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Title: The motion for consideration of the Medical Termination of Pregnancy (Amendment) Bill, 2020 (Motion adopted and Bill passed).

माननीय अध्यक्ष : अब आईटम नंबर – 20.

THE MINISTER OF HEALTH AND FAMILY WELFARE, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN): Sir, I beg to move:

> "That the Bill further to amend the Medical Termination of Pregnancy Act, 1971, be taken into consideration."

Sir, before you ask the hon. Members to speak on the Bill, I would like to give a brief outline of what we are proposing. This amendment to the Medical Termination of Pregnancy Act, 1971, is proposed with a view to increase upper gestation limit for the termination of pregnancy, and also for strengthening access to comprehensive abortion care under strict conditions without compromising service and quality of safe abortion.

17.41 hrs (Shri Kodikunnil Suresh *in the Chair*)

When this original Bill was brought in 1971, India was amongst one of the first few countries in the whole world to legalise abortion in order to provide legal and safe abortion services to women who required to terminate a pregnancy due to certain threptic, eugenics or humanitarian grounds. However, with the passage of time and advancements of medical technology for safe abortion, there is a scope for increasing upper

gestational limit for terminating pregnancies, especially for vulnerable women, like survivors of rape, incest, minor girls or differently abled women and for pregnancies with substantial foetal abnormalities detected late in the pregnancy.

Sir, there is also a need for increasing access of women to legal and safe abortion service in order to reduce maternal mortality and morbidity caused by unsafe abortion and its complications.

The proposed Bill is a step towards the safety and wellbeing of women and will enlarge the ambit and access of women to safe and legal abortion without compromising on safety and quality of care. The proposed Bill also ensures dignity, autonomy, confidentiality and justice for women who need to terminate pregnancy.

I may also inform this august House that in the last decade several writ petitions have been filed before the hon. Supreme Court and also before various High Courts, seeking permissions for aborting pregnancies at gestational age beyond the present permissible limit on the grounds of foetal abnormalities or pregnancies due to sexual violence forced on women.

Just to give you an idea, in the last few years 26 petitions have been filed in the Supreme Court and over a hundred petitions have been filed in the High Courts. Before bringing this Bill in the august House, I may inform the hon. Members, we had a very extensive consultative process with all the possible stakeholders, all relevant Ministries, and we also had an Ethics Committee of Experts formed by the Ministry of Health where there was an extensive discussion on the subject.

The hon. Prime Minister had constituted a Group of Ministers headed by our colleague, hon. Minister Shri Nitin Jairam Gadkari Ji. There also, it

was discussed in a great detail. Then, finally, after being approved by the Cabinet and the Law Ministry, it has been brought before the House.

Sir, I would like to mention the salient features of the Medical Termination of Pregnancy (Amendment) Bill, 2020.

HON. CHAIRPERSON : Hon. Minister, you can give a detailed reply later. Only give a brief introduction of the Bill.

DR. HARSH VARDHAN: I will finish it within five minutes. Let me give a brief overview of the whole thing so that they know the concept.

Now, I come to the important features of the Bill. The Bill provides for:

requirement of opinion of one registered medical practitioner for termination of pregnancy up to 20 weeks of gestation;

requirement of opinion of two registered medical practitioners for termination of pregnancy for 20 to 24 weeks of gestation;

enhancing the upper gestation limit from 20 to 24 weeks for such category of women as may be prescribed by rules in this behalf;

non-applicability of provisions relating to the length of pregnancy in cases where the termination of pregnancy is necessitated by the diagnosis of any substantial foetal abnormalities diagnosed by a Medical Board; and

strengthening of protection of privacy of a woman whose pregnancy has been terminated.

There is another feature of the Bill. The failure of contraceptive clause has been expanded to woman and her partner.

The Bill proposes to prescribe, rules under the Act on category of woman who shall be eligible for extended gestational period for

termination of pregnancy from 20 to 24 weeks; the norms for the registered medical practitioner, whose opinion is required for the termination of pregnancy at different gestation age; and also the powers and functions of the Medical Board.

I have to share with the hon. Members of the House that this is a very, very progressive legislation. It is a long-awaited amendment and it has been discussed in great detail by everyone. It is a need of the hour. On a number of occasions, the hon. Supreme Court and the hon. High Courts have mentioned that there should be a review of the Medical Termination of Pregnancy Act, 1971 and that is the reason why we have brought this amendment before the august House.

I look forward to positive suggestions from the hon. Members on this Bill. Thank you.

HON. CHAIRPERSON: Motion moved:

> "That the Bill further to amend the Medical Termination of Pregnancy Act, 1971, be taken into consideration."

SUSHRI S. JOTHIMANI (KARUR): Hon. Chairperson, Sir, Vanakkam. Thank you for giving me an opportunity to speak on the Medical Termination of Pregnancy (Amendment) Bill, 2020.

I must say that this is a very significant step in the right direction. Just now, the hon. Health Minister has briefed the House as to how elaborate consultations have been made for this Bill. I appreciate his sincere and sensible efforts.

At this point, let me say with all humility that the right has not been earned overnight. It is worth here to recollect the struggle faced by millions

of women in fighting the social oppression, discrimination, and stigma related to abortion. After this long fight, many countries have recognised the women's right to exercise reproductive choice, including abortion to a certain extent. Still, there is a long road to go.

The Medical Termination of Pregnancy Act, 1971 is in place in India. As has been rightly said by the hon. Minister that that was a very progressive step taken at that point of time when many other countries did not even have abortion laws. In 2015, the study undertaken by the Indian Journal of Medical Ethics noted that 10 per cent to 13 per cent of maternal deaths in India are due to unsafe abortions, that is, the third highest cause of maternal deaths in India.

Though this Act has legalized abortion with a gestation period of 12 to 20 weeks, it failed to keep pace with the current social, medical and technological developments.

For example, the foetal anomaly scan is done during the 20th and 21st week of pregnancy. If there is a delay in doing this scan, and it reveals a lethal anomaly in the foetus, 20 weeks period is limiting. And the rape survivors, differently abled women, minors and the mothers carrying children with anomalies are forced to fight the legal battle to get the permission for termination after 20 weeks. This is frustrating and stressful for the already distressed women.

In case of rape survivors, in many cases they are minors. The same Parliament has enacted and amended the POCSO Act to prevent the children from sexual offences. How do these minor girls and their poor families fight exhaustive and expensive legal battles while they are fighting the cruel society which always blames the rape survivor than the culprit?

I want to share a painful story which happened a few years back. There was a young girl studying in the 10th standard. She was a school topper. She was raped. Obviously, she had to go through a trauma. You know what the school did. The school forced the school topper to get the T.C. as if she is the culprit. Her own friends around her home were told not to play with the bad girl by their parents. The cruelty in this case was that the perpetrator was the father of the girl herself. Just think of the trauma the mother was going through. The mother could not come to terms with the fact that her own husband has done this to her child. The mother was traumatized. Generally in many families, the male is the bread earner and they do not have any financial resources to fight the battle. She was under psychological consultation for some time but later on she sadly committed suicide. This is the society we are living in. The rest goes unsaid.

In this background the Bill has taken significant step forward from the parent Act. I would like to quote a recent case that explains the right to exercise the reproductive choice very clearly. I quote

> "The right to exercise reproductive choice; is the right to choose whether to conceive and carry pregnancy to its full term or to terminate it at the core of once privacy, dignity, personal autonomy, bodily integrity, self-determination and right to health recognized by article 21 of the constitution."

It was stated in the writ petition filed by Swati Agarwal, Garima and Prachi seeking to decriminalize abortion and allowing women the right to exercise their reproductive right in the Supreme Court.

The court and the Government also responded positively. Finally, the time has come to amend the 49-year old law on medical termination of pregnancy. I appreciate the positive aspects of the Bill. It will go a long

way in enabling women to exercise their right to abortion and avoid cumbersome process of legal battle.

It is appreciable that this Bill has extended the pregnancy termination time period from 20 weeks in the principal Act to 24 weeks. It has also enhanced the gestation limit for 'special categories' of women which includes survivors of rape, victims of incest and other vulnerable women like differently- abled women and minors. It also protects the privacy of women by stating that the "name and other particulars of a woman whose pregnancy has been terminated shall not be revealed", except to a person authorised in any law that is currently in force. The extension of time period would allow termination of pregnancy in cases where some anomaly in the foetus is reported after 20 weeks. Significantly, the Bill also applies to unmarried women and therefore, relaxes one of the regressive clauses of the 1971 Act, *i.e.,* single woman could not cite contraceptive failure as a reason for seeking an abortion.

However, I also want to raise certain concerns regarding the Bill. I also want ask some clarifications and also give some suggestions regarding the Bill. We all are aware, the preference for a male child keeps sex determination centres in business in spite of their illegal status. Survey conducted with the SRS also showed that the national average of the sex ratio is only 900. Chhattisgarh has the highest sex ratio at 961, while Haryana was recorded the lowest at 831. It shows that many people are still resorting to female feticide. We have to ensure that this law is not misused.

According to 2017 data, 59 countries allowed elective abortions, of which only seven permitted the procedure after 20 weeks like Canada, China, the Netherlands, North Korea, Singapore, the United States, and Vietnam. Now India has joined them. I appreciate the hon. Minister of Health for this milestone.

Under the Act, if any pregnancy occurs as a result of failure of any device or contraceptive method and such pregnancy may be terminated by a registered medical practitioner up to 20 weeks.

However, this explanation to clause (a) of sub-Section 2 of Section 3 can also be misused. Women will be forced by their partners or husbands to abort the child. If it is a forced abortion, then the women will go through more mental trauma than the abortion itself. This has to be taken care of.

A woman who does not fall into the special category would not be able to seek an abortion beyond 20 weeks, even if she suffers from a grave physical or mental injury due to pregnancy like miscarriage. I would like to recollect the Savita case, a woman from Hyderabad went to Ireland, due to the abortion law she could not abort her miscarriage for 17 weeks and finally she met her end.

Though the Bill has clause for confidentiality, yet does not ensure privacy for women, girls under POSCO due to the requirement of mandatory reporting under POSCO. This should be explicitly ensured in the Bill. This obligation to report contradicts the confidentiality and privacy protections under Section 4 of the MTP Regulations. It can act as a deterrent for adolescent girls from accessing safe abortion services in situations where the perpetrator is a family member. What can be done if the guardian, a provision of the Bill says that a minor can bring his guardian, himself is the perpetrator and the reason for the pregnancy? That should be taken care of. There is not clarity about the role of doctors in case of reporting pregnancy of minors under POSCO Act. My doctor colleagues here have no clue about how it will work and whether they would be booked under POSCO or not. The Bill still does not allow abortion on request at any point after pregnancy.

The composition and functioning of the proposed medical boards is at significant departure from the existing realities of the health system. For instance, there is an acute shortfall of almost 75 per cent of gynaecologists at CHC level across the country. In such a scenario, no undue burden should be placed on women and their families to get necessary diagnosis and approval of medical boards. Instead, the medical practitioner and the health institution accessed by women must be recognised and empowered to provide diagnosis and necessary abortion care. In case of requirement of further expert medical opinion, health institutions and hospitals can establish and seek an opinion of the institutional `committees' comprising of senior medical officers/Chief Medical Officers, consultants from different departments. This is generally followed for opinions in cases with medical and other complications and should be adhered to. If it is a mandatory medical board, then the composition of the medical board must be reformed to include psychologists and a judicial member which is now absent. Women members must also be part of the process.

Awareness programmes must be implemented, especially at the Panchayat level in rural areas to educate women about their right to medical termination of pregnancy. I would like to request the hon. Health Minister, through you, to address the issue of child pregnancy. We cannot ignore it by saying that it is prevalent only in Western countries.

Sir, though Medical Termination of Pregnancy (Amendment) Bill, 2020 is a step in the right direction, the Government needs to ensure that all norms and standardised protocols in clinical practice to facilitate abortions are followed in health care institutions across the country. Along with that the question of abortion needs to be decided on the basis of human rights, the principles of solid science and in step with advancements in technology. It should allow abortion on request of the woman rather than approval of the medical practitioner or board.

With these words, I conclude.

Thank you.

SHRIMATI SANGEETA KUMARI SINGH DEO (BOLANGIR): Hon. Chairperson, Sir, I rise to support the Medical Termination of Pregnancy (Amendment) Bill, 2020 which seeks to safeguard the physical and mental health as well as the well-being of women by making safe and legal abortion services accessible to them. It also seeks to ensure dignity, confidentiality, reproductive autonomy and justice for women who need to terminate pregnancy.

18.00 hrs

Sir, if we study the evolution of abortion laws in India, we realize that it has taken a period of 106 years for it to evolve from Section 312 of the Indian Penal Code, 1860 which criminalized abortions, to the Dr. Shantilal Shah Committee Report in 1966 which recommended that reproductive laws and abortions needed to be regulated in our country. This resulted in the MTP Act of 1971, which is the parent Act and which for the first time recognized the importance of termination of certain pregnancies by registered medical practitioners. It also recognized, for the first time, the importance of safe, affordable and accessible abortion services for women. As I was saying, if we compare India's position with the rest of the world vis-à-vis abortion laws, we find that the world is essentially divided into two groups.

HON. CHAIRPERSON : If the House permits, we may extend the time till the Bill is passed.

