Original Research

# A QUESTIONNAIRE BASED STUDY ON THE RECENT AMENDMENTS IN MEDICAL TERMINATION OF PREGNANCY (MTP) ACT 2021 AMONG RESIDENTS IN A MEDICAL COLLEGE & HOSPITAL

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## ABSTRACT

**Background:** The Medical Termination of Pregnancy (MTP) Act, originally enacted in 1971, was amended in 2021 to expand access, enhance reproductive autonomy, and align with advancements in medical practice. These amendments include extended gestational limits, inclusion of unmarried women, streamlined consent protocols, and strengthened confidentiality provisions. Awareness of these changes is critical among resident doctors, who serve as frontline providers in reproductive healthcare.

**Materials and Methods:** A cross-sectional, questionnaire-based study was conducted between April and August 2022 at Saveetha Medical College & Hospital, Chennai. A validated questionnaire assessing knowledge of the 2021 amendments to the MTP Act was administered to 100 resident doctors (interns).

**Results:** Participants had a mean age of 22 years, with 54% females and 46% males. General awareness of the MTP Act was high (81%), and most participant's recognized key indications for MTP (94%) and consent requirements (90%). However, knowledge gaps were noted regarding provider qualifications (11%), Medical Board approval (70%), and confidentiality protections (11%). Female participants demonstrated slightly higher awareness in several domains, including confidentiality and consent procedures.

**Conclusion:** While baseline awareness of the MTP Act is satisfactory, specific knowledge gaps regarding the amended provisions persist among residents. These findings underscore the need for enhanced medico-legal education as part of residency training to ensure safe, ethical, and legally compliant abortion care.

**Keywords:** MTP Act, Medical Residents, Knowledge, Abortion.

## INTRODUCTION

Medical Termination of Pregnancy (MTP) is a crucial component of reproductive healthcare in India, providing a legal and safe pathway for women to terminate specific pregnancies under defined conditions. The MTP Act of 1971 was a landmark legislation aimed at mitigating unsafe abortions and maternal mortality by permitting registered medical practitioners to perform abortions in approved facilities.[1,2]

Legal regulation is paramount for ensuring the safety, ethical conduct, and accessibility of abortion services. Prior to the MTP Act, prevalent illegal abortions by unqualified individuals resulted in significant health risks and fatalities for women. The Act established clear protocols regarding the circumstances, providers, and locations for legal abortions, thereby safeguarding women from unsafe procedures and upholding their rights and dignity. Legal oversight also serves to prevent exploitation and guarantees that abortions are performed ethically, with the woman's informed consent.[1,3]

Enacted in 1971 based on the Shantilal Shah Committee's recommendations to combat unsafe abortions and maternal mortality, the Medical Termination of Pregnancy (MTP) Act initially legalized abortion under specific conditions, including risks to the woman's health, fetal abnormalities, and pregnancies resulting from rape or contraceptive failure (for married women).[4] Recognizing limitations such as restrictive gestational limits and unclear rights for unmarried women in light of medical advancements and evolving societal norms, the Medical Termination of Pregnancy (Amendment) Act, 2021, was introduced. This amendment extended the gestational limit to 24 weeks for specific vulnerable groups, permitted unmarried women to seek abortion for contraceptive failure, streamlined provider opinion requirements, and reinforced confidentiality, aligning Indian law with contemporary medical practices and broader reproductive rights to ensure safe and accessible abortion services for all women.[4,5]

*www.ajmrhs.com*
eISSN: 2583-7761

Date of Received: 14-03-2026
Date Acceptance: 21-03-2026
Date of Publication: 25-04-2026

The modernization of India's Medical Termination of Pregnancy (MTP) legislation was essential to address limitations in the 1971 Act concerning reproductive rights, medical advancements, and equitable access. The original law's restrictive 20-week gestational limit (except for life-saving measures) conflicted with later prenatal diagnostic capabilities. Furthermore, its exclusion of unmarried women from the "contraception failure" clause limited reproductive autonomy. Cumbersome consent requirements, particularly the need for two physicians' opinions for abortions between 12-20 weeks, caused delays. The Act also presented access barriers for vulnerable populations, including rape survivors exceeding the gestational limit and a lack of tailored provisions for minors, disabled women, and those in humanitarian crises. Finally, it did not adequately incorporate advancements in safer medical abortion methods beyond seven weeks' gestation.[5,6]

