

UNSAFE ABORTIONS

Shelley Saha

Appalling. Horrifying. Hair-raising. According to the Indian Survey of Death Reports nearly 18 percent of maternal deaths result from abortion. And estimated ratio of illegal to legal abortions ranges between 3 to 1 and 8 to 1. In India, the most frequently recognised complications from unsafe abortions are pelvic infections, incomplete abortion, haemorrhage, uterine injury and cervical injury. Why is the situation so grave despite legal abortion provisions for more than 25 years?

We, at the Centre for Enquiry into Health and Allied Themes (CEHAT), a research organisation in Pune working in the area of abortion for more than 5 years, recently conducted a study “Research and Advocacy for Improving Quality of Abortion Care (REAP)” in 9 tehsils of Pune and Ratnagiri districts of Maharashtra, to assess the existing quality of abortion care and the causes impeding women’s access to safe abortion services. The data from this study shows that on an average for every single registered abortion care facility there existed three non- registered abortion care facilities. We spoke to abortion providers of 115 abortion care facilities from the two districts under study and found out the causes from the owners of the institutions providing abortion, the reason for the existence of such high level of non-registered MTP centres. In mid 1990s, in the country the total number of registered MTP centres was 9271 and the number of MTPs reported were 609915, reflecting the inadequacy of MTP centres in the country. While some when tried for MTP registration faced problems others never made an attempt to do so. About 42% of heads of abortion centres who had never tried for registration is more than telling. Delays in responding to applications from concerned authorities, lack of access to required information needed for registration have discouraged a large proportion of providers from seeking registration. As a result, a large number of abortion care facilities remains outside the ambit of accountability, thus reflecting the inefficiency and apathy of the government. On the other hand, inadequately staffed government department for perhaps paucity of finances coupled with tendencies to deliver less than prescribed job responsibilities mars the spirit of making ‘legal and safe abortions’ a right for women in our country. “The registration procedure is lengthy. Government should take initiative and sanction MTP centres in proportion of population and should provide the centres with required resources and should disseminate the

required information” says the head of one of the abortion care facility.

Moreover, certain clauses in the State level Rules and regulations of the Act discourages the abortion providers from rural areas for seeking registration under the law. As one abortion provider explains “In rural areas it is rare to get qualified nurses and assistants. We do train assistants in-house. Where would trained nurses heavy salaries be paid from?” Inadequately equipped Primary Health Care centres aggravate lack of safe abortion care facilities in rural areas. No wonder rural women continue to jeopardise their health by trying out unsafe methods.

Our data shows the abortion health care facilities were neither sound in terms of medically prescribed minimum physical standards nor were they meeting women’s expectations. Only 16% out of the total 115 abortion care facilities completely met the minimum physical standards requirement. Our study also brings into light that not all registered MTP care facilities adhere to the minimum requirements of physical standards as stipulated in the act. About fifty percent of the abortion providers from the study area were nonqualified. All these data highlight poor implementation and low compliance of the medical fraternity with the MTP act.

The study makes a whole series of recommendations to increase women’s access to quality abortion care. We feel there is a need to decentralise the sanctioning authority to speed up screening of applications and MTP registration and also regular monitoring of MTP facilities for better implementation of the Act. Quantitatively and qualitatively, training under MTP programme needs to be improved and expanded. Efforts had been made along with the government to remove some of the clauses from the State level Rules and Regulations of the Act which would facilitate the abortion providers to seek registration for their centres like the issues of having a blood bank within a vicinity of 5 kms. A booklet containing all the relevant information is prepared in both English and Marathi to facilitate the registration procedure. Both the government as well as the medical fraternity needs to actively participate which would enhance women’s access to quality abortion care.