संसदीय कार्य मंत्रालय में राज्य मंत्री तथा भारी उद्योग और लोक उद्यम मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल): सर, इस बिल के पास होने तक एक्सटेंड कर दीजिए ।

HON. CHAIRPERSON: Since it is a women's issue, we have to pass it.

SHRIMATI SANGEETA KUMARI SINGH DEO : As I was saying that the world is essentially divided into two major lobbies or groups, one which is pro-life and the other which is pro-choice. According to the data provided by the Ministry of Health & Family Welfare, there are five categories. The first category where abortions are prohibited altogether and this category comprises of 26 countries. The second category permits abortions only to save a woman's life. This theory is followed by 39 countries. The third category is to preserve health which is followed by five countries. Then comes the fourth category which is based on broad social or economic grounds which permits abortion under a broad range of circumstances, acknowledging woman's actual or reasonably foreseeable environment and her social or economic circumstances. India falls into this category. The last and the fifth category is the category which believes that abortions should be performed on request. The gestational limits vary in this category and 67 countries conform to that theory.

During 2017-18, numerous cases and writ petitions were filed in various courts in the country including 26 petitions which were filed in the hon. Supreme Court pertaining to MTP beyond the permissible legal limit of 20 weeks of gestation on the grounds of foetal abnormalities or pregnancies which were a result of sexual violence.

Recent reports have shown that more than 10 women die every day In India due to unsafe abortions. Besides that, eight percent of deaths, as

per maternal mortality data, is due to unsafe abortions. A research paper published in the Lancet Global Health said a total of 15.6 million abortions were carried out in India in the year 2015, out of which 11.5 million took place outside the healthcare facilities. These are very alarming figures.

Maternal deaths due to unsafe abortions are preventable if performed by a trained practitioner using safe technology in a conducive environment. This Medical Termination of Pregnancy (Amendment) Bill, 2020 assumes greater significance as the Sustainable Development Goal for India which aims to bring down the maternal mortality ratio from the current level of 122 per lakh live births to 70 per lakh live births by 2030. Hence, there is a greater need to make legal and safe abortion services available to women by increasing the legal limit of gestational age for abortion.

As regards the amendments in the Bill, the hon. Minister has beautifully clarified all the aspects. As we all know, we have brought about amendments in this Bill proposing requirement for opinion of one Registered Medical Practitioner for termination of pregnancy up to 20 weeks of gestation and requirement of opinion of two Registered Medical Practitioners for termination of pregnancy of 20 weeks to 24 weeks of gestation. If the Registered Medical Practitioner is of the opinion that the continuation of pregnancy may risk the life of the mother or cause grave mental or physical injury to the mother and also, if there is substantial risk of foetal abnormalities, then this abortion can be recommended by him.

What I want to say here is, aborting a 24-week foetus is a huge responsibility and our healthcare systems in rural India are not really equipped to handle that. So, my request to the hon. Minister is that we really have to address it in order to keep the mother safe post this 24-week termination of pregnancy.

The other amendment which has been proposed is about enhancing the upper gestation limit from 20 to 24 weeks for survivors of rape victims, incest minors and other vulnerable women including differently abled women. This was very beautifully brought out by my colleague, Sushri Jyothimoni.

Yet another proposed amendment is that the upper gestation limit will not apply in cases of pregnancies with substantial foetal abnormalities which has been diagnosed by a Medical Board as may be prescribed under the rules made under this Act.

I must say here that the Bill is really progressive. It has come a long way because this amendment, where if pregnancy occurs as a result of failure of contraceptive use by any woman or her partner rather than a married person which was in the earlier Bill, is a revolutionary thing. I must compliment the Government that we are not living in denial. We are seeing what is happening around us and how society is progressing. This will also help a lot of young women to deal with unwanted pregnancies and they will not have to go to some quack to get rid of the pregnancy. At least they will be able to have the pregnancy terminated lawfully and in a safe environment.

Another very sensitive provision which has really appealed to me the most is the privacy or the confidentiality clause. This is going to encourage a lot of people from coming to the proper clinics, proper hospitals, getting proper care and maybe living longer because of this provision of the Bill. I am very happy to see the sensitivity with which the Government has approached this Bill and brought in this clause. The empathy which they have shown towards the welfare of women is absolutely laudable.

I feel that abortion in today's day and age is a right rather than a privilege and MTP is a healthcare service. At least now a woman wanting

to terminate an unwanted pregnancy does not have to go to court because, more often than not, when you approach the court, the litigant gets redressal at a much later period when the prescribed gestational period is already over and done with. This Bill will help victims of sexual violence, incest, minors and married women as I have said before. The Bill stands testimony to the relentless efforts of our hon. Prime Minister to empower women, whether financially, whether by acknowledging their right to work and livelihood, whether by acknowledging their right to education and therefore, a chance for better life and lastly, by acknowledging their right to life, right to health, right to scientific progress, right to privacy and the right to reproductive autonomy.

I absolutely welcome this revolutionary Bill as it goes to show that, since life is dynamic, the laws and Constitution of India need to be regularly amended and upgraded as per the requirement of the day and age we live in.

SHRI GAUTHAM SIGAMANI PON (KALLAKURICHI): Respected Chairperson, Sir, I wish to thank you for giving me the opportunity to speak on The Medical Termination of Pregnancy (Amendment) Bill 2020.

At the outset, as a Medico, I thank the Government for the amendments being proposed in this Bill. This measure is long overdue, and could have been done much earlier. However, the present move is a welcome feature and the Health Ministry, headed by a Medical professional has done a good deed. As such, the technical and clinical skills available in Indian Medical Fraternity can ably act on the provisions extended in this new Amendment Bill.

The amendment proposed, to extend the possibility of termination of pregnancy, of course, in eligible cases with medical conditions, from

existing twenty weeks to twenty-four weeks is a welcome step. This extension by four weeks will go a long way in helping out the eligible needy. This extension will help out cases of congenital anomaly, lunatic pregnancy detected late and in cases of rape, unwed, widow pregnancies. This amendment is vital because the detection of congenital anomalies is detected mostly in around twenty weeks This, in fact, will curtail illegal terminations carried out by quacks and consequent loss of precious lives. This illegal quackery thrives on the fringe four weeks, which drives the victims to take recourse to this extreme and dangerous decision. Extending further is not medically ethical but cases where pleas for special permission to terminate are pending before courts could be acted Upon by constituting an exclusive body to speed up the expert opinions.

As regards the constitution of medical board to rule on eligibility, can I suggest that the Board could be made an all-women board? The Board must have social scientist counsellor also. It is true that medical expertise cannot be divided in man or woman but when it comes to perspective, a woman's viewpoint may be more valid and compassionate. The decisions of the Boards are not just medical and ethical alone; they may have to be humanitarian as well.

Women of this country are a disadvantaged lot and are subjected to unbearable sufferings and humiliations. Of course, there are quite a few voices in this House who, on and off, intervene on their behalf but unfortunately all of them, or most of the voices are of women themselves. We, the Tamilians, are fortunate to hail from a state where the tallest feminist was a man, named Thanthai Periyar E.V.R. The kind of women empowerment he proposed is beyond the comprehension of the people even today. But he spoke in 1920s. For him, the pregnancy and childbirth were exclusive right of woman and they had the last say on those matters. Here was a reformer who could advise the shutting up of birth function itself, to

achieve women empowerment and equal right, at par with men. But even today, every move to empower them is resisted in the name of many things, the topmost being religion and its belief system. The issue of unwed pregnancies is a key issue that needs urgent attention. Modern times bring about new problems and handling them need to

be modern as well. Age old patriarchy should be rested. Termination of unwanted pregnancies should be the exclusive decision of the woman concerned and there need not be any external authority or approval to decide that. Hence, its high time an effort is done for legalizing such matters. Thank You.

DR. KAKOLI GHOSH DASTIDAR (BARASAT): Mr. Chairman, Sir, I rise to support the Medical Termination of Pregnancy (Amendment) Bill, 2020.

As the hon. Health Minister is sitting here, I would like to congratulate the Government for the concerted efforts taken by many Ministries together in containing the spread of the Coronavirus. I would like to say that the medical profession is doing a great job in our country. The doctors are working very hard. When schools and colleges are closed and assembly of people is not being allowed, the people in the medical profession are working day in, day out to contain this disease and treat the patients. But they are getting very little pay. Their salary is like that of the

Upper Division Clerks. The Minister should think about it. Though this matter is not related to this Bill, I would like to bring this to the attention of the Minister.

Sir, I believe this Bill will take forward the empowerment of women in this country further and establish their right over their reproductive life. But will the abortus go unsung? As we are talking about 24 weeks in this Bill, as a person who has been working in this field since 1985, as a pioneer in this country for detection of foetal anomalies, and even as a doctor who has worked in Government Hospitals, I would like to point out that hardly anybody in this august House knows the environment of the operation room where these medical termination of pregnancies take place. When we are breaking the ampules of injections, when we are throwing the dirty gloves, and scalpel blades, the abortus is also thrown into the same bucket. At 24 weeks, sometimes the abortus breathes, and sometimes the abortus cries. So, what would be the feeling of the gynaecologist who is throwing this 24 weeks abortus into that bucket of needles and pins? We have to keep in mind that this is definitely for the betterment of women, strengthening their empowerment, and right to their own life.

I would also like to draw the attention of this House to the 17 Sustainable Development Goals and 169 Targets. The third goal is looking at the health of the woman, to reduce maternal mortality rate, and also giving the child a good life. As far as statistics goes, in our country today 56 per cent of abortions are unsafe; out of 6.4 million annual abortions in India, 3.6 million are unsafe resulting in 13 per cent maternal deaths in India, 50,000 all over the world. So, to prevent these maternal deaths, we need safe abortion and that is why this Bill is being brought. As per the provisions of this Bill, a Board will be set up with a Gynaecologist, Paediatrician and a Sonologist. Radiologist should not be there in this Board, because it is the Sonologist who detects the anomalies or the well

being of the baby. But alongside it, we should have an Anaesthetist, because sometimes in late abortions, when we are doing MTP, it can either be through induction of labour or through hysterectomy, and in that case, we would require an anaesthetist and we should also have a psychiatrist to counsel the mother whether she is actually looking for it or not. I am suggesting this because sometimes, after foetal sex determination, a woman is forced to undergo abortion. In our country, we all know about this and we can confirm it from the decline in sex ratio. So, the counsellor should also be there.

Then, I would also like to suggest that Fast Track Courts should be set up to deal with litigations. When a young girl of 11 years is raped, she does not even know what is the meaning of rape, what is the meaning of pregnancy, she cannot even recognise the changes taking place in her body, and it is only after 3-4 months her mother recognises certain changes and takes her to a doctor. At that time, she has already passed 20 weeks when the doctor sends her to the court, the court takes another 2 months and so, by the time the permission is granted, it is already so late and it endangers her life. Therefore, Fast Track Courts must be set up particularly in cases where young girls have been raped and exposed to violence or incest. Then, there are cases in which medical conditions co-exist in the mother.

The blood volume increases in pregnancy, we all know, 12 times. If the heart starts failing in later pregnancy, cardiac failure sets in, renal failure sets in. Then, they can be given permission for 24 weeks. Otherwise, I would feel that it should be limited to 22 weeks because till then, the foetus is not so viable. Twenty-four weeks is actually viable when the mother can feel the kick of the child inside her tummy, and a bond has already been set up.

As far as ultrasound goes, being a pioneer in the country in the field, I know that major anomalies like anencephaly, gastroschisis, ectopia cordis and renal agenesis can be detected as early as 14 to 16 weeks. So, we can make it mandatory in district hospitals for all pregnant women. We can institutionalise delivery. In West Bengal, now, we have 98 per cent institutional deliveries. Maternal mortality has come down to 113 in West Bengal.

I am sure that we can also institutionalise pregnant women to go into the district hospitals for ultrasound scan at 16 to 18 weeks when all anomalies can be seen, and an anomalous foetus can be aborted and it should be aborted because it is incompatible with life. That can happen by 18 to 20 weeks. So, maternal disease or foetal disease is a good reason for the abortees to be taken out even at 24 weeks. Rape cases or cases of violence can be taken out at 24 weeks. But for all other cases where the choice is with the mothers, they can easily choose early from 18 weeks, from 20 weeks so that we do not have to take upon ourselves the murder of a child, who was breathing when it was taken out. Instead of two registered medical practitioners, there should be actually two specialist gynaecologists for their opinion when the abortion is being taken up to 24 weeks.

Besides this, in case of rubella and other diseases, which can expose the child to disease and incompatibility in life, then also we can extend this up to 24 weeks.

However, this is an excellent attempt. It is a very good proposal that the right of the woman is being recognised and she is being given her own choice towards her reproductive health.

With these words, I conclude. Thank you.

KUMARI GODDETI MADHAVI (ARAKU): Hon. Chairperson, first of all, I would like to thank you for allowing me to speak on the Medical Termination of Pregnancy (Amendment) Bill, 2020.

At the outset, I would like to thank the Government for bringing this progressive Bill, which is truly the need of the hour.

As we all know, this Bill amends the Medical Termination of Pregnancy Act, 1971, which provides for the termination of certain pregnancies by registered medical practitioners. It seeks to add the definition of termination of pregnancy to mean a procedure undertaken to terminate a pregnancy by using medical or surgical methods.