The 2021 MTP (Amendment) Act introduced key reforms to abortion access. These include extending gestational limits to 20-24 weeks for specific vulnerable populations and allowing abortions beyond 24 weeks for substantial fetal anomalies with Medical Board approval. The Act also expanded eligibility to include unmarried women, simplified approval processes by requiring a single Registered Medical Practitioner's opinion up to 20 weeks, and mandated enhanced confidentiality protections. These changes aim to improve autonomy, safety, and accessibility by addressing historical inequities and aligning with medical advancements.[7–9] However, challenges such as inconsistent Medical Board decisions and limited awareness in rural areas persist, necessitating continued advocacy for universal access within a rights-based framework

Resident doctors are critical in the delivery of Medical Termination of Pregnancy (MTP) services. Deficient knowledge of relevant legal provisions among healthcare providers, especially residents, compromises both patient care quality and legal adherence. Therefore, legal literacy is essential for all healthcare providers. A knowledge gap exists wherein many residents lack adequate familiarity with the 2021 MTP amendments, despite their legal significance.

**Objectives**

The current study aimed to assess the knowledge of the recent amendments in Medical Termination of Pregnancy (MTP) act 2021 among residents.

## MATERIALS AND METHODS

This was a cross-sectional, questionnaire-based study conducted over a period of five months, from April 2022 to August 2022, at Saveetha Medical College & Hospital, Chennai. The objective of the study was to assess the level of awareness and understanding of the recent amendments to the Medical Termination of Pregnancy (MTP) Act (2021) among resident doctors.

A pre-tested and validated questionnaire was developed to evaluate knowledge on various aspects of the amended MTP Act, including gestational limits, consent provisions, confidentiality clauses, and eligibility criteria for termination under the revised legal framework. Prior to participation, written informed consent was obtained from all respondents. The study protocol was approved by the institutional ethics committee, ensuring adherence to ethical guidelines in research involving human participants.

The study population comprised resident doctors, including interns, from various clinical departments of the institution. A total of 100 participants who voluntarily completed the questionnaire were included in the final analysis. Basic demographic data including age and gender were collected, with the participants' ages ranging from 18 to 26 years (mean age: 22 years), and a near-equal gender distribution (46 males and 54 females).

Data from the completed questionnaires were entered into a database and subjected to statistical analysis. Descriptive statistics were used to summarize demographic data and response frequencies.

## RESULTS

**Demographic Profile of the Participants**

A total of 100 resident doctors (interns) participated in the study by completing the questionnaire. The cohort comprised 46 males (46%) and 54 females (54%), demonstrating a slight female predominance. The age range of participants was 18 to 26 years, with a mean age of 22 years, reflecting a young adult group at the beginning stages of their medical careers.

**Knowledge of MTP Act among Participants among male and Females**

**Table 1** presents the knowledge of the Medical Termination of Pregnancy (MTP) Act among the study participants, categorized by gender. It details the percentage of male (N=46) and female (N=54) participants who provided correct responses to specific questions related to the MTP Act, along with the total percentage of correct responses for each question.

**1. General Knowledge of the MTP Act**

Participants demonstrated strong general knowledge of the MTP Act's origin, with a high proportion of both male (80%) and female (81%) respondents correctly identifying its enactment year as 1971. However, awareness of the 2021 amendments to the Act was slightly lower, with 74% of males and 76% of females answering correctly, indicating a need for

improved understanding of the Act's current legal framework.

