Women's Access to Good Quality Abortion Care Services

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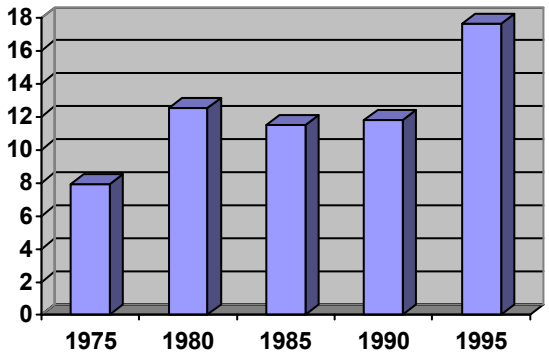
Introduction

The issue of abortion has attracted attention for centuries now, and always been debated from the pro- choice and pro- life context. Countries, all round the worlds have been combating to get abortion services legalised, with the aim that their women can avail safe abortion services. In this respect, women in India are fortunate to have legal provision in accessing abortion services made available to them through the Medical Termination of Pregnancy Act (1972). This Act deserves credit for decriminalizing abortion and is also revolutionary as it allows women to avail abortion even for failure of contraception.

Background

But despite the existence of the Act, we still find that women are turning to unsafe hands for an abortion. An estimated, five to six million abortions are conducted in India at unauthorised facilities and by unqualified providers. The complications resulting from an unsafe abortion includes: sepsis, haemorrhage, uterine perforation, gas gangrene, acute renal failure, chronic pelvic pain, pelvic inflammatory disease, tubal occlusion, secondary infertility, high risk of ectopic pregnancy, premature delivery, future spontaneous abortions and reproductive tract infections. The consequences of the above may be fatal if left untreated and often leads to infertility, permanent physical impairment, and chronic morbidity. (CRLP website publications, March 2000) This contributes to mortality due to secondary complications and can be observed by the increasing trend in maternal deaths stirring due to abortion, especially in rural areas.

Year	% Distribution of abortion deaths under maternal deaths
1975	7.9
1980	12.5
1985	11.5
1990	11.8
1995	17.6



Source: Government of India, MOHFW, Health Information of India (respective years).

The above figures very clearly designate that there has been a steady increase in the percentage distribution of abortion deaths. This highlights that legalization of abortion services does not essentially ensure the provision of safe abortion services to women, and the fact is that women are still turning to perilous hands for an abortion. Unsafe abortion procedures pose as a serious health issue and the resulting morbidity and mortality go against the basic right to safe health care and right to life. This concern thus demands utmost attention and needs to be dealt as a serious health rights issue.

Year	No of Registered abortions	No of Registered MTP centres	No. of abortions per MTP centre
1975-76	214,007	1,877	114
1980-81	385,749	3,294	117.1
1984-85	573,129	4,918	116.5
1990-91	580744	6859	84.6
1994-95	625931	8511	73.5
1997-98	510489	9119	55.9

Source: Government of India, Department of Family Welfare, Family Welfare Programme in India, Year Book (respective years)

Though the number of registered MTP centres has increased, we can observe that the number of registered abortions per MTP centre has been on the decline. These tell us that though there has been an effort in increasing the registered centres; abortions are still taking place outside the legal framework. We need to then find out the factors affecting women's access to good quality abortion care services and also explore the reasons as to why women turn to hazardous hands for abortion services.

The Accessibility, Approachability and Affordability Issues

The factors that impinge on access to safe abortion services are problems of accessibility, approachability, affordability, and availability of these services at public health centres. The *accessibility* concern encompasses the components of inadequate facilities, training of personnel and equipment in providing abortion care.

- According to the national norm all CHCs, post-partum centres and similar higher-level health facilities are expected to provide abortion services, However 10% in Tamil Nadu and Maharashtra and as high as 46% in Uttar Pradesh are not providing these services. (CORT study, 1995-97).

- Though there are no recent service statistics on the distribution of doctors trained in abortion care in registered public health facilities, estimates in 1992 indicate that there were only 3000 trained doctors available compared to the 21,000 required to serve all rural primary health centres. (Chabbra and Nuna 1994).

- Among the required equipments used for conducting abortions, the essential equipment of the MTP Suction Aspirator is not available in many PHCs. In states like Assam, Bihar, Kerala, Madhya Pradesh and West Bengal not even 10 percent of PHCs reported possessing this equipment. (RCH, Facility Survey, 1999). Thus if abortion services, or the essential manpower and equipment for conducting safe abortion procedures, are not available for the women in the public health care delivery systems, the whole purpose of accessibility is defeated.

The facilities are often *unapproachable*, characterised by long waiting hours, an impersonal atmosphere, lack of confidentiality, inadequate follow- up and absence of post abortion counselling. (Sunita B, May 2000). Frequently the women are victimized for having repeated abortions and forced to undergo sterilization after the abortion, which acts as a deterrent in approaching the public facilities.