Under the 1971 Act, a pregnancy may be terminated within 12 weeks if a registered medical practitioner is of the opinion that continuation of the pregnancy may risk the life of the mother, or cause grave injury to her health or there is a substantial risk that the child, if born, would suffer physical or mental abnormalities. For termination of a pregnancy between 12 to 20 weeks, two medical practitioners are required to give their opinion.

The current Bill amends this provision to state that a pregnancy may be terminated within 20 weeks with the opinion of one registered medical practitioner. Approval of two registered medical practitioners will be required for the termination of pregnancies between 20 to 24 weeks.

The termination of pregnancies up to 24 weeks will apply to specific categories of women as may be prescribed by the Central Government. Further, the Central Government will notify the norms for the medical practitioners, whose opinion is required for termination of the pregnancy.

Another point is that under the earlier Act, if any pregnancy occurs as a result of failure of any device or method used by a married woman or her husband to limit the number of children, such an unwanted pregnancy may constitute a grave injury to the mental health of the pregnant woman. The Bill amends this provision to replace 'married woman or her husband' with 'woman or her partner'. This is also a welcome step, especially, in this day and age of increasing live-in partnerships.

Chairman, Sir, another major point that the Bill seeks to improve is the Constitution of a Medical Board. The Bill states that the upper limit of termination of pregnancy will not apply in cases where such termination is necessary due to the diagnosis of substantial foetal abnormalities. These abnormalities will be diagnosed by a Medical Board. Under the Bill, every State Government is required to constitute a Medial Board. These Medical Boards will consist of a gynaecologist, a paediatrician, a sonologist or any other member as may be notified by the State Government. The Bill states that the Central Government will notify the powers and functions of these Medical Boards. We hope that the Central Government will give more powers to the State Government to notify the powers and functions of these Medical Boards in the interest of cooperative federalism.

Protection of privacy by law is also another important aspect of this Bill. The Bill states that no registered medical practitioner will be allowed to reveal the name and other particulars of a woman whose pregnancy has been terminated except to a person authorised by any law. Anyone who contravenes this provision will be punishable with imprisonment of upto one year or with a fine or both.

In all, I congratulate the Government for bringing this Bill while at the same time request the Government to ensure that all norms and

standardised protocols in clinical practices are followed throughout the country. Also, the clinics do not encourage the proliferation of sex determination centres and female infanticide.

श्री चंदेश्वर प्रसाद (**जहानाबाद**): अध्यक्ष महोदय, आपने मुझे गर्भ का चिकित्सकीय समापन संशोधन विधेयक, 2020 पर चर्चा में भाग लेने की अनुमति दी है । धन्यवाद ।

महोदय, सरकार इस अधिनियम, 1971 के खण्ड-34 की धारा 2 को संशोधित कर रही है, जिसमें गर्भपात की समय सीमा पहले 12 सप्ताह थी, उसे बढ़ाकर 20 सप्ताह और 24 सप्ताह किया गया है । कई अन्य संशोधन भी किए गए हैं । यह काम मुख्यत: मेडिकल रिसर्च और आज के आधुनिक चिकित्सा प्रणाली के आधार पर किया गया है । यह नितांत आवश्यक भी हो गया था । महोदय, इस गर्भपात के लिए महिलाओं को कोर्ट जाना पड़ रहा है । वहां से आदेश लेना पड़ता है । अत: अब उसे कानूनी वैधता प्रदान की जा रही है ।

महोदय, गर्भपात एक व्यवसाय भी बन गया है । वे डॉक्टर्स जो सक्षम नहीं हैं, वे भी एमटीपी करवा देते हैं, बच्चे पैदा करवा देते हैं । महोदय, गांवों और देहातों की स्थिति तो और भी दयनीय है । वहां झोलाछाप डॉक्टर्स एवं छोटे-छोटे नर्सिंग होम्स ने व्यवसाय चला रखा है । मेरा मानना है कि उससे नियमन मे लगाम लगेगी ।

महोदय, अब 20 सप्ताह के गर्भपात के लिए एक पंजीकृत चिकित्सक की राय आवश्यक होगी । किसी भी परिस्थिति में भ्रूण परीक्षण नहीं हो, इसके लिए कठोर दण्ड का प्रावधान है । निजता की सुरक्षा एवं किसी भी परिस्थिति में गर्भपात कराने वाले का नाम उजागर नहीं करने की शर्ते हैं । यह बिल स्त्रियों की सुरक्षा और कल्याण के प्रति एक कदम है । यह स्त्रियों की सुरक्षा और देखरेख की क्वालिटी से समझौता किए बिना, सुरक्षित और विधिक गर्भपात तक स्त्रियों के दायरे और पहुंच को बढ़ाएगा ।

यह बिल ऐसी स्त्रियों, जिन्हें गर्भ समापन की आवश्यकता है, के सम्मान, स्वायत्तता, गोपनीयता और न्याय को भी सुनिश्चित करेगा और गर्भपात कराने वाले स्त्रियों के जीवन को भी सुरक्षित करेगा । किसी भी परिस्थिति में अगर उसकी मृत्यु होती है तो मेरी मांग है कि सरकार उसे पूरा मुआवजा दे । ऐसी कुछ स्टडीज आई हैं कि एमटीपी में करीब 10 से 13 प्रतिशत तक मृत्यु हो जाती है, जो असुरक्षित गर्भपात के कारण होती है, अब उस पर काबू पाया जा सकता है ।

महोदय, नाबालिग लड़कियों के गर्भपात में उसके अभिभावक की मंजूरी आवश्यक होगी । दिव्यांग स्त्रियों, मानसिक रूप से विक्षिप्त स्त्रियों, बलात्कार पीड़ित महिलाओं आदि के लिए भी सुरक्षित नियमन होगा । अब सुरक्षित गर्भपात सुनिश्चित होगा । अब किसी भी प्रकार के असुरक्षित गर्भपात की स्थिति में बदलाव होने जा रहा है । एक मेडिकल रिपोर्ट के अनुसार असुरक्षित गर्भपात के कारण करीब 56 प्रतिशत महिलाओं की मौत हो जाती है । अत: सरकार का यह कदम काफी सराहनीय है ।

महोदय, मैं एक बात सरकार के संज्ञान में लाना चाहता हूं । कभी-कभी देखा जाता है कि किराये की कोख पर जिन महिलाओं से समझौता होता है, उनके साथ धोखा होता है, अत: सरकार उस पर भी नजर रखे । इस प्रकार के केसेज को इस नियमन से पूरी तरह अलग रखा जाए । कुछ राज्यों में गर्भपात की वार्षिक संख्या काफी अधिक है, उन राज्यों में इस नियमन का काफी फायदा होगा । पिछले तीन वर्षों में अखिल भारतीय स्तर पर गर्भपात की आधिकारिक संख्या 45 लाख 24 हजार रही है ।

महोदय, सरकार का ध्यान मैं एक विसंगति की ओर दिलाना चाहता हूं । जन्म के समय ही विकृत बच्चे पैदा होते हैं और जन्मजात विसंगतियों के साथ पैदा होते हैं । अगर इसके परीक्षण और उक्त गर्भपात की इजाजत के साथ इसका दुरुपयोग होगा तो लिंग परीक्षण का काम पुन: प्रारम्भ हो जाएगा, जो कदापि उचित नहीं होगा । अत: इस बिन्दु की पूरी तरह व्याख्या करनी चाहिए और इसके लिए दण्ड का प्रावधान करना चाहिए कि कहीं कानून का कोई अनुचित लाभ तो नहीं लिया जा रहा है ।

महोदय, आईवीएफ के नाम पर भी काफी धांधली होती है । ट्रीटमेंट के नाम पर, बच्चा पैदा करने के नाम पर भी गर्भपात करवाया जाता है । अन्त में, मेरा एक सुझाव है कि बार-बार गर्भपात

कराने वाले स्त्रियों को एक या दो से अधिक गर्भपात कराने की इजाजत नहीं होनी चाहिए, क्योंकि इससे उसकी मृत्यु का खतरा बढ़ जाता है । यह हमारी भारतीय संस्कृति को भी दूषित करने का अवसर दे सकता है । अत: मेरा सुझाव है कि एक महिला को दो से अधिक गर्भपात कराना कानूनी रूप से अमान्य हो । मैं इस बिल का समर्थन करता हूं । धन्यवाद ।

DR. AMOL RAMSING KOLHE (SHIRUR): I must congratulate the Government on getting several things right in this Medical Termination of Pregnancy (Amendment) Bill, 2020 and especially for raising the upper limit of gestational age of legal abortions from 20 weeks to 24 weeks for special categories of women and completely removing the upper gestational limit for substantial foetal anomalies.

But I would like to ask what will be the provision of MTP if the gestational age crosses 24 weeks because of judicial delays and if some provision can be made for fast track courts to avoid such complications.

This Bill also mentions of constitution of a medical board by the State Government to diagnose substantial foetal anomalies which will comprise of a gynaecologist, a paediatrician, a radiologist but I would like to recommend that there should be a inclusion of a psychiatrist to take care of the psychological trauma of the female. I would also like to ask if such board can be constituted not only at the State level but also at the district level and the board should be compelled to furnish its report within 48 to 72 hours to avoid further delays.

I would like to appreciate the positive inclusion of all women instead of just married ones and also appreciate the sensitivity shown by the confidentiality clause. The Bill strikes out the need of opinion of second medical practitioner for termination of pregnancy upto 20 weeks. I would like to put it on record. Is there any provision to avoid increase in female foeticide by misuse of this provision? The Government should ensure all norms and standardised protocols in clinical practice to be followed in healthcare institutions across the country. It is because as per the report published in Lancet Journal, only 22 per cent of 15.6 million abortions took place in healthcare facilities which mean approximately 11.5 million women faced the risk of unsafe abortion and complications.

So, there is a need for more providers at lower level of healthcare delivery system like out of around six lakh MBBS doctors, only 90,000 are trained to provide abortion services. Can the training requirement, which is traditionally of 12 weeks, as per the current law, be reduced to fewer days? This will make more doctors to be eligible to render services. That should be looked upon.

Also, 90 per cent of the abortions take place before 12 weeks of pregnancy through a combination of oral pills. Can the ANMs and nurses be trained to prescribe these oral pills and to take safe services to the

doorsteps of the needy? Also, over the counter sale of MTP pills should be banned strictly to safeguard the interests of needy women. It is also shocking to know that there is very low awareness in our country that abortion is legal in India. So, the Government should take measures to spread awareness and also ensure basic quality services like contraception, safe delivery and abortion.

To conclude हमेशा बोला जाता है, "यत्र नार्यस्तु पूजयन्ते, रमन्ते तत्र देवता: ।" लेकिन वक्त आ गया है कि सिर्फ नारी का नहीं, नारीत्व का भी सम्मान होना चाहिए और नारीत्व का सम्मान तभी होगा जब abortions should be made as a right and should be available on request to women at least up to 12 weeks of gestation. Thank you.

SHRI RITESH PANDEY (AMBEDKAR NAGAR): Sir, I would request you to give me five minutes time for this and I would not take a second longer.

HON. CHAIRPERSON : You take three minutes.

SHRI RITESH PANDEY : Sir, I welcome the Medical Terminal of Pregnancy (Amendment) Bill, 2020 as it seeks to increase access to safe abortions, especially for women who have suffered from sexual abuse, and for pregnancies with foetal abnormalities. We are now among the countries with the highest upper gestational limit, and that is truly commendable.

However, there are certain issues that I would like to bring to the attention of this Government, especially the hon. Health Minister and the hon. Law and Justice Minister. As it stands today, abortion is criminalised under Section 312 of the Indian Penal Code, except under the provisions of the MTP Act 1971 and its subsequent amendments.

The first and the foremost is that India must decriminalise abortion. Criminalising abortion is not only a mark of our legal system's perplexing and continued post-colonial hangover, it is also an infringement of a woman's reproductive rights.

Right now, the rule is that abortion is criminal and the exception to the rule is the MTP Act. We must make access to safe abortions the norm. We may, of course, seek only to criminalise abortions in certain exceptional circumstances, such as abortions performed without the consent of the pregnant person as well as sex-selective abortions.

Criminalisation stigmatizes abortions and those seeking it, thereby hindering access to medically safe abortions for young girls and women from marginalised populations of this country. This stigmatization forces women to seek unsafe abortions which are often carried out at unregistered facilities by unqualified practitioners.

This is especially true because medical practitioners are less likely to perform even legal abortions due to fear of persecution. This reluctance by medical practitioners explains why women and girls continue to seek judicial authorisation for even those abortion procedures that are legal.

The biggest issue with this particular Bill is that our abortion laws are doctor-centric and do not consider abortion as a fundamental right. The Bill places the onus on the doctor or on the registered medical practitioner to determine the legitimacy of a woman's request to terminate her pregnancy. It does not pay heed to the fact that legal safe abortions are a woman's fundamental right as held by Article 21 of the Constitution.

In the landmark nine-Bench judgement of the Supreme Court of India in *KS Puttaswamy vs Union of India,* Justice Chandrachud states that the right to make reproductive choices is a woman's Constitutional right,

and that right is an ingredient of personal liberty under Article 21 of the Constitution.

Sir, I will take one more minute and I will conclude.

Justice Chandrachud states that family marriage, procreation and sexual orientation are all integral to the dignity of the individual.