**2. Understanding of Legal Opinion Requirements**

Participants generally demonstrated sound knowledge regarding the requirements for legal opinion in Medical Termination of Pregnancy (MTP) cases. A significant majority, 85% of males and 87% of females, were aware that a single Registered Medical Practitioner (RMP) is sufficient under certain circumstances. Similarly, a large proportion also correctly identified situations necessitating the opinion of two RMPs (80% of males and 76% of females). However, a notable difference emerged between genders in the understanding of Medical Board approval requirements, with 76% of males and 65% of females providing correct responses, suggesting a potential disparity in knowledge concerning the role of Medical Boards in MTP decisions

**3. Knowledge of Eligibility and Legalities**

A significant deficit was observed in participants' knowledge of the requisite qualifications for performing MTP procedures, with only 11% of both male and female participants demonstrating accurate understanding. Furthermore, while awareness of MTP-related offenses punishable under the Indian Penal Code (IPC) was moderately present, a gender disparity was evident, with females exhibiting slightly higher knowledge (46%) compared to males (35%).

**4. Understanding of Indications and Consent**

Participants demonstrated strong knowledge regarding the indications for MTP, with 91% of males and 96% of females responding correctly. Awareness of consent-related aspects was also generally high: a large proportion understood the necessity of obtaining consent from the woman seeking MTP (91% of males, 89% of females) and from a guardian where required (93% for both genders). Knowledge of the legal age for consent was also well represented (87% of males, 91% of females). However, while still relatively high, knowledge concerning consent forms was slightly better among females (85%) compared to males (74%).

**5. Knowledge of Access and Legal Processes**

Knowledge regarding the Medical Termination of Pregnancy (MTP) Act varied among participants. There was a discrepancy in awareness of MTP information accessibility, with a higher percentage of males (87%) reporting correct knowledge compared to females (74%). Understanding of record-keeping requirements related to MTP was moderate, with a slightly higher proportion of females (76%) than males (72%) demonstrating accurate knowledge. In contrast, both male (93%) and female (91%) participants showed a strong understanding of the legally designated places for pregnancy termination. However, knowledge concerning the legal repercussions of breaching patient confidentiality was notably deficient, particularly among male participants (2% vs. 18% of females), indicating a critical lack of awareness of these legal obligations.

Statistical test (Chi square test) was performed, and p value was found to be insignificant for all responses ($p>0.05$).

## DISCUSSION

The primary aim of this study was to assess the level of awareness and understanding of the recent amendments to the Medical Termination of Pregnancy (MTP) Act, 2021 among resident doctors in a tertiary care teaching hospital, using a structured, validated questionnaire.

Current findings indicate a high level of MTP Act awareness among medical residents, with over 80% correctly identifying the 1971 enactment year and over 75% aware of the 2021 amendments. This contrasts with the findings of Palo L et al[10] showing that while 100% knew of the Act, only 36% understood specific provisions like the non-requirement of spousal consent. While general awareness of the MTP Act has been widespread, detailed knowledge of its provisions and recent changes has been lacking. Recent literature emphasizes that comprehensive understanding of the MTP Act and its amendments among medical professionals is crucial for delivering effective and ethical abortion services. The 2021 amendments, which expanded gestational limits and broadened eligibility, represent significant progress, but their impact depends on healthcare providers' knowledge and implementation. The improved awareness among current residents may reflect increased education and public discourse following the 2021 amendments.[1,11] However, prior research suggests that gaps persist in detailed legal knowledge and practical application, highlighting the continued need for thorough training in MTP law and practice.

The finding that 94% of participants demonstrated sound knowledge of acceptable grounds for MTP indicates a high level of clinical understanding, surpassing findings in previous studies by Acharya R et al[12] and Kumari S et al[13]. Specifically, this study shows higher awareness compared to Kumar et al. where approximately 74% of healthcare providers were aware, but gaps persisted regarding fetal anomalies and the 2021 amendment clarification on contraceptive failure in unmarried women.

Despite this baseline awareness, several critical knowledge gaps were identified. Notably, only 11% of participants correctly understood the qualification criteria required to perform MTP, highlighting a substantial gap in awareness regarding provider eligibility—a key legal safeguard for ensuring safe abortion practices. Similarly, awareness of confidentiality provisions, particularly the penalties

for breach of patient privacy, was poor, with only 2% of males and 18% of females demonstrating accurate knowledge. This gap is particularly concerning given the ethical and legal consequences of violating patient confidentiality in reproductive care.[14]

Female residents outperformed their males in several areas, including awareness of record-keeping protocols, consent documentation, and legal consequences for breaches of confidentiality. These differences may reflect variations in interest, clinical exposure, or emphasis placed on women's health issues during training, warranting further exploration and targeted educational interventions.

