Safe and Legal Termination - A Distant Reality

Shelley Saha., CEHAT
For Humanscape, March 2000

The Present Scenario: A Quarter Century after legislation

In India, health sector planning has revealed a very narrow approach to the question of women's health. It has failed to make any substantial improvement in the health of a toiling, poor woman. The health of the Indian woman is traditionally frail resulting in excess female mortality and morbidity. The basic cause is their relative economic deprivation and gender discrimination. The government would be unable to provide ready access to millions of women requiring simple basic health care. An estimated 200,000 or more women in the third world countries die every year due to unsafe methods of terminating pregnancy and another additional uncounted thousands suffer severe morbidity. In India it is estimated that unsafe clandestine abortions account for 20% of maternal deaths. Approximately annual number of abortions in the country is over 11.2 million of which 6.7 million are expected to be induced.[4] The estimated ratio of illegal to legal abortions in India is 11 to 1.

This dismal scenario indicates that something has obviously gone wrong somewhere. These are astounding figures for a country where abortion has been legalised way back in 1971. The move created limited controversy but did not have expected impact. The reasons are embedded in the wider socio-political context. As a result of legalisation, a woman has just to visit the nearest PHC or Government Hospital, where she has to opt for safe, clean techniques without risking her life. But that was a dream scenario, confined perhaps to the policy makers only. When appropriately performed, abortion is extremely safe. The abortion mortality and morbidity is largely preventable. The fact remains that there is no access to safe pregnancy termination despite the enactment of the law. The legal status of abortion does not always ensure access to safe services, rather it is the application of the law which determines whether women will have a safe or unsafe abortion. Therefore the issue needs a closer look.

Access to safe and legal abortion is one of the necessary provisions for women's survival and reproductive health and is considered as a reproductive right. The overwhelming anti-woman bias in the society, the entire onus of contraception lying on the woman and the social prejudice pushes the woman into the backstreets of illegal abortionists. As a result, thousands of women needlessly jeopardise their health. India has the highest number of second trimester[3] abortions in the world, which indicates that not only is this a serious public health issue, but a proxy indicator of the crying need for contraception. The situation is rendered even more complex as a consequence of the widespread practice of sex selective abortion of female foetuses. The lack of facilities is reflected by inadequately equipped PHCs in rural areas. Furthermore MTP has been treated as "woman's issue" and not as a health problem, which is entitled to a significant budgetary allotment. Abortion has thus emerged as a criminally neglected public health issue. These

factors have ensured that the number of official MTPs has stagnated at 0.6 million[4] since. This alone does not give us any idea about the enormity of the problem. The MTP facilities in the country are in a dismal state and needs to be consolidated to acquire a vision beyond a "supplies and techniques" scheme.

Problems faced by women:

The barriers that women face in accessing abortion services are many. Social and a host of opportunity costs, result in poor utilisation of approved facilities. Centre for Enquiry into Health and Allied Themes (CEHAT) has been working in the area of abortion in Maharashtra for the last four years. The studies explored the issues related to abortion by understanding women's perception and needs on the one hand, and quality of abortion care and the related issues on the other.

The abortion facilities available in the country are unable to meet the demand for abortion. Women especially in rural areas have to go to non-registered abortion care facilities and unqualified practitioners as abortion care facilities are skewed against rural areas. Recently the study done by CEHAT in 9 tehsils of Pune and Ratnagiri districts reveals those urban abortion care services shares 63 percent of the total abortion care services. The public sector has a meager 11 percent share in the total abortion care services[2]. Moreover, government facilities that is supposed to provide free abortion services often charge women for abortion services, placing another barrier to safe abortion services from the formal health care system.

The restrictive nature of the law, which provides abortion only on certain grounds, makes it difficult for a woman to approach a registered MTP centre if her case does not 'fit into' those stated conditions. Also there is lack of anonymity and confidentiality particularly in primary health care centres. The issue of confidentiality becomes a major concern especially for unmarried women, thus forcing them to compromise with quality care. In many places the providers ask for husband's signature, especially in public health facilities, thus further pushing the woman to private, and often untrained providers where her identity is secure but not her life. Mandatory contraception at public health care facilities also pushes women to go to private facilities.