Similarly, Justice Chelameshwar in his opinion unequivocally stated that a 'woman's freedom of choice whether to bear a child or abort her pregnancy are areas which fall under the realm of privacy'.

Finally, this law should apply to pregnant 'persons' and not just pregnant 'women'. Sir, I repeat this that this law should apply to pregnant 'persons' and not just pregnant 'women'. The proposed legislation uses the word 'women' throughout whereas access to safe abortions is critical for transgender – a Bill that you have just passed giving them rights as individuals – inter-sex and gender diverse persons. Therefore, I suggest that the word 'women' should be replaced by 'persons'.

In conclusion, hon. Health Minister and hon. Law and Justice Minister, I believe that the time has now come for India to be among the stalwarts of the reproductive rights movement. Keeping the autonomy of Indian women and gender diverse persons in mind, India's abortion law must be completely re-drafted with a gender justice and public health access framework in mind.

DR. RAJASHREE MALLICK (JAGATSINGHPUR): Hon. Chairperson, Sir, thank you for giving me an opportunity to speak a few words on the Medical Termination of Pregnancy (Amendment) Bill, 2020.

As our hon. Chief Minister is very much concerned about the empowerment of women, the Government of India is also very conscious and aware about various women-related issues in every respect.

Some recent reports have shown that more than 10 women die every day due to unsafe abortion in India and backward abortion laws only contribute to women seeking illegal and unsafe abortion. If we see, the European Union has no Common Law in respect of abortion whereas some countries like Nicaragua, El Salvador, Honduras and Malta have complete bans on abortions. According to a BBC report, Cuba and Uruguay are the only two countries in Latin America region where women can have abortion during the first 12 weeks of pregnancy regardless of the circumstances.

The existing Medical Termination of Pregnancy Act of 1971 sought to liberalise the British Era laws, which were very strict in nature and were in existence for over a century. Before the 1971 Act, abortion was a crime for which the mother as well as the abortionist could be punished except where it had to be induced in order to save the life of the mother.

According to a 2015 report of the Indian Journal of Medical Ethics, 10 to 13 per cent of maternal deaths in India are due to unsafe abortions. If women are not allowed to terminate their pregnancy legally after 20 weeks, they will either go abroad for abortion or terminate it illegally, which will lead to unsafe pregnancy.

Sir, I am very happy that the Government is very much serious on this matter and has come up with certain health measures by bringing in amendments to the Medical Termination of Pregnancy Act. The proposed amendments to Medical Termination of Pregnancy Act of 1971 focus on improving the scope of legal access to MTP for special category of women. It allows abortions when there is danger to the life of a woman or risk to the

physical and mental health of the woman. It also allows abortion on humanitarian grounds such as when pregnancy arises from a sex crime like rape or intercourse with a lunatic woman or on eugenic grounds, where there is substantial risk that the child, if born, would suffer from deformities and disabilities.

Extending the gestation period beyond 20 weeks can lead to better detection and hence, abortion of foetuses with abnormalities as “anomaly scan conducted at or after the 20th week of pregnancy gives the exact picture whether the foetus is suffering from Down Syndrome, congenital malformation or any other abnormalities. Science has moved on. Now, pregnancy can be terminated up to 24 weeks where it is necessary to save the life of the pregnant women.

I am very much thankful to the hon. Prime Minister, Shri Narendra Modi that his Cabinet has approved amendments to the MTP Act taking abortion limit to 24 weeks instead of 20 weeks. It will help India join a select club of nations. The only condition will be that the woman has to seek permission from two doctors, including a Government doctor for this procedure.

According to 2017 data, only seven out of 59 countries allow elective abortions after 20 weeks.

Now, the proposed increase in gestational age will ensure dignity, autonomy, confidentiality and justice for women who need to terminate pregnancy.

Thank you.

SHRI FEROZE VARUN GANDHI (PILIBHIT): Sir, I rise to speak on the Medical Termination of Pregnancy (Amendment) Bill, 2020. It is a privilege for me to speak on one of the most progressive pieces of legislation that I have come across in my 11 years here.

I feel that as a man, it is very important for men to participate in discussions and debates around women and gender justice issues so that they do not remain enclaves just for women because if we are to achieve gender justice and gender parity, then men will have to see themselves as equal partners in this fight.

At the heart of this Bill lies a philosophical question which is: Should women have total control over their bodies? In the year 2020, the answer must be an emphatic yes. When we look at what the honourable lady said before me – I do not want to repeat too much – in countries like Ireland, El Salvador and Chile, there are laws which say that women who abort a foetus have to serve 14 years in prison. It is extremely shocking. It is nothing but institutionalised violence against women.

I do not want to speak what has been spoken before. Instead, I want to congratulate the Government on two or three things that they have done to elevate the atmosphere around this Bill, before I start speaking on it. The first one is expanding the provider base, which is in order to increase the availability of safe and legal abortion services, they have sought to increase the base of MTP providers by including those medical practitioners in Ayurveda or homoeopathy who have ob/gyn training and training in abortion services. I would also like to thank the hon. Health Minister for particularly laying emphasis on working with the National Health System's Resource Centre to develop modern training packages for the Accredited Social Health Activists, which we call the ASHA, to enable to provide the

required information to women at the community level. I also want to say that they have used nurses, for the first time that have been registered with the Nursing Council of India, to add support and also auxiliary nurse, midwife.

Let us look at the statistics around this issue. Why is it of utmost importance? According to the International Institute for Population Sciences, Mumbai; Population Council, Delhi; and the Guttmacher Institute, New York, we add up the incidents of unwanted pregnancies in India. With respect to incest rape survivors, minors and differently-able women, what do we find? Over 19,000 children were raped in India last year. Six per cent of them became pregnant, that is, 1,140 children have already lost their childhood. Do we really want to punish them further more? This Bill seeks to lift a large part of the burden that was on them. Of these 19,000 young girls and children, 80 per cent were raped by somebody that they knew. When we look at victims of incest, NCRB statistics say that of the 34,000 rapes that have been reported last year in our nation, five to six per cent are incest-based. Now, it is important to understand that this will always be under-reported because if I am raped by my cousin, brother or father, the social stigma is so horrific that I am obviously not going to go to a police station and record that this has happened to me.

But the fact remains that almost 18 per cent of those who have been raped in an incestuous manner are likely to become pregnant and that is 408 girls last year in terms of number. This is going to be a game changer in the way that this burden and social stigma logistically is addressed if not societally.

The differently-abled statistics, we will never fully know because they are the most vulnerable of any people in society. If a differently-abled person is raped or molested how on earth is she going to have the

confidence? Sometimes they cannot even express themselves properly. There are 250 cases just last year that have culminated in pregnancy.

If there is a risk of physical or mental abnormality, I think, the Government has wisely looked at this. There have been 175,000 children who were born last year with severe retardation, cerebral palsy and severe birth defects.

The onus on deciding whether that child should live or not does not lie with the Government of India. It lies with the parents. However, the fact that the Government has extended to them this difficult but important option is something that the Government must get a lot of credit for. It has not been done before.

The Bill also takes into cognizance the importance of the fact that more than 35,000 pregnant women die while giving birth every year in our country. There is a substantial amount of information to tell us that there is a known risk to the life of the pregnant woman or a grave injury which she knows about when delivering her baby. So, the fact remains that this Bill will give her the option of staying alive and remaining healthy.

The Bill also maturely and realistically looks at the socio-economic complexity of modern life where a pregnancy may occur as a result of the failure of birth control. This is the reality of our times. Now, this may be seen to be an unwanted situation which can impact the family or the person concerned in several different ways. Unfortunately, it is the woman in such a situation who is more often than not blamed for such a situation. In ensuring confidentiality the Bill does well to protect what could be a socially and morally awkward time for the woman.

I would like to thank the Government, the Prime Minister, hon. Minister in amending the previous Bill and bringing forth this Bill which will take our nation one step forward in ensuring the dignity of the Indian

women. After agriculturists and lawyers, the biggest listed profession in this House is that of medical practitioners. Thus, I hope that the House would pass this Bill in one voice. Thank you.

ADV. DEAN KURIAKOSE (IDUKKI): Mr. Chairman, Sir, thank you for giving me this opportunity to participate in the discussion on this important Bill.

First of all, I would say I am opposing this Bill. I am opposing the contents of these amendments. I am sorry to say that and please do not misunderstand me. It is because personally I am against the concept of unrestricted abortions. Already, figures show that more than 15.60 million of abortions take place every year in our country. This is 21 times higher than the official data of Government of India.

Our colleagues have already mentioned here that 10 to 13 per cent of maternal deaths in India are due to unsafe abortions. It is the third highest cause of maternal deaths in India. Abortion is a crime against humanity. According to 2017 data, out of 59 countries that allowed elective abortions, only seven countries, like Canada, China, the Netherlands, North Korea, Singapore, the United States and Vietnam, permitted the procedure of abortion after 20 weeks.

Sir, a pre-term baby at 24 weeks is one with a good chance of survival, making the child a citizen. An unborn baby's heart begins to beat 18 to 21 days after the fertilisation and brain waves can be detected as early as 40 days after conception. By 24 weeks, the pregnancy completes second trimester, which means a complete child has grown up inside the womb.

Permitting termination till that extent virtually implies legalisation of murder.

The State shall not discriminate persons who have taken birth and persons who are still in the wombs of mothers and permitting to murder a person still in the womb amount to violation of Articles 14 and 21.

Sir, I am going through the new amendments, that is, the following sub-sections shall be substituted, namely:—

> "(2) Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner,—
> (a) where the length of the pregnancy does not exceed twenty weeks, if such medical practitioner is, or
> (b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners."

Sir, I cannot understand the benefit of this amendment. As per the existing 1971 Act, two medical practitioners' certification is needed for abortion upto 20 weeks. Now, upto 20 weeks, according to this new amendment, only one medical practitioner's suggestion or certification is needed.

Sir, there is substantial difference in effect between the individual opinion of one doctor and collective opinion of more than one doctor. Apart from the advantage of having a second opinion before eliminating a life, we are creating a situation vulnerable to corruption and malpractices by making such relaxation.

Sir, I am going through 1 to Sections 3(2) of this proposed amendment which reads as under:-

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

Sir, according to this explanation, if a woman or her partner do not like continuation of pregnancy, they can come forward and can have the abortion.

Sir, Section 5 is there. I am giving another suggestion.

Section 5(A) reads as follows:-

> "5A. (1) No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorised by any law for the time being in force.
>
>) Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment which may extend to one year, or with fine, or with both."

I am suggesting that any medical practitioner who is supporting unrestricted abortion by providing fake certificates, that medical practitioner should be legally punished. That is my suggestion.

Sir, the proposed legislation will cause large-scale pregnancy termination without any reasonable restriction or statutory control. I suspect that there is some ulterior corporate interest behind this legislation. There is an outcry from various parts of the world against using aborted fetal tissues in cosmetics like anti-aging cream and skin-cell proteins. There are data to show that embryo extracts are being used in cosmetic manufacturing. Ultimately, enhanced number of pregnancy terminations

will help this industry at the risk of human life and also help the corporate in the medical service field.

DR. SHRIKANT EKNATH SHINDE (KALYAN): Thank you for giving me an opportunity to participate in the debate on the Medical Termination of Pregnancy (Amendment) Bill, 2020 which, once passed, will bring about socio-economic development and further the cause of reproductive rights of women of our country.

19.00 hrs

The Government has brought this Bill to amend the original Medical Termination of Pregnancy Act, 1971. India is one of the first few countries to legalize abortions on the recommendation of Dr. Shantilal Shah Committee Report, 1966. Before 1971, both abortion-seekers and providers were liable for prosecution under the IPC.

The original Act of 1971 legalizes induced abortion up to 20 weeks of gestation, de-criminalizes abortion-seeker, and offers protection to medical practitioners if abortion is performed as per provisions of the Act. MTP can be performed up to 20 weeks of pregnancy, and requires the opinion of one RMP and for pregnancies up to 12 weeks requires the opinion of two RMPs. I congratulate the Government and the Minister for bringing this amendment as India will now stand amongst nations with a highly progressive law, which allows legal abortions on a broad range of therapeutic, humanitarian and social grounds.

Now, I would like to bring some facts regarding abortion in India to the knowledge of this House. The Sustainable Development Goal for India

aims to bring down the Maternal Mortality Ratio from the present level of 122 per 1,00,000 Iive births to 70 per 1,00,000 live births by 2030. A 2015 study in the Indian Journal of Medical Ethics has observed that 10-13 per cent of maternal deaths in India can be attributed to unsafe abortions.

The first large-scale study on abortions and unintended pregnancies conducted by '*The Lancet*' in 2017 said that one in three of 48.1 million pregnancies in India end in an abortion with 15.6 million taking place in 2015. *Guttmacher Study* of 2017 shows that around 56 percent of abortions in India are conducted illegally.

The much bigger reason to commend the proposed amendment is its recognition that even unmarried women are entitled to seek legal abortions, but this brings to the fore several ground level issues. Firstly, the annual number of abortions in the country is massive -- over 15 million -- constituting 33 per cent of total annual pregnancies in the country.

HON. CHAIRPERSON: Please conclude now.

DR. SHRIKANT EKNATH SHINDE : Sir, I am the only speaker from my Party.

HON. CHAIRPERSON: Yes, but you were allotted three minutes to speak.