Participants demonstrated strong foundational knowledge of general MTP provisions and indications, suggesting effective education on core clinical aspects. Their understanding of consent requirements, including legal age and women's autonomy, indicates a grasp of patient rights. However, a knowledge deficit exists regarding the specific legal qualifications for performing MTP, which could lead to legal issues and compromise patient safety. Similarly, incomplete understanding of Medical Board requirements, particularly for complex cases, raises concerns about preparedness for managing such situations. Furthermore, poor knowledge of confidentiality protections, especially among male participants, is concerning, given its importance for legal compliance, patient trust, and the potential for adverse psychosocial and legal consequences. Gender differences in knowledge suggest a need for standardized, comprehensive medico-legal education for all healthcare providers, regardless of gender or specialty.

### Strengths

The prospective, questionnaire-based design allowed for the structured and standardized collection of data across a defined cohort. The nearly equal gender distribution allowed for the analysis of gender-based differences in knowledge, uncovering specific trends that may inform targeted educational strategies. Furthermore, the questionnaire was designed to assess both clinical and legal dimensions of the MTP Act. By evaluating knowledge of indications, consent requirements, qualifications for performing MTP, and medico-legal penalties, the study offers a comprehensive understanding of the knowledge landscape among young medical professionals.

### Limitations

Being a single-center study, the findings may not be generalizable to all medical institutions, especially those with different curricular emphases or located in rural or underserved areas. Secondly, the sample population was limited to interns and junior residents, who, while actively engaged in patient care, may not reflect the knowledge levels of senior faculty members, practicing obstetricians, or healthcare providers in peripheral or non-academic settings.

## CONCLUSION

Current study reveals that while general awareness of the MTP Act and its recent amendments is relatively high among medical residents, there are critical knowledge gaps in specific domains, including provider qualifications, confidentiality provisions, and access criteria for special populations. These deficiencies, if unaddressed, could potentially hinder the delivery of legally compliant and ethically sound abortion care.

Given the pivotal role of resident doctors in first-contact care and reproductive health services, it is essential to integrate focused medico-legal education into undergraduate and postgraduate medical curricula. Structured training programs, legal literacy modules, and periodic refresher courses should be institutionalized to bridge these gaps. Ensuring that future physicians are well-versed in the legal framework governing MTP is indispensable to safeguarding patient rights, minimizing medico-legal risks, and promoting a standard of care that is both clinically competent and legally sound.

**Acknowledgements:** Nil

**Ethical considerations:** IEC approval from Saveetha Medical College & Hospital, Chennai

**Conflict of Interest:** Nil

**Funding:** Nil

## REFERENCES

1. Pai Satvik N, Chandra KS. Medical Termination of Pregnancy Act of India: Treading the Path between Practical and Ethical Reproductive Justice. Indian J Community Med Off Publ Indian Assoc Prev Soc Med. 2023;48(4):510–3.
2. Sherier N. Medico-legal Aspects-Medical Methods for Early Abortion. Consortium on National Consensus for Medical Abortion in India. WHO-CCR in Human Reproduction. All India Institute of Medical Sciences[online]. [cited 2025 May 16]. Available from: https://www.aiims.edu/aiims/events/Gynaeweb site/ma_finalsite/report/1_3_7.html
3. Chapter-5. Medical Termination of Pregnancy. Securing Reproductive Justice India [online]. [cited 2025 November 16]. Available from: https://reproductiverights.org/wp-content/uploads/2020/12/SecuringReproductiveJusticeIndia-Chpt05.pdf
4. The Medical Termination of Pregnancy Act, 1971. Arrangement of Sections [online]. [cited 2025 November 18]. Available from: https://www.indiacode.nic.in/bitstream/123456789/1593/1/A1971-34.pdf