The CEHAT study shows that approximately 73 percent of the total abortion care centres in the two districts are non-registered[2]. Most of the centres where abortion is done do not adhere to the minimum physical standards as stated in the MTP Act. Abortion providers are not sensitive to understand the suffering and needs while interacting with the women. Privacy of the women undergoing abortion is many a times' ignored[9].

View point: Abortion providers

The recent study by CEHAT asked the heads of institutions providing MTP services and abortion providers regarding MTP registration procedures, their experiences and views about it and other related aspects. Overall, the heads of institutions, abortion providers

and the government officials were poorly informed about the MTP Act. About 42 percent of the heads of institutions had never tried for obtaining an MTP registration, as many of them felt they are sure about not meeting legal requirements. Moreover, majority of the abortion providers especially in rural areas did not have the necessary qualification for conducting abortion as stipulated in the Act[9]. This requires expansion of the MTP training facilities and also improving overall monitoring mechanism.

Trained personnel practicing in rural as well as urban areas who wished to provide safe and legal abortion services to needy women were facing many difficulties in getting their centres registered as per the existing rules and regulations leading to the prevalence of large number of non-registered abortion care centres. Proximity of the blood bank as a criterion had been one of the major deterrents in getting registration for MTP especially in the rural areas[9]. Quite often the manouvers necessary to obtain MTP registration may be frustrating, complicated and time consuming. This calls for simplification of the MTP registration procedure.

Increasing women's access to safe abortion services: Actions for - 2000

In our country women's access to safe abortion services, and health services in general, depends a lot on our socio-cultural norms. The constraints that a woman faces in our country in seeking proper health care services in general and abortion care in particular due to patriarchal values cannot be changed overnight. However, increasing number of MTP registered centres and demanding accountability on part of health care providers is one of the intermediate stages for facilitating women's access to safe and legal abortion. This constitutes one of advocacy efforts under the current study on abortion at CEHAT. Some of the recommendations stated below have come up with in consultation with members of other concerned constituencies by CEHAT.

- To increase the number of MTP centres by recognising more non-government institutions so as to bring about a proportionate distribution of MTP centres throughout the country.
- Reduce the bureaucratic procedure by decentralising power from the State level to District level to encourage the heads of the health care institutions to get them registered for MTP services.
- Decentralisations of authority to physically inspect the health care centres of the applicants of MTP registration. The concerned authorities for better implementation of the Act should do routine monitoring of MTP facilities.
- Quantitatively and qualitatively, training under MTP programme needs to be shared especially considering the expansion of MTP activities in rural areas. There is a need to enhance the MTP training budget by the Government.
- Consider training of non-allopaths for conducting MTPs, as a significant number are already conducting abortions[9].
- The facilities providing abortion should give counselling to the woman undergoing abortion as a woman sometimes has to go through lot of psychological trauma.

- Enlighten mothers about the free facilities available, secrecy, safety and other advantages of getting an abortion done in an approved centre through an intensive Information, Education and Communication (IEC) campaign. The study by CEHAT had shown that husbands play a major role in matters related to abortion[6]. Therefore the men folk in the community becomes a major target audience for the IEC messages related to abortion.

To sum up:

For effective implementation of the law to provide free and safe abortions on demand, it needs to be accompanied by other social inputs like empowering women for having better control over their bodies and sexuality. Further, a really safe abortion is possible, only by embedding abortion services, in a full range of strong social services - health care, prenatal care, safe child birth, child care, safe and reliable contraception, sex education, protection from sexual and sterilisation abuse, etc.[7]

As health researchers and activists who witness the consequences of restrictive law related to abortion and gender inequality of society towards women's reproductive rights have a greater obligation than the common citizen, of promoting comprehensive health care policies.

Until commitment comes about, both from the government and from the people themselves, millions of women will suffer. Silently and torturously.

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