DR. SHRIKANT EKNATH SHINDE : There is overwhelming reliance -- both in urban and rural areas -- on medical terminations as opposed to surgical methods by ingesting pills from a kit over 1-3 days. The 24-week modification will help a group of women who discover fetal abnormalities after 20 weeks or belong to defined vulnerable groups. Such women have access to doctors, but there are concerns about those who have no access to doctors.

HON. CHAIRPERSON: Please conclude now.

DR. SHRIKANT EKNATH SHINDE : Sir, I have not taken 3 minutes to speak.

HON. CHAIRPERSON: You have already exhausted your three minutes.

DR. SHRIKANT EKNATH SHINDE : Millions of rural women who have never had access to safe and transparent route to abortion or victims of incest and rape have to resort to unsafe abortion to maintain secrecy, and even married women become desperate to end an unwanted pregnancy.

Given the social and cultural milieu in the country, it is natural for women to rely on informal providers to access abortion pills. If these pills do not work, then the woman goes to or is taken to an unqualified practitioner who usually administers an oxytocin injection, performs dilation, and advises consulting a doctor if bleeding persists. The doctor uses a suction apparatus to evacuate the uterus. But where are the doctors in rural areas? This procedure costs anywhere between Rs. 2,000 in rural areas and around Rs. 10,000 in urban areas. So, it is a very welcome step by the Government.

The Indian Medical Association and the Federation of Obstetrics and Gynaecology Societies of India says things in favour of reproductive rights of women as many of them in India come to know about their pregnancy usually after five months, especially, unmarried ones.

HON. CHAIRPERSON: Please conclude now.

DR. SHRIKANT EKNATH SHINDE : Sir, I am concluding.

In fact, foetal abnormalities show up only after 18 weeks, which makes the two weeks window too small for parents to take a difficult call on whether to keep the baby. Currently, women wanting abortions after 20

weeks are made to approach the court and go through such kind of trauma. The proposed changes would, therefore, give the much-needed relief and save huge expenses.

I have got to mention a few suggestions. As regards delay in the process, a recent study by the Centre for Reproductive Rights analysed 35 decisions from the Indian courts where women were forced to seek permission to undergo an abortion. The Report found that the judicial and medical board authorization requirements endanger women's life.

HON. CHAIRPERSON: The next speaker is Shri Prabhakar Reddy.

… (*Interruptions*)

DR. SHRIKANT EKNATH SHINDE : There are also conflicts between laws.

HON. CHAIRPERSON: Please conclude now.

DR. SHRIKANT EKNATH SHINDE : Yes, Sir, I am concluding. I am making my last point. The MTP Act also reflects the prevalent siloed approach within the Government and NGO lobbies. The misuse of the provisions under the PCPNDT Act allows illegitimate harassment of medical professionals providing abortion services under the MTP Act. There are too few gynaecologists in India. For abortion between 12 and 20 weeks, two registered medical practitioners must establish that abortion is permissible under law. Rural India has 75 per cent shortage of gynaecologists and obstetricians with 85 per cent specialist positions, according to a 2019-20 report of a research organisation.

With these words, I conclude.

SHRI KOTHA PRABHAKAR REDDY (MEDAK): Sir, thank you very much for giving me an opportunity to speak in the House today on this very important Bill concerning women.

The proposed Medical Termination of Pregnancy (Amendment) Bill, 2020 is the need of the hour and it is a welcome measure. As we all know at present, there is a lack of autonomy for women to take a decision to terminate their pregnancy. There is also additional mental stress, apart from financial burden.

Steps may be taken to ensure dignity, autonomy and confidentiality of women, who need to terminate pregnancy and to strengthen reproductive rights of women with the access of safe and legal abortion services. Steps may be taken to strengthen access to comprehensive abortion care, under strict conditions, without compromising services and quality of safe abortion towards safety and well-being of women. This will help such women on grounds of foetal abnormalities or pregnancies due to sexual violence faced by women. As a precautionary measure, opinion of at least two doctors for termination of pregnancy up to 20 weeks may be considered.

I am also pained to say that more than 10 women die everyday due to unsafe abortions in our country which need to be avoided in future. Hence, proper awareness may be created about this Bill and its implementation in the society through television, newspapers and also through other means of media.

Finally, I want to say that we have to recognise women's right before taking any final decision by ensuring the fundamental right to privacy. With these words, I would like to conclude my speech.

SHRI P. RAVEENDRANATH KUMAR (THENI): Thank you, Chairperson, Sir, I thank you for giving me the opportunity. It is pertinent to mention here that globally, around 47,000 women die annually as a result of unsafe abortions, according to the United Nations. Particularly, 56 per cent of abortions performed in India are unsafe, which is one of the reasons for the increase in pregnant mortality. Therefore, the amendment introduced in the main Act would pave way for regularizing the termination of pregnancy, particularly for victims of sexual harassment.

I would like to bring to the notice of the Government that there is a shortage of gynaecologists and obstetricians, particularly in rural areas and there is significant number of vacant positions for specialists in community health centres. Hence, I would like to request the hon. Minister at this moment to take necessary action to increase the number of gynaecologists, paediatricians and radiologists, especially in community health centres, besides increasing the number of seats in medical colleges.

I welcome that the amendment provides that no registered medical practitioner will be allowed to reveal the name and other particulars of a women whose pregnancy has been terminated, except to a person authorised by any law.

Safe abortion services as per law remains inaccessible to the rural and underprivileged areas, despite such services being provided free by the Government. Accordingly, I urge the Government to take appropriate action to prevent illegal abortion centres, particularly in underprivileged areas.

I am confident that this Bill, under the leadership of our hon. Prime Minister, Shri Narendra Modi *ji,* is a very good step taken by the Government towards safety and well-being of women of our country.

श्रीमती जसकौर मीना (दौसा) : सभापति महोदय, मुझे आपने एक बहुत ही महत्वपूर्ण बिल पर बोलने का मौका दिया है, उसके लिए मैं आपको बहुत-बहुत धन्यवाद देती हूं । मैं गर्भ का चिकित्सकीय समापन (संशोधन) विधेयक, 2020 के समर्थन में अपनी बात कहना चाहता हूं । लेकिन धरातल में हिन्दू विचारधारा और भारतीय संस्कृति को ध्यान में रखते हुए, मैं यहां पर अपनी बात इसलिए रखना चाहती हूं कि लोक कल्याण की विधायिका, पथ प्रदर्शिका और संरक्षिका शक्ति का नाम ही नारी है । आज भी भारतीय नारी अपने स्वरूप को धारण किए हुए है । लेकिन हम आदिकाल से नारी जाति पर समाज कंटकों के दुर्व्यवहार की घटनाएं सुनते आए हैं । माता सीता का हरण किया गया था, वह भी एक दुर्वसनी व्यक्ति रावण ने ही किया था । यदि महाभारत की द्रौपदी के बारे में देखते हैं, तो वहां भी एक नारी का अपमान हुआ था । यदि हम माता कुंती और पुत्र कर्ण को देखते हैं, तो वह भी घटना इसी संदर्भ में आदि काल में घटित हुई थी । यदि आधुनिक काल में निर्भया की बात करते हैं, तो यह भी एक बहुत बड़ा दुष्कर्म महिला जाति पर हुआ है ।

मैं आपसे यह निवेदन करना चाहती हूं कि इसी तरह से घरेलू व्यवहार में भी बेटी सुरक्षित नहीं है । चाहे पिता के संरक्षण में हो, चाहे भाई के संरक्षण में हो, चाहे पति के संरक्षण में हो और चाहे पुत्र के संरक्षण में हो, आज वहां भी हमारी नारी जाति सुरक्षित नहीं है । इन सभी बातों को मद्देनज़र रखते हुए भारत सरकार और हमारे यशस्वी प्रधान मंत्री जी ने यहां पर यह संशोधन विधेयक इसलिए पेश किया है, ताकि इस तरह के दुष्ट लोगों से पीड़ित महिलाएं कहीं न कहीं सम्मान और संरक्षण पा सकें । मैं आपसे यह निवेदन करना चाहती हूं कि हमारे देश में इस तरह के बहुत से केसेज़ होते हैं । लेकिन राजस्थान जैसे प्रदेश में भी बेटियों को जन्म लेते ही मार देते थे । इसी तरह से बेटियों को गर्भ में परीक्षण के बाद मारने की घटनाएं अनेकों जगहों पर हुई हैं । बहुत सारे चिकित्सकों पर भी आरोप लगे हैं । मैं तो आपको यह आंकड़े भी देना चाहती हूं कि हमारे देश में दो करोड़ सत्तर लाख बच्चे जन्म लेते हैं । इनमें से 17 लाख बच्चे जन्मजात विसंगतियों के साथ पैदा होते हैं । ये विसंगतियां उनके जीवन में सदैव रहती हैं । वे उचित मानव जीवन को व्यतीत करने में असमर्थ रहते हैं ।

मैं आपसे यह निवेदन करते हुए इसलिए इस बिल का समर्थन करती हूं कि बहुत सारे ग्रामीण क्षेत्रों में ऐसी घटनाएं होती हैं, जिन बेटियों, जिन महिलाओं और जिन नारियों का जिस तरह से भी गर्भपात कराया जाता है, वह सुरक्षित नहीं होता है । इस काम को नीम-हकीम करते हैं । हमारी सरकार ने यह बिल पेश किया है । मैं इस बिल के माध्यम से यह सोचती हूं कि 8 प्रतिशत मौतें केवल गलत गर्भपात कराने के तरीकों से होती थीं, उनको सुरक्षा मिलेगी और उनको एक सम्मानजनक स्थिति में गर्भपात कराने का मौका मिलेगा । अभी-अभी आपने यह सुना होगा कि राजस्थान में हर तीसरे दिन बलात्कार हो रहे हैं । बलात्कार के बाद उन बेटियों की सामाजिक सुरक्षा बिल्कुल नहीं हो पाती है । उनके माता-पिता भी समाज में अपने आपको बहुत ही अपमानित महसूस करते हैं । इन सभी स्थितियों में इस बिल में जो एक संशोधन किया गया है, मैं उस संशोधन के बारे में यह सोचती हूं कि वह बहुत ही उचित है । लेकिन जो चिकित्सक इस काम को करेंगे, उन चिकित्सकों को निर्णय करने के लिए...(व्यवधान)

माननीय सभापति जी, आपके सामने और मेरे साथ पूरी बहनों की शक्ति है । इसलिए, आपको समय तो देना पड़ेगा ।...(व्यवधान) मैं आपसे यह निवेदन करना चाहती हूं कि कुछ सावधानियां भी रखनी पड़ेंगी । माननीय सभापति जी, मैं सावधानियों के बारे में यह कहना चाहूंगी कि विधेयक की धारा खंड 5 में यह स्पष्ट किया गया है कि इस तरह की स्त्री की निजता का संरक्षण किया जाएगा, स्त्री के सम्मान व स्वायत्ता का ध्यान रखा जाएगा । गोपनीयता और न्याय को भी सुनिश्चित किया जाएगा ।...(व्यवधान)

माननीय सभापति : प्लीज कनक्लूड कीजिए ।

...(<u>व्यवधान</u>)

श्रीमती जसकौर मीना : महोदय, गर्भ समापन के पश्चात स्त्री के स्वास्थ्य की जिम्मेदारी भी सरकार और समाज को वहन करनी पड़ेगी । मैं आपके माध्यम से मंत्री जी से एक निवेदन जरूर करना चाहूंगी कि आप इस काम को ग्रामीण क्षेत्रों में विशेष ध्यान देते हुए क्रियान्वित करेंगे, तभी जाकर ग्रामीण क्षेत्रों में अधिकांश माताएं व बहनें सुरक्षित हो पाएंगी ।...(व्यवधान)

DR. KALANIDHI VEERASWAMY (CHENNAI NORTH): Mr. Chairman, Sir, please give me a little bit of latitude because I do not have any women behind me supporting me like the hon. Member who just spoke had.

First of all, I would like to laud the hon. Health Minister and the Government of India for bringing out progressive and revolutionary amendments in this Bill. However, my concern is about the safety of doctors who are providing this care. When it comes to adults who are in need of medical termination of pregnancy, we have no swords to cross with any amendments in this Bill. The problem arises when we are talking about minors. Any pregnancy in a minor is invariably termed as a sexual offence which is punishable under POCSO Act. In this case, I would like to bring to the notice of the hon. Health Minister and the Government of India that there are three categories of pregnancies in minors. One is an outright rape where a minor girl has been raped by some unknown person, which has to be punished with the most severe of punishments. Nobody has two ideas about this particular act. When it comes to consensual sex between a minor and an adult, even in that case, I will say that you probably can punish the perpetrator, but the family may not necessarily want to make this public or take it legally further. What is the role of the doctor in this case? Should the doctor report such cases as cases under POCSO Act despite the girl, her parents and relatives not wanting to bring this to legal terms?

The other one is, we have to accept that in today's fast-moving world a lot of sexual misadventures amongst school children are happening. There are instances where minor girls become pregnant where the boys … (*Interruptions*) This is a very important issue I am talking about regarding the safety of doctors. Kindly give me a little bit of latitude.

HON. CHAIRPERSON : Come to the main point.

DR. KALANIDHI VEERASWAMY : I am talking about the main point, if somebody has been hearing me.

