

MEDICAL ABORTION IN INDIA: A MODEL FOR THE REST OF THE WORLD?

RESEARCH BRIEF

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Summary

MSI's research found that India's model of liberalised access to medical abortion has, on the whole, gained high levels of acceptability from both women and men and healthcare providers. The study revealed that 65% of women and 57% of men thought that medical abortion should be promoted more widely to communities, while 71% of women and 74% of men rated medical abortion as either *very effective* or *somewhat effective*.

Unsafe abortion is still a leading cause of maternal death and leads to over five million women a year being hospitalised due to complications.¹ Yet since 1988, medical abortion has offered a safer and more cost effective alternative to surgical abortion. Taken within the first nine weeks of pregnancy, the drugs mifepristone and misoprostol have a 98% success rate of terminating pregnancies. These drugs are also more easily administered in rural and remote settings, where unsafe abortion is most prevalent.

Despite the effectiveness of medical abortion, developing countries have been slow in registering or rolling out access to mifepristone and misoprostol.¹ To better understand the barriers that exist and provide a model for better access, Marie Stopes International (MSI) undertook research in India, a country in which women can most easily access medical abortion. Focusing on the Gujarat and Jharkhand states, the study investigated how medical abortion is accessed and how men, women and healthcare providers have responded to the introduction of this method

of abortion. Eight hundred and forty four women and 403 of their husbands, plus 88 pharmacists and 87 healthcare practitioners were involved in the study.

MSI's research found that women having a surgical abortion were more than twice as likely to be hospitalised as a result of the abortion, than those that have a medical abortion. This suggests that major complications associated with medical abortion are uncommon.

In addition, the research also found that 80% of the women who had a medical abortion said they were *satisfied* or *very satisfied* with the method.

Liberalising access

Unlike in many developing countries, abortion is legal in India. This has been key to the country's successful abortion programmes. India liberalised its abortion law in 1971 as a direct response to the number of women dying from unsafe abortion. The Medical Termination of Pregnancy (MTP) Act allowed any Government-run hospital or certified private facility

in India to perform abortions up to 20 weeks of pregnancy.

In 2002 and 2003, an amendment to the original Act sanctioned obstetrician-gynaecologists and other certified medical practitioners to provide mifepristone and misoprostol in a clinical setting up to seven weeks of pregnancy.

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The research also found that about eight in ten healthcare providers (practitioners and pharmacists) thought that medical abortion was effective.

Lessons

Lack of public services

The widespread use of medical abortion, however, has been hampered by lack of abortion services at public sector facilities; from primary health care level upwards. By 2001, for example, just a quarter of primary health centres in Uttar Pradesh provided abortion services.

The availability of medical abortion is also limited because providers must have access to a certified site with capacity to perform a surgical abortion before they can provide medical abortion. This restriction has led to a mushrooming of over-the-counter sales of mifepristone and misoprostol in response to increasing demand and willingness to pay. This demand has largely been fuelled by poorer, disadvantaged women who are more likely to resort to having unsafe abortions or making over-the-counter purchases. The sale of over-the-counter drugs is now fairly common in India, despite

pharmacists being restricted by law to providing medical abortion pills by prescription only.

Buying medical abortion pills from a pharmacy is also cheaper than going through a doctor. Pharmacists estimate costs below 600 rupees (\$12) compared with up to 3,000 rupees (\$60) among the medical profession.

Misconceptions

While the use of medical abortion pills in India is high, approximately two-thirds of women and 85% of men thought that abortion was illegal. This lack of knowledge demonstrates a possible taboo around open and accurate discussion of issues related to abortion as well as a failure of the government to educate communities about the MTP Act.

One third of women said that medical abortion should not be promoted because they thought it was illegal. Of these, 13% believed that the tablets are harmful, and there was a chance of misusing the tablets. If these false beliefs were corrected, the proportion of people in favour of the promotion of medical abortion might rise.

Twenty two percent of pharmacists in Gujarat and 14% in Jharkhand also said they would not be willing to stock medical abortion pills. Three out of four said this is because medical abortion is illegal.

MSI's research found that 96% of women who had received pills directly from a pharmacy also received instructions. Yet this information was not always accurate and only 15% of women said that they had discussed side effects and how to manage them with their pharmacist. As a result, many women confused normal side effects, such as moderate to heavy bleeding (46%) and abdominal pain (49%), for complications.

Pharmacists did not always know the correct length of gestation for which medical abortion could be used, giving ranges from 10 days to 90 days.

Sixty nine percent of medical practitioners correctly stated that the method can be used up to between 30 and 59 days of gestation, while the remaining 31% either quoted shorter or longer periods, or said they did not know. However over half of the pharmacists (57%) surveyed said they would like to know more about medical abortion. Among the practitioners interviewed, 83% said they would like to know more in Jharkhand, compared with 38% in Gujarat. Twenty three percent of pharmacists said that they gave no information when selling medical abortion pills.

High satisfaction levels

Despite poor provider information, knowledge and counselling, 80% of women who had had a medical abortion were satisfied with it. This demonstrates the enormous potential of medical abortion. Even in those environments where provider behaviour and knowledge is poor, medical abortion should still be available in pharmacies.

Post abortion family planning

Pharmacists giving medical abortion pills over-the-counter are failing to provide follow-up family planning advice. While 56% of surgical abortion users took up contraception following their abortions, only 46% of medical abortion users did so. Forty three percent of these cited a lack of information as the reason why, compared with only 12% of surgical abortion users.

Eight women reported having been obliged to take up contraceptive methods as a precondition of having an abortion. Of these, two said they used the contraceptive pill and two used an IUD. Even more seriously, four women reported that they were forced to undergo a sterilisation as a precondition to having a surgical abortion. This is of great concern.

Recommendations

The research suggests that in order to reach public health goals and improve reproductive health and choices, access to medical abortion should be increased dramatically, including outside of clinics due to:

- high social, community and clinical support to increase access to medical abortion
- high client satisfaction and high success rates, particularly compared with current abortion practices that result in high maternal morbidity and mortality
- massive price differentials with medical abortion up to five times cheaper than surgical alternatives
- less serious complications and need for hospitalisation compared with surgical procedures
- women are open to exploitation in “backstreet” clinical settings, for example, in the prices they are charged and forced sterilisation being required as a determinant for having a surgical abortion
- the opportunities for rolling out the provision of medical abortion into urban slums, rural and under-served areas through out-of-clinic settings such as pharmacies and via mid level healthcare professionals

In India, and other countries that follow this model, medical abortion can become an even better way to reduce unsafe abortion and maternal mortality by:

- providing basic training to providers of medical abortion on the regimen, correct prescription, side effects, post-abortion family planning, counselling and follow-up
- educating women and men about their reproductive health rights and family planning in general
- ensuring medical abortion products meet the highest standards of quality and efficacy.



References

1. Alan Guttmacher Institute. Facts on Induced Abortion Worldwide. In Brief. New York: Alan Guttmacher Institute, 2008