive autonomy but also on right to highest attainable standard of health for women; and

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2. a positive legislation that guaranteed access to services at all times to all those in need, with the content articulated in a language that was acceptable to all constituencies and based on progressive judgements across the world.

She however emphasised that the webinars also brought to the fore the complexity of issues involved and the need for more conversations and clarity especially on issues such as guardianship, consent and implications of various legal pathways.

The webinar ended with Alka Barua<sup>4</sup> and Rupsa Mallik<sup>5</sup> briefing the participants about the future steps. They said that they would share the webinar report and simultaneously commence work on some of the recommendations such as documentation of lived in experiences of women seeking abortion service and taking the conversation to the ground level to the women themselves. They also expressed CommonHealth and CREA's commitment to creating a space for continued engagement, conversations and collaborative movement for safe abortion advocacy.

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