Sir, I am asking as to what is the protection that doctors are being offered? If we are going to bring people under POCSO Act, we are talking about 16-year old boys who will be brought under POCSO Act with the most severe of punishments whereby ten-years of their lives are going to be ruined. For doctors it is like either you bring it under the POCSO Act and face the wrath of the family, or do not bring it under the POCSO Act and face the wrath of the Government. We have already heard an hon. Member from Congress saying that doctors should be punished for some crimes which probably doctors are not going to be committing. I would like to have clarity about the protection for doctors. Is it the duty of the doctor to report POCSO cases if it is found in a minor? Thank you very much, Sir.

श्री निहाल चन्द चौहान (**गंगानगर**): सभापति महोदय, आपने मुझे बोलने का मौका दिया, इसके लिए मैं आपको धन्यवाद देना चाहूंगा । The Medical Termination of Pregnancy (Amendment) Bill, 2020 का समर्थन करने के लिए मैं खड़ा हुआ हूँ । सभापति जी, मैं मंत्री जी का धन्यवाद देना चाहूंगा कि ऐसा बिल वे पार्लियामेंट में ले कर आए हैं । सन् 1971 में डॉ. शांतिलाल शाह समिति की रिपोर्ट के आधार पर पहली बार इस कानून को देश में लागू किया गया था, उसके बाद यह बिल आज मंत्री जी ले कर आए हैं । मैं देश के प्रधान मंत्री जी का भी धन्यवाद करना चाहूंगा कि उन्होंने मेडिकल की सेवाओं के लिए इस देश को बहुत कुछ दिया है ।

सभापति जी, मेरे संसदीय क्षेत्र में दो जिले हैं – श्रीगंगानगर और हनुमानगढ़ । दोनों में ही मेडिकल कॉलेज और दोनों में ही 325-325 करोड़ रुपये देने का ऐलान अगर किसी ने किया है तो देश के प्रधान मंत्री जी ने किया है । मैं इस संशोधित बिल के लिए माननीय मंत्री जी से एक बात जरूर जानना चाहूंगा कि 20 हफ्ते की जगह इन्होंने 24 हफ्ते किए हैं । 24 हफ्ते करने के बाद क्या गायनी का कोई डॉक्टर वहां पर होगा? क्या डॉक्टर की एक टीम होगी या डॉक्टर का कोई बोर्ड बैठेगा? क्योंकि

24 हफ्ते होने के बाद मेल और फीमेल का पता लग जाता है, ऐसे में आने वाले बच्चे का भविष्य में क्या होगा, इसके लिए भी माननीय मंत्री जी कुछ बताएंगे ।

सभापति जी, मैं कहना चाहूंगा कि इसमें एक वर्ष का कारावास है । क्या हम इसको बढ़ा कर और ज्यादा कर सकते हैं? क्या दो वर्ष कर सकते हैं, क्या तीन वर्ष कर सकते हैं? मैं सिर्फ यह कह सकता हूँ कि एक सुरक्षित गर्भपात सेवाओं तक पहुंच में वृद्धि करना और असुरक्षित गर्भपात के कारण मातृ मृत्यु दर में कमी दर्शाना यह जटिलता का एक विषय है । भारत ही नहीं, पूरी दुनिया में यह गंभीर बीमारी फैल रही है और इनसे पूरा विश्व जूझ रहा है । आज वर्ष 2030 तक मातृ-शिशु मृत्यु दर को बिल्कुल खत्म करने का लक्ष्य सरकार ने रखा है । मैं अपनी तरफ से माननीय मंत्री जी और सरकार को बधाई देना चाहूंगा । आज विश्व की यह स्थिति है कि प्रत्येक 3 सेकेंड के अंदर एक बच्चे की मौत हो रही है । भारत में एक लाख पर 122 माँ या बच्चों की मौत हो रही है ।

सभापति जी, मैं सरकार से आग्रह करूंगा कि बच्चों की मौत के कारणों में केमिकल युक्त पानी या फिर युरेनियम व पेस्टिसाइड युक्त गंदा पानी भी हो सकता है । अमेरिका की ड्यूक यूनिवसिर्टी है, 05, दिसंबर, 2019 को माननीय जलशक्ति मंत्री जी ने एक स्टार्ड क्श्वेचन का जवाब दिया था कि अमेरिका की ड्यूक यूनिवर्सिटी ने भारत में 30 प्रतिशत माइक्रोग्राम यूरेनियम पाया है ।

फिनलैंड एक देश ऐसा था, जहाँ वहां की सरकार ने कुएं बनाएं और उसमें पानी की मात्रा में मात्र 5 प्रतिशत माइक्रोग्राम यूरेनियम आया । वे सारे के सारे कुएं बंद हो गए । भारत के अंदर 30 प्रतिशत माइक्रोग्राम यूरेनियम होने के बावजूद भी...(व्यवधान) मैं दो मिनट में अपनी बात को खत्म करूँगा । आज भी हम इस पानी को पी रहे हैं, यह भी एक बहुत बड़ा कारण हो सकता है । गंदा पानी, पेस्टिसाइड युक्त पानी, केमिकल युक्त गंदा पानी अगर हम लोग पिएंगे, तो इसका भविष्य क्या कहेगा, यह मुझे कहने की जरूरत नहीं ।

मैं राजस्थान की बात करूँ । राजस्थान में 33 जिले हैं, 33 में से 26 जिले डार्क जोन में हैं । मैं इस पर ज्यादा नहीं बोलूँगा । मैं इतना ही कहूंगा कि दुनिया में अबॉर्शन के कानूनों की स्थिति को पाँच भागों में बांटा है । 23 ऐसे देश हैं, जहां पर किसी भी सूरत में गर्भपात की मंजूरी नहीं है । कई ऐसे देश हैं कि जब महिला की

जान को खतरा हो सकता है, तब भी अबॉर्शन नहीं हो सकता है । लेकिन भारत में परिस्थितियों के आधार पर एक विस्तृत श्रृंखला के तहत गर्भपात की अनुमति दी जाती है ।...(व्यवधान) बस, एक मिनट में अपनी बात को खत्म कर रहा हूं ।

सभापति जी, मैं एक सुझाव देकर अपनी बात को खत्म करूँगा । 'आयुष्मान भारत योजना' की शुरुआत हुई है । राजस्थान में अभी तक इसकी शुरुआत नहीं हुई है । मैं माननीय मंत्री जी से आग्रह करूँगा कि वे इसके बारे में स्टेट गवर्नमेंट से बात करें । इसमें जो दंत चिकित्सक उपचार पैकेज है, वह 'आयुष्मान भारत योजना' में शामिल नहीं किया है । ब्रिटिश कोलंबिया डेंटल एसोसिएशन के अनुसार 80 प्रतिशत ओरल कैंसर दंत चिकित्सक द्वारा पहचाने जाते हैं । उसको भी शामिल करने का काम करें । मैं सरकार के इस बिल के पक्ष में खड़ा हुआ हूँ । मैं यही निवेदन करते हुए अपनी बात को समाप्त करता हूँ । बहुत-बहुत धन्यवाद ।

*SHRI THOL THIRUMAAVALAVAN (CHIDAMBARAM): Hon. Chairman Sir, Vanakkam. I thank you for giving me an opportunity to speak about this important Bill. Statistics say that every year 1.5 Crore abortions are taking place in our country. As per the statistics of the year 2015, 15.6 million abortions have taken place in our country. Out of which 11.5 million abortions have taken place in unhealthy and unhygienic places. I think that this Amendment Bill has been brought to regulate this. Therefore I am duty bound to welcome this Amendment Bill. But I urge that the procedures followed for abortion or medical termination of pregnancy should be simplified. On the other side we have to control our population. For which we have to create awareness among the general public about different types of contraceptives. In many countries of the world, abortion may be carried out with the consent of the pregnant women concerned. But in India we follow so many difficult procedures. I want to urge upon the Union Government that there should be simplified procedures for medical termination of pregnancy in India. In India atrocities against girls, particularly rape cases against minor girls are on the

rise. In villages, girls are made to enter into marital accord in the name of child marriages. Even though the law says only after attainment of 18 years of age, a woman should marry, but child marriages take place affecting a large number of girls. This should be regulated. There is also a misconception that a woman should not be pregnant after 30 or 35 years of age. But girls below 17 years of age are forced to marry, after that they become pregnant and face several medical issues including excessive loss of blood leading to anemia and death. I request that by keeping all these views in mind, the Union Government should come forward to protect the women and girls of this country and also to simplify the procedures meant for abortion. Thank you.

श्री रवि किशन (**गोरखपुर**): महोदय, मंत्री जी जो गर्भ का चिकित्सकीय समापन (संशोधन) विधेयक, 2020 लेकर आए हैं, आपने मुझे उसके समर्थन में बोलने का मौका दिया, मैं इसके पक्ष में बोलने के लिए खड़ा हुआ हूँ । जैसे हमारे माननीय सांसद लोगों ने कहा, मैं सिर्फ इतना कहना चाहता हूँ कि यह प्रगतिशील फैसला है । दूसरा, शरीर पर एक अधिकार है । जब एक महिला प्रेगनेंट रहने के लिए मांगती है, तो उसको अपने शरीर पर अधिकार भी होना चाहिए और यह बहुत जरूरी है । यह औरतों के हक में आया हुआ कानूनी बदलाव है, जो अद्भुत है और पूरे देश की महिलाएँ बड़ा सम्मान करेंगी । इसके बहुत सारे कारण हैं । कारण यह है कि दुष्कर्म की शिकार लड़कियों की जो व्यथा है, पीड़िता जिसका रेप हुआ है, वह उस याद से भी सिहर जाती है । अगर उस रेप में वह गर्भवती हो जाती है, तो उसको अधिकार मिलना चाहिए कि वह उस जबर्दस्ती प्रेग्नेंसी को टर्मिनेट कर सके ।

विकलांग भ्रूण, यदि गर्भ में ही सोनोग्राफी के द्वारा पता चले कि भ्रूण में कोई विकार है, उसका विकास पूरा नहीं हो पा रहा है या बच्चा विकलांग हो सकता है, तो यह उसके लिए बहुत जरूरी है । यह बहुत ही महत्वपूर्ण बिल है । जैसे कोर्ट में एक केस आया था और पूरे देश में इसकी चर्चा रही कि एक 10 साल की छोटी बच्ची का

बलात्कार हो गया था, कोर्ट के नियम के अनुसार और कोर्ट का आदेश था, वह उसका एबॉर्शन नहीं कर पाई, 26 हफ्ते के बाद उसके पिता को पता चला । एक बिहार में केस हुआ था, एक एचआईवी महिला, बच्ची का रेप हुआ था और वह एचआईवी बच्चा था, लेकिन वह गर्भपात नहीं कर पाई । हमारी यह सरकार यह कानून, यह बिल लेकर आई है ।

मैं निवेदन करूँगा कि आदरणीय मोदी जी के नेतृत्व में इस सरकार ने इस विधेयक के माध्यम से यह पुन: साबित कर दिया है कि हमारी सरकार महिलाओं के लिए निरंतर विचारशील है, उनके कल्याण के लिए हमेशा विचाररत और कार्यरत है ।

मैं आदरणीय प्रधान मंत्री जी, आदरणीय स्वास्थ्य मंत्री जी को करोड़ों महिलाओं की तरफ से धन्यवाद और साधुवाद देना चाहता हूँ कि आज सदन में इस प्रकार का प्रोग्रेसिव विधेयक लाया गया है । यह विधेयक लैंगिक हिंसा की शिकार महिलाओं के सशक्तीकरण में एक मील का पत्थर होगा । मैं इसका समर्थन करता हूँ । मंत्री जी, आप अद्‌भुत बिल लाए हैं, इसके लिए आपको धन्यवाद ।

स्वास्थ्य और परिवार कल्याण मंत्री; **विज्ञान और प्रौद्योगिकी मंत्री तथा पृथ्वी विज्ञान मंत्री** (**डॉ. हर्ष वर्धन**): जिस प्रकार की भावनाएं आप सबने व्यक्त की हैं, केवल मेरे प्रिय मित्र मिस्टर डीन कुरियाकोस को छोड़कर ।

19.27 hrs (Hon. Speaker *in the Chair*)

सुश्री जोतिमणि, श्रीमती संगीता सिंह देव, श्री गौतम एस. पोन, डॉ. काकोली घोष, कुमारी माधवी, श्री चन्द्रशेखर प्रसाद, श्री अमोल कोल्हे, श्री रितेश पाण्डेय, श्रीमती राजश्री मल्लिक, श्री वरूण गाँधी, डॉ. एम.के. विष्णु प्रसाद, डीन कुरियाकोस, डॉ. श्रीकांत शिंदे, कोथा पी. रेड्डी, रविन्द्रनाथ के.पी., श्रीमती जसकौर मीना, डॉ. के. वीरास्वामी, श्री निहाल चंद जी, श्री थोल तिरूमावलवन और रवि किशन जी । मुझे बहुत खुशी है कि आप सबने अपनी भावनाओं को बहुत खूबसूरती से व्यक्त किया है और सभी ने बहुत सात्विक भाव से बिल के समर्थन में अपने भाव व्यक्त किए हैं । निश्चित रूप से यह विषय भी बहुत भावनात्मक है और सभी ने, चाहे वे मेल हों, चाहे वे फीमेल हों, मातृत्व का जो भाव है, उसका जो आनन्द है और कोई भी माता-बहन के लिए प्रेग्नेंट होना जिस प्रकार का भगवान का वरदान है, जिस प्रकार का बून है,