The distribution of abortion care facilities in rural areas is unequally distributed and spatially sparse. (Sunita B, May 2000). Hence though MTP performed in government set-ups are free

of charge, with tough terrain and lack of public transport facilities, the women are inclined to incur high costs of travelling to these facilities.
With the public facilities being inaccessible and the private sector facilities unaffordable in all respects, the women subsequently turn to quacks. They are discern to use methods such as scooping out the foetus with a spoon, scraping the vagina, inserting sticks/thorns with poisonous weeds or other such sharp objects. The consequences of such procedures can array from morbidity to chronic disability, sterility, and serious infections such as septicemia of cervix, uterine perforation and even death. (Ashtekar 2000, CRPL publications March 2000).

Other Important Issues
There are also other important reasons such as secrecy, low cost of travel, marital & socio-economic status, lack of consent & support from the family members for women to turn to quacks for such clandestine and fatal abortion services. (Sunita B, May 2000). Confidentiality is a major concern, especially for unmarried, widowed and out of wedlock pregnant women. Visiting the public facility can hamper the women's secrecy and subsequently her status in the community. Though the MTP Act does not ask for the husband's signature, the providers insist on such a procedure, thus revealing the women's position and setting her in a vulnerable state. Women who did not get support from their husbands were more likely to try out home remedies methods like herbal concoctions, medicines, injections, inserting sharp objects and turn to unsafe providers as they want to be discreet. (CORT study, 1995-97).Further, considerations such as low or nil cost of travel, quick procedures and short duration of stay after the procedure also act as considerations for choosing a nearby quack. All of these are viewed as an advantage for the woman who needs to get back to the family, children and workplace at the earliest.

The Violation of Rights
Women consider abortion for various reasons such as failure of contraception, spacing between children, health problems etc. If access to abortion is denied and the women is required to carry on the pregnancy, then it equivalent to infringing on their right to determine the number and spacing of her children, their right to bodily integrity, their right to safe reproduction, their right to decision – making and many such rights. Further if a woman is forced to undergo unsafe abortions, it amounts to violating her very right to life. Abortion-related deaths are the most avertable cause of maternal mortality, if only access to services were enhanced.

The State's Role
If the government desires to provide health care to all and labour toward creating conditions conducive to the enjoyment of good health, then they need to take appropriate measures to guarantee that women are not exposed to the risks of unsafe abortion and warrant access to high-quality abortion services. *(CRPL website publications March 2000)*
Access to safe and legal abortion can be achieved by:

- Continuous upgrading of skills, and introducing the MTP providers to the latest technology, thus keeping pace with advances in medical techniques. The training also needs to include the component of post abortion counselling skills. The numbers of training centres needs to be increased by including district hospitals, urban hospitals, community health centres, NGO and private sector health facilities, ensuring adequate caseload for practical training. The number of trainees per centre also needs to be increased.

- The primary health centres need to be equipped with essential infrastructure and equipment facilities to provide abortion services so that training is also utilized. There needs to be promotion of non-surgical techniques and non-invasive methods like Manual Vacuum Aspiration, which is safer, easier and ideally suited for resource poor settings. But the caution is that the providers need to be really well trained for conducting such procedures, or else the whole purpose of safety is defeated.

- The monitoring of the implementation of MTP Act with regard to the essential minimum physical standards and qualified human power for conducting abortion procedures is essential.

- Undue delays in the licensing procedures should be avoided so as to speed up the process of registration. Quality of services, maintenance of records of MTP cases and regular reporting should be the added criteria for relicensing.

- More importantly the women's needs and the socio- cultural context of their access and utilization need to be understood in order to provide a more meaningful service delivery system. The provider's attitudes need to undergo a change and they need to be sensitised to the needs of the women, which can be achieved through in-services training.

Conclusion

In conditions of widespread poverty where family earnings are barely adequate to meet two square meals, seeking affordable health care becomes a luxury. Thus strengthening the public health care system not only means free of charge services but also good quality care and safe abortion procedures. Health Care is a right and the public health care system is the means to achieve it through provision of all types of affordable health care facilities, including abortion. And it is the state's responsibility to provide good quality; safe, affordable and accessible abortion care facilities through the public health care system. Apparent from our above discussion is that women do not have the decision-making power to undergo an abortion. They are forced to avail health care by risky providers depending on their socio-economic and marital status. It is a matter of concern that women have to actually consider irrelevant issues to access legal abortion services. It is a woman's right to access safe abortion services, irrespective of her socio-economic or marital status. Matters of access demand a human rights perspective. And if a woman is deny abortion services in any respect, or is exploited in any fashion because of her vulnerable position, then it needs to be addressed as a contravention of right issue. The focus thus needs to shift from unsafe abortion being an issue of public health concern, to access to safe and legal abortion as a women's right issue.

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