5. Gupte S, Karkhanis A. Everything you need to know about abortion in India.Consent under the Medical Termination of Pregnancy Act, 1971. Nov 2019. 3
6. Jain D. Supreme Court of India judgement on abortion as a fundamental right: breaking new ground. Sex Reprod Health Matters. 31(1):2225264.
7. Datar N. MTP After 20 weeks: When & How? J Obstet Gynaecol India. 2021 Aug;71(4):357–60.
8. Factsheet: The Medical Termination of Pregnancy (Amendment) Act, 2021. Center for Reproductive Rights 2021
9. India's amended law makes abortion safer and more accessible. World Health Organization [Internet]. [cited 2025 November 16]. Available from: https://www.who.int/india/news-room/detail/13-04-2021-india-s-amended-law-makes-abortion-safer-and-more-accessible
10. Palo LB, Chauhan NS, Parvathi T, Chauhan RC. Awareness regarding abortions and medical termination of pregnancy act among medical students in Puducherry, India. Int J Res Med Sci. 2015;3(10):2729–33.
11. Arora V, Verma C. The Medical Termination of Pregnancy (Amendment) Act, 2021: A Step towards liberation. Indian Journal of Medical Ethics. 10 Jan 2022. 7(1)
12. Acharya R, Kalyanwala S. Knowledge, attitudes, and practices of certified providers of medical abortion: evidence from Bihar and Maharashtra, India. International Journal of Gynecology & Obstetrics. 2012 Sep;118:S40-6.
13. Kumari S, Sharma KA, Ghosh S, Suman BA, Bhardwaj A, Puri M, Chaudhary P, Chatterjee T, Dubey S, Karna P. Respectful Abortion Care initiative: How a large-scale virtual training for providers in India increased knowledge of the new 2021 Medical Termination of Pregnancy Act. International Journal of Gynecology & Obstetrics. 2024 Feb;164:42-50.
14. Leitao S, O'Shaughnessy E, San Lazaro Campillo I, O'Donoghue K. Healthcare professionals and students' knowledge on termination of pregnancy legislation and clinical practice: A systematic review. Sex Reprod Healthc. 2022 Sep 1;33:100762.

**How to cite this article:** Dr. R Anusha Rebecca, A QUESTIONNAIRE BASED STUDY ON THE RECENT AMENDMENTS IN MEDICAL TERMINATION OF PREGNANCY (MTP) ACT 2021 AMONG RESIDENTS IN A MEDICAL COLLEGE & HOSPITAL, Asian J. Med. Res. Health Sci., 2026; 4 (1):-1341-1345.
**Source of Support:** Nil, Conflicts of Interest: None declared.

Table 1: Knowledge of MTP Act & Amendments among participants (Male & Female)

| Variable | Male (%) n=46 | Female (%) n=54 | Total correct responses (%) | Chi square test | P value |
|---|---|---|---|---|---|
| MTP act passed in year 1971 | 37 (80%) | 44 (81%) | 81 | 0.483 | 0.99 |
| Recent amendment in 2021 | 34 (74%) | 41 (76%) | 75 | | |
| Opinion of a single RMP to terminate pregnancy | 39 (85%) | 47 (87%) | 86 | | |
| Opinion of 2 RMPs to terminate pregnancy | 37 (80%) | 41 (76%) | 78 | | |
| Need for approval from a Medical Board | 35 (76%) | 35 (65%) | 70 | | |
| Qualification necessary to perform MTP | 5 (11%) | 6 (11%) | 11 | 0.918 | 0.97 |
| Offence punishable under IPC | 16 (35%) | 25 (46%) | 41 | | |
| Indications for MTP | 42 (91%) | 52 (96%) | 94 | | |
| Consent form for termination of pregnancy | 34 (74%) | 46 (85%) | 80 | | |
| Consent from woman for MTP | 42 (91%) | 48 (89%) | 90 | | |
| Consent from guardian for MTP | 43 (93%) | 50 (93%) | 93 | | |
| Age for consent | 40 (87%) | 49 (91%) | 89 | | |
| Accessibility of information relating to MTP | 40 (87%) | 40 (74%) | 80 | 6.614 | 0.09 |
| Maintenance of record relating to MTP | 33 (72%) | 41 (76%) | 74 | | |
| Place where pregnancy can be terminated | 43 (93%) | 49 (91%) | 92 | | |
| Punishment for breach of confidentiality | 1 (2%) | 10 (18%) | 11 | | |