उसको हम सबने महसूस किया है । यह मेल मेंबर्स ने भी महसूस किया है, क्योंकि जिनके पास भी पत्नी है और उनके बच्चे हुए हैं तो उन्होंने सबने उस भाव को महसूस किया है ।...(व्यवधान)

मुझे बहुत खुशी है कि सभी ने, केवल एक को छोड़ कर, उनके लिए भी मुझे जो कहना है, वह मैं कहूंगा, पर सभी ने बिल की भावना, बिल के कॉन्टेंट्स का समर्थन किया है । उन्होंने थोड़े-थोड़े पॉइंट्स रेज किए हैं । उनके बारे में मैं जरूर चर्चा करूंगा ।

आपने बहुत विस्तार से सारी स्टैटिस्टिक्स का अध्ययन किया है । देश की, दुनिया की, देश में एबॉर्शन्स के ऑफिशियल फिगर्स की, अनऑफिशियल फिगर्स की, मैटर्नल मॉर्टैलिटी रेट्स की, एस.डी.जी. की, हमारे लक्ष्यों की, इन सब बातों के बारे में आप सबका कन्सर्न है । आप सबने यह माना है कि एबॉर्शन हमारे मैटर्नल मॉर्टैलिटी रेट में एक बड़ा कंट्रीब्यूटर है । किसी ने 8 प्रतिशत, किसी ने 10 प्रतिशत, किसी ने 13 प्रतिशत के डेटा प्रस्तुत किए हैं । इसमें कोई शक की बात नहीं कि किसी भी महिला के लिए, जो प्रेग्नेंट होती है, वह प्रेग्नेंसी उसके लिए अभिशाप बन जाए तो इससे बड़ा कोई कष्ट नहीं हो सकता है । सबसे पहले तो, यहां तक कि इसके रिपीट होने के कॉस्ट पर भी, यह बात दोहराना चाहता हूं कि यह जो बिल है, यह किसी साधारण एबॉर्शन की प्रक्रिया के टर्म को बढ़ाने के संदर्भ में नहीं है । अगर इसे 20 हफ्ते से बढ़ाकर 24 हफ्ते करने की बात की जा रही है तो ऐसी महिलाएं, जो असाधारण परिस्थितियों में, दुर्भाग्यपूर्ण परिस्थितियों की शिकार हो गई हैं और उस सफरिंग के कारण वे प्रेग्नेंट हो गई हैं, यह उनके लिए है । इसमें सबने इसकी चर्चा की है । इस बिल में भी वह है । वह रेप के बारे में है । इस विषय पर हमारी जो पहली स्पीकर थीं, जोतिमणि जी, उन्होंने तो इंसेस्ट वगैरह के बारे में एक केस का भी यहां पर उल्लेख किया । यह डिफरेंटली-एबल्ड वूमेन के बारे में है या यंग माइनर्स के बारे में है, हम सब यह जानते हैं कि यह वास्तव में उनके लिए है, जो असाधारण परिस्थितियों में प्रेग्नेंट हो गई हैं । प्रेग्नेंसी का सुख भी तभी होता है जब उसका बच्चा पूरी तरह से स्वस्थ हो, उसके बारे में उसे पूरी तरह से उसकी कुशलता की जानकारी मिल रही है, लेकिन अगर किसी भी मां को 20 हफ्ते के बाद यह जानकारी मिले कि उसका बच्चा जीवन भर हैंडीकैप्ड रहने वाला है और ऐसी-ऐसी बीमारियों से वह पीड़ित रहने वाला है कि उसका जीवन कभी सार्थक भी नहीं

हो पाएगा, ऐसी परिस्थिति में, जब उसके लिए इस बात की विवशता हो कि उस बच्चे के बोझ को जीवन भर ढोने के बजाय उसे शायद एबॉर्शन ज्यादा सुख दे सकता है तो ऐसी परिस्थिति में ऐसी महिला को, ऐसी बहन, माताओं को कोर्ट के चक्कर काटने पड़ते थे । भारत के अन्दर हर एक महिला कोर्ट में नहीं जा सकती है । इसके लिए वह सक्षम भी नहीं है । इसे वह शायद अफोर्ड भी नहीं कर सकती है क्योंकि आजकल एक आम व्यक्ति के लिए कानून के माध्यम से न्याय की प्राप्ति करने की प्रक्रिया इतनी कठिन है, इतनी दुर्लभ है । मुझे खुशी है कि इस कानून को सबने सपोर्ट किया क्योंकि आपने इसकी मूल भावना को समझा है । इसमें पर्याप्त 'चेक्स एण्ड बैलेंसेज' रखे गए हैं । पहले कानून के मुकाबले अगर किसी को 20 सप्ताह से लेकर 24 सप्ताह के बीच में प्रेग्नेंसी का टर्मिनेशन करना है तो जब दो-दो क्वालीफाइड रजिस्टर्ड मेडिकल प्रैक्टीशनर्स सर्टिफाई करेंगे, तब ही उसकी व्यवस्था होगी । 24 हफ्ते से ऊपर होने पर उसे एक मेडिकल बोर्ड करेगा । मेडिकल बोर्ड के संदर्भ में भी बहुत सारे सुझाव दिए गए हैं । डॉ. काकोली ने उसमें गाइनैकोलॉजिस्ट्स को ऐड करने की बात की, किसी ने उसमें एनैस्थैटिक्स को ऐड करने की बात की, किसी ने कहा कि रेडियोलॉजिस्ट नहीं होना चाहिए, अल्ट्रासोनोलॉजिस्ट होना चाहिए । सब तरह के सजेशंस आए हैं ।

इस बोर्ड के संदर्भ में मुझे यही कहना है कि जब इसके रूल्स एंड रेगुलेशंस बनाए जाएंगे तो उन सारे सुझावों को बहुत विस्तार से बोर्ड के कंस्टीट्यूशन के बारे में और उसके अंदर उनको इनकॉरपोरेट किया जा सकता है । अभी जो भी प्रोविजन्स इसके अंदर रखे गए हैं, हमारे डीन कुरियाकोस साहब ने भी बहुत कुछ कहा है । उनकी बातों में बहुत अच्छी भावनाएँ थीं । इसमें कोई शक की बात नहीं है कि थोड़े समय के बाद ही बच्चे के दिल की धड़कन उसकी माँ को भी महसूस होती है । अगर पिता भी कान लगाकर सुने तो वह सुन सकता है । हम सबने उसे सुना है । लेकिन उसके बावजूद भी उस बच्चे के आगे आने वाले जीवन के अंदर भी, जैसे हम कहते हैं कि सुख की दृष्टि से कोई गुणात्मक परिवर्तन नहीं कर सकता है, तो ऐसे बच्चे को जन्म देकर भी माँ क्या करेगी? आपने वॉयलेशन ऑफ आर्टिकल 21 और डीक्रिमिनलाइजेशन ऑफ होमीसाइड की बात की है । मेरा यह कहना है कि जो एमटीपी एक्ट 1971 है, वह ऑलरेडी 20 वीक्स तक के अबॉर्शन को अण्डर स्पेसिफाइड कंडीशन लीगलाइज किया हुआ है । यह जो अमेंडमेंट है, वह सिर्फ 20

से 24 सप्ताह तक उसको वल्नरेबल कैटेगिरी, जिनका मैंने अभी जिक्र किया, उसमें एक्स्टेंड करने का विषय है । It also includes substantial foetal abnormalities, as determined by the Medical Board, with no gestational limit. जो आपने कहा कि यह वॉयलेशन ऑफ आर्टिकल 21 है, हमको नहीं लगता कि इसमें किसी भी प्रकार से वॉयलेशन ऑफ आर्टिकल 21 है । सब को राइट टू लाइफ है । सभी को Right to lead a life of dignity and all those good things हैं । लेकिन इसमें वुमेन की डिग्निटी को ही प्रीज़र्व करने के लिए, उसको ही स्ट्रेंग्थेन करने के लिए, उसके राइट्स को ही सशक्त करने के लिए वास्तव में यह बिल लाया गया है । दो रजिस्टर्ड मेडिकल प्रैक्टिशनर्स को क्यों रिड्यूस किया गया, इसके बारे में आपने कहा है कि जो necessity of opinion of two RMPs है, इसको केवल 20 वीक्स तक कम किया गया है । 20 से 24 हफ्ते के बीच में जो दो रजिस्टर्ड मेडिकल प्रैक्टिशनर्स ओपिनियन दे रहे हैं, उसके बियॉन्ड एक मेडिकल बोर्ड भी ओपिनियन दे रहा है ।

आपने इस पर भी आपत्ति की है कि inclusion of woman and her partner instead of husband. अभी हम सब ने इस बात को एक्सेप्ट भी किया है कि अभी सोसाइटी चेंज हो रही है । बहुत सारे सोसाइटी में लाइफ के लिविंग और नॉर्म्स चेंज हो रहे हैं । आज लिव इन रिलेशनशिप को भी लोगों ने बहुत सारी सैंक्टिटी दी है । उसके ऊपर डिबेट हो सकती है, सब कुछ हो सकता है । उसके कारण अलग-अलग हो सकते हैं, लेकिन जिस प्रकार सोसाइटल नॉर्म्स चेंज हो रहे हैं और उसमें जो सिंगल वुमेन है, उसका भी अपना एक राइट है । विडोज़ का भी अपना एक राइट है । जो कमर्शियल सेक्स वर्कर्स हैं, उनके भी राइट्स हैं । इन सारी बातों के मद्देनजर रखते हुए और जो यह बिल इस स्टेज में आया है, जैसा मैंने शुरू में कहा था कि शायद हर पॉसिबल जो स्टेक होल्डर हो सकते हैं, उस स्टेक होल्डर से और जो हर पॉसिबल मंत्रालय हो सकता है, उस मंत्रालय से विशेष कर वुमेन एंड चाइल्ड मिनिस्ट्री और दूसरे मिनिस्ट्री से भी बहुत लंबे समय तक इसके बारे में चर्चा हुई है । आज यह बिल इस स्थान तक पहुँचा है । शायद जब यह देश का कानून बन जाएगा, उसमें आने के अंदर कई वर्षों की यात्रा है । इसके बीच में बहुत सारे लोगों ने अपने पॉजिटिव सजेशन दिए हैं । उन सब को ध्यान में रख कर, इस बिल को अल्टीमेटली

बनाया गया है । बाकी सब लोगों ने इस संदर्भ में जो सजेशंस या कुछ कन्र्सन रेज किए हैं, मैं कुछ चीजों के बारे में थोड़ा-सा उल्लेख कर देता हूँ ।

जैसे सबसे पहले हमारी जोतिमणि जी ने कहा कि the existing Act permits legal abortion up to 20 weeks. The proposed extensions are only for vulnerable women and for substantial foetal abnormalities under the direction of the Medical Boards.

In the above-mentioned categories, sex-selective abortions are not misused. आपकी इस चिंता के संदर्भ में मेरा कहना है लॉ के मिसयूज होने की किसी भी प्रकार से संभावना नहीं है, पीएनडीटी एक्ट है, वह भी एक पॉवरफुल एक्ट है, उसको भी पॉवरफुल तरीके से यूज करने और देश में इम्पलीमेंट करने की बहुत समय से कोशिश हो रही है । You have said that the failure of contraception may be misused. I would like to say that the existing law already permits contraceptive failure as a cause for legal abortion in the cases of married couples. The change in social norms in the society may be addressed by extending it to all women.

A concern was raised about the POCSO Act. In the POCSO Act, the privacy of minor should be taken care of. The proposed Bill has also made a very stringent provisions for maintaining confidentiality and privacy. इसमें ऑलरेडी एक साल की सजा का भी प्रोविजन है । The POCSO Act made it mandatory that the provider has to report and is duty-bound for any offence under the age of 18 years. Framings and sensitisation of service providers will be included so that the service provision is not denied. The MTP Act focusses on provision of safe abortion services. It has also been said that there is no clarity about the role of doctors. I think that will be very clearly defined and prescribed under the rules also.

Now, I come to the Medical Board. You have said that the shortage of doctors should not be made mandatory. I would like to tell you that in order to ensure safety of these late-term abortions, a group of experts need to give

an opinion on the procedure and safety of procedure on a case to case basis. Hence, the Medical Boards are necessary for late-term abortions, that is, beyond 24 weeks. Moreover, if you go through the history, there were already so many Boards that were made as a result of the judgments that have been given from time to time. I think more than hundred Boards are already existing in the country. So, there is no question of shortage of doctors happening because of that.

Shrimati Sangeeta Ji has welcomed the Bill and she has raised her concern about the rural healthcare which probably requires improvement.

PROF. SOUGATA RAY : She is not present here right now.

DR. HARSH VARDHAN: So, you do not want me to talk about her concern.

PROF. SOUGATA RAY : The hon. Speaker has said that anybody who is not present here, should not be mentioned.

DR. HARSH VARDHAN: An hon. Member, Shri Gautham Sigamani Pon mentioned about the constitution of the Medical Board. I have already said that this will be prescribed under the rules. As I have just mentioned, there are already 130 Medical Boards. The decision of termination of pregnancy should be with the women only. The safety and well-being of women has been taken into account along with the right of the women.

माननीय अध्यक्ष: पूरा सदन इस बात से सहमत है, तालियां बजा दो । आप मोटी बात बता दो ।

DR. HARSH VARDHAN: I do not mind. I am really overwhelmed with joy and satisfaction that all of you have supported this Bill from the heart. If you want, I can talk about each and every concern that has been raised.

माननीय अध्यक्ष: अगर सदन सुनना चाहता है तो मंत्री जी बोलने के लिए तैयार हैं ।

DR. HARSH VARDHAN: If they are okay and happy with it and want to pass it like that, I am also very happy.

डॉ. निशिकांत दुबे (गोड्डा): अध्यक्ष महोदय, मैं जिस इलाके से आता हूं, वहां नार्मल डिलीवरी में भी महिलाओं की डेथ हो रही है, इतनी ज्यादा ऐनिमिक हैं । आपने कहा कि डॉक्टरों की कमी नहीं है, हमारे यहां नार्मल डॉक्टर भी नहीं हैं, गाइनी का तो सवाल ही नहीं है । मैं कह रहा हूं कि इस तरह जब आप एमटीपी एक्ट में संशोधन करेंगे, मेडिकल बोर्ड बनाएंगे, जब डॉक्टर रहेंगे तब न मेडिकल बोर्ड बनेगा ।

जिला और अनुमंडल में आप किस तरह के रूल्स और रैगुलेशन फाइनल करेंगे? हमारे जैसे पिछड़े इलाके से जो लोग आते हैं, उनके पास इतने पैसे नहीं हैं कि वे बड़े शहरों में जाएं और इलाज कराएं ।

माननीय मंत्री जी किस तरह के रूल्स और रैगुलेशन बनाएंगे?

PROF. SOUGATA RAY : I am not an expert. But Dr. Kakoli Dastidar while speaking on behalf of our Party mentioned that instead of 24 weeks, the period should be 22 weeks. Her logic was that 22 weeks' foetus as it is has movement and if you take it out, you will find it very living being. So, would the Minister consider it reducing it from 24 weeks to 22 weeks in the honour of life as such.

डॉ. वीरेन्द्र कुमार (टीकमगढ़): माननीय अध्यक्ष जी, इसमें एक बिंदु सबसे छूट गया है । हर शहर में कुछ विक्षिप्त महिलाएं होती हैं और वे दरिंदगी का शिकार होकर गर्भधारण कर लेती हैं । ऐसी महिलाओं के बारे में आप क्या विचार करने जा रहे हैं?

श्री राम कृपाल यादव : माननीय अध्यक्ष जी, इस एक्ट में 24 सप्ताह का जो प्रावधान किया गया है, हालांकि मंत्री जी ने चर्चा में जवाब दिया है, लेकिन मैं जानना चाहता हूं कि इसके दुरुपयोग को रोकने के लिए क्या प्रयास करेंगे?

SHRI KODIKUNNIL SURESH : Sir, the tribal women is the most vulnerable section and they are facing many problems. So, the hon. Minister has to take special steps for the tribal women during their pregnancy period. A lot of issues are there in the tribal areas, especially concerning tribal women.

श्री तीरथ सिंह रावत : माननीय अध्यक्ष जी, मैं इस बिल का समर्थन करता हूं, लेकिन एक क्लेरिफिकेशन चाहता हूं । पर्वतीय क्षेत्र नार्थ-ईस्ट से उत्तराखंड तक, जिसमें हिमाचल प्रदेश भी है, यहां डॉक्टर्स की बहुत कमी है । वहां अगर इस किस्म के केस हो जाते हैं तो एफआईआर करने में बहुत दिक्कत होती है । हमारे यहां पुलिस व्यवस्था न होकर पटवारी व्यवस्था है । पटवारी व्यवस्था बहुत लचर व्यवस्था है, यह अंग्रेजों के जमाने से लागू है । यहां न तो एफआईआर हो रही है और न ही डॉक्टर्स हैं । ऐसी जगहों पर सिस्टम को किस तरह एक्टिवेट करेंगे? इसके बारे में कोई प्रोवीजन हो तो माननीय मंत्री जी क्लेरिफाई करें ।

SHRI JASBIR SINGH GILL : Sir, this is a good Bill but being it a modern world, I am from old school of thoughts. मेरा मानना है कि अगर गर्भपात या डिलीवरी के समय लेडी डॉक्टर या फीमेल पैरामेडिकल स्टाफ हो तो प्रेफरेबली बढ़िया रहेगा, क्योंकि एक लेडी दूसरी लेडी के साथ अच्छी तरह से बात कर सकती है, अच्छी तरह से समझा सकती है और उसकी पीड़ा समझ सकती है ।

मैंने अमेंडमेंट भी यही लगाई थी, यही मेरा सब्मिशन है ।

श्री रवि किशन : माननीय अध्यक्ष जी, मैं सभी माननीय सदस्यों को बहुत धन्यवाद देना चाहता हूं कि इस तरफ और उस तरफ बैठने वाले सदस्यों, 99 परसेंट सदस्यों ने इस बिल को सपोर्ट किया । बस मैं सबको धन्यवाद देना चाहता हूं ।

डॉ. हर्ष वर्धन : अभी सदस्यों ने वही विषय रेज़ किए हैं, but they are apart from all these. डॉ. दस्तीदार जी ने कहा है, उनका 24 से 22 हफ्ते का इश्यू था और इसे माननीय सदस्य ने भी रेज़ किया है ।

मुझे इसमें यही कहना है कि 24 वीक्स का जो समय है, यह सब प्रकार के कंसलटेशन्स और उसके साथ-साथ बीच में जितने भी कोर्ट के डायरेक्टिव्स आए हैं,

उन सबको कंसीडर करने के बाद 24 वीक्स का पीरियड तय किया गया था ।

दूसरा, आपने भावनात्मक विषय, you yourself being a gynaecologist I can appreciate and I can respect your concern from here. जिस समय 24 वीक्स में किसी को बच्चे को डिलीवर करना है और कॉन्जेनाइटल एनॉमिलीज़ हो, सब कुछ हो, लेकिन उसका हार्ट बीट कर रहा है तो उसको एक प्रकार से डस्टबिन में पहुंचाना कितना पेनफुल एक्सपीरियंस हो सकता है । I can appreciate that. इस संदर्भ में हमें कहना है कि उसको कैसे और अच्छी तरह से डिस्पोज ऑफ करना है । I think, in the rules itself we can find some way to write it in a proper way. Maybe, we can revise it in the guidelines for the maternity centres for the gynaecologists. That cannot be a reason for, in fact, getting the whole thing changed.

माननीय अध्यक्ष: प्रश्न यह है:

"कि गर्भ का चिकित्सकीय समापन अधिनियम, 1971 का और संशोधन करने वाले विधेयक पर विचार किया जाए ।"

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<u>प्रस्ताव स्वीकृत हुआ ।</u>

माननीय अध्यक्ष: अब यह सभा विधेयक पर खण्डवार विचार करेगी ।

Clause 2 *Amendment of Section 2*

माननीय अध्यक्ष: श्री टी.एन. प्रथापन - उपस्थित नहीं ।

प्रश्न यह है:

"कि खंड 2 विधेयक का अंग बने ।"

प्रस्ताव स्वीकृत हुआ ।

खंड 2 विधेयक में जोड़ दिया गया ।

Clause 3 *Amendment of Section 3*

माननीय अध्यक्ष: श्री टी.एन. प्रथापन - उपस्थित नहीं ।

प्रो. सौगत राय क्या आप संशोधन मूव करना चाहते हैं?

प्रो. सौगत राय (दमदम): सर, मैं संशोधन संख्या 7 को मूव नहीं कर रहा हूँ, लेकिन संशोधन संख्या 8 से 11 बहुत ही सिम्पल अमेंडमेंट्स हैं, मैं इनको मूव कर रहा हूँ ।

पृष्ठ 2, पंक्ति 16-17,-

"दो से अन्यून रजिस्ट्रीकृत चिकित्सा व्यवसायियों"

के स्थान पर

"एक महिला चिकित्सा व्यवसायी सहित तीन से अन्यून रजिस्ट्रीकृत चिकित्सा व्यवसायियों"

प्रतिस्थापित करें । (8)

पृष्ठ 2, पंक्ति 23-24,--

"अप्रसामान्यता से ग्रसित होगा"

के पश्चात्

"या उसके जीन को जोखिम होगा"

अंत:स्थापित करें । (9)

पृष्ठ 2, पंक्ति 31,--

"बलात्संग द्वारा कारित"

के पश्चात्

"या महिला की सहमति के बिना"

अंत:स्थापित करें । (10)

पृष्ठ 3, पंक्ति 11 के पश्चात--

"(गक) मनोविज्ञानी"

अंत:स्थापित करें । (11)

माननीय अध्यक्ष : अब मैं प्रो. सौगत राय द्वारा खंड 3 में प्रस्तुत संशोधन संख्या 8 से 11 को सभा के समक्ष मतदान के लिए रखता हूँ ।

संशोधन मतदान के लिए रखे गए तथा अस्वीकृत हुए ।

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माननीय अध्यक्ष: एडवोकेट डीन कुरियाकोस जी, क्या आप संशोधन संख्या 12 मूव करना चाहते हैं?

ADV. DEAN KURIAKOSE: Sir, I beg to move:

Page 2, *for* lines 11 to 13,--

Substitute "not exceed twenty-four weeks in case of rape victims, minor girls and women of unsound mind, if not less than two registered medical practitioners, independent of each other, are,". (12)

माननीय अध्यक्ष : अब मैं एडवोकेट डीन कुरियाकोस द्वारा खंड 3 में प्रस्तुत संशोधन संख्या 12 को सभा के समक्ष मतदान के लिए रखता हूँ ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ ।

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माननीय अध्यक्ष: श्री एन.के. प्रेमचन्द्रन – उपस्थित नहीं ।

एडवोकेट डीन कुरियाकोस जी, क्या आप संशोधन मूव करना चाहते हैं?

ADV. DEAN KURIAKOSE: Sir, I beg to move:

Page 2, *omit* lines 19 to 23 (14)

Page 2, *for* lines 25 to 27,--

Substitute "pregnancy is proven to have been caused by any rape, the". (15)

माननीय अध्यक्ष : अब मैं एडवोकेट डीन कुरियाकोस द्वारा खंड 3 में प्रस्तुत संशोधन संख्या 14 और 15 को सभा के समक्ष मतदान के लिए रखता हूँ ।

संशोधन मतदान के लिए रखे गये तथा अस्वीकृत हुए ।

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माननीय अध्यक्ष: श्री एन.के. प्रेमचन्द्रन – उपस्थित नहीं ।

श्री जसबीर सिंह गिल, क्या आप संशोधन संख्या 17 प्रस्तुत करना चाहते हैं?

SHRI JASBIR SINGH GILL : Sir, I beg to move:

Page 2, line 39,--

after "following"

insert ",preferably female members," (17)

माननीय अध्यक्ष : अब मैं श्री जसबीर सिंह गिल द्वारा खंड 3 में प्रस्तुत संशोधन संख्या 17 को सभा के समक्ष मतदान के लिए रखता हूँ ।

संशोधन मतदान के लिए रखा गया तथा अस्वीकृत हुआ ।

माननीय अध्यक्ष: प्रश्न यह है:

"कि खंड 3 विधेयक का अंग बने ।"

प्रस्ताव स्वीकृत हुआ ।

खंड 3 विधेयक में जोड़ दिया गया ।

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Clause 4 *Insertion of New Section 5A*

माननीय अध्यक्ष: श्री टी.एन. प्रथापन - उपस्थित नहीं ।

श्री कोडिकुन्निल सुरेश क्या आप संशोधन मूव करना चाहते हैं?

SHRI KODIKUNNIL SURESH : Sir, I am not moving.

माननीय अध्यक्ष: प्रश्न यह है:

"कि खंड 4 विधेयक का अंग बने ।"

प्रस्ताव स्वीकृत हुआ ।

खंड 4 विधेयक में जोड़ दिया गया ।

खंड 5 विधेयक में जोड़ दिया गया ।

खंड 1, अधिनियमन सूत्र और विधेयक का पूरा नाम विधेयक में जोड़ दिए गए ।

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माननीय अध्यक्ष : माननीय मंत्री जी प्रस्ताव करें कि विधेयक को पारित किया जाए ।

DR. HARSH VARDHAN: I beg to move:

"That the Bill be passed."

माननीय अध्यक्ष : प्रश्न यह है:

"कि विधेयक पारित किया जाए ।"

प्रस्ताव स्वीकृत हुआ ।

माननीय अध्यक्ष: सभा की कार्यवाही बुधवार, दिनांक 18 मार्च, 2020 तक के लिए स्थगित की जाती है ।

19.56 hrs

The Lok Sabha then adjourned till Eleven of the Clock on Wednesday, March 18, 2020/Phalguna 28, 1941(Saka).

* The sign + marked above the name of a Member indicates that the Question was actually asked on the floor of the House by that Member.

* Not recorded.

* English translation of the speech originally delivered in Tamil.

* Published in the Gazette of India, Extraoridnary Part-II, Section-2, dated 17.03.2020.

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* Not recorded.

* Not recorded.

** English translation of the speech originally delivered in Punjabi.

* English translation of the Speech originally delivered in Bengali.

** English translation of the Speech originally delivered in Tamil.

* Not recorded.

* Treated as laid on the Table.

* Not recorded.

* English translation of the speech originally delivered in Tamil.