

Programme Brief

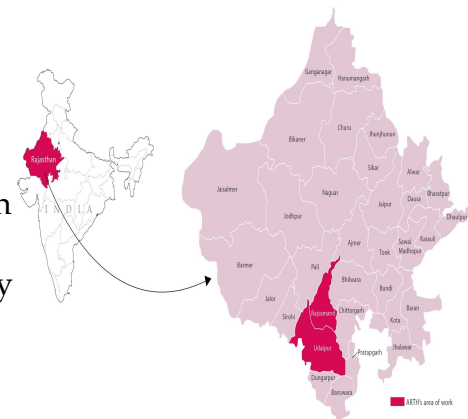
Access to Safe Abortion: Medical First Trimester Abortion Services in Southern Rajasthan

1.) Background

The Medical Termination of Pregnancy Act was passed in 1971 and allowed Indian women to receive legal abortion services. Pregnancy termination is allowed for up to 20 weeks of pregnancy and must be performed by a certified provider or within a government health facility. In addition, abortion is allowed in cases of risk to the woman's physical or mental health, failure of contraceptives, rape, or if the fetus is anticipated to have physical or mental abnormalities.

Restrictions on the place of service delivery and service providers have hindered certain groups of women, largely rural, from accessing abortions -leading them to seek out illegal and unsafe procedures.

Lack of access to safe abortion presents pressing issues for women's health in Rajasthan and throughout India. 13% of all maternal death stems from abortion complications. The number of women suffering from post abortion morbidity is also high reported at 26% in Rajasthan. Without access to safe abortion services and skilled providers to enact those services, many Rajasthani women will continue to seek out pregnancy termination that could result in their harm and/or death.



In 1999, ARTH began conducting surgical, 1st trimester MTPs in its clinic located at Kuncholi now shifted to Lakmawato ka Guda (LKG) at Kumbalgarh block, Rajsamand. Since then, surgical procedures have been expanded to the Kadiya clinic that is now shifted to Iswal, Badgaon block, Udaipur and medical MTP is offered at all of ARTH's centers. ARTH seeks to provide MTP services to women within its clinics that are safe, legal, and confidential, in the hopes that improved access will prevent women from the consequences of informal providers.

Indian women's experiences prior to decision to terminate pregnancy:

Nanki bai, an ARTH volunteer recounted: "I had visited a local TBA, few years ago who carries out abortions when I was 5 months pregnant. I went to her because I already had 4 children and I didn't want to continue my fifth pregnancy. The abortionist inserted a creeper inside my uterus, and sent me back. Within 2-3 hours, even before I reached home, I started bleeding. After this, I bled continuously for more than a month. I became so weak that I

almost died, but fortunately recovered” .

Volunteers also cited the case of another woman who went to a TBA for an abortion. She had gone to the abortionist at 3-4 months. The foetus died after the intervention, but placenta did not come out for many days. She became very sick and weak. Three to four women tried to take out the placenta by putting their hands in, but were unsuccessful. Later a local unqualified practitioner (“Bengali doctor”) was called in. He put his hand inside her uterus and took out the placenta in a piecemeal manner. The smell was so foul that the “doctor” had to cover his nose and mouth during the procedure. He charged Rs 1500 for his services.

2) Objectives

- a.) To provide medical abortion services in the first trimester at three of ARTH’s rural and urban health clinics.
- b.) To ensure that the latest and safest MTP technology is available, utilizing manual vacuum aspiration, as well as the abortion pill.
- c.) To utilize medical termination of pregnancy as an opportunity to counsel women on their contraceptive options, birth spacing, and plans for their reproductive future.

3) Program Intervention Area

The ARTH RCH center Iswal is 14 kilometers away from the ARTH main office whereas ARTH RCH center Lakhmawato ka Guda is 40 kilometers away from the ARTH main office and urban Clinic situated at Pula is 4 km away.

Table 1: Location and population covered by 3 health centers

Cluster	Panchayat Samiti	Villages	Total Population
Iswal	Badgaon	54	48,700
Lakhmawato ka Guda (LKG)	Kumbalgarh	41	48,017
Urban area	--	30 (slum basti)	83,457
Semi urban area	--	14	
Total		30 + 109	1,80,174

A gynecologist visits these three clinics twice weekly and is available to provide first trimester abortion services at LKG and Pula and once at Iswal as well as to dispense medical abortion medication at all three rural and urban facilities. In addition, medical MTPs are offered at the urban clinic located in Udaipur city.

Nurse-midwives and clinic attendants are available at all of the clinics to provide additional reproductive and child health services.

4) Strategy/ Approach

- a) Provide rural, marginalized communities access to safe and confidential first trimester abortion services: Women are educated about their options when facing an unwanted pregnancy and are given the service which best suits their needs. This ranges from medical termination of pregnancy through the monitored allocation of medication or referral services for pregnancies that have reached the 2nd trimester.
- b) Counsel women on family planning and contraception after have received medical termination of pregnancy, in order to provide additional options for preventing unwanted pregnancies.
- c) Investigate through further research the barriers many women face in obtaining safe abortion in remote, rural areas, where there is both physical and social distance between rural women and providers.

Legal status of ARTH's clinics' MTP capacity:
The clinic in Kuncholi (now shifted to LKG) was the first one to receive its MTP certification and begin conducting abortions in 1999. After the MTP Act amendments in 2002, the clinic in Kadiya (now shifted to Iswal) was also certified.
LKG and the urban clinic have both applied for certification, but as on till date, neither has been certified.
They can provide medical MTPs, as long as they are affiliated with another certified medical institution.

5) Key Activities

----Outreach and promotion of ARTH's MTP services: Through educational sessions led by women volunteers and extension workers, as well as illustrated pamphlets emphasizing the unsafe nature of receiving abortions from clandestine providers and the contrasting nature of the safe and legal services available at ARTH, information is being disseminated among these rural communities

----Safe, legal, and confidential provision of abortion services within ARTH's clinics: Services are carried out by certified providers in a clean and qualified environment, which has received certification from the Indian government. In addition, women are given options in regards to their method of MTP, according to the state and stage of their pregnancy. Many women come to the clinic covertly, in fear of the social stigma surrounding abortion and the consequences they might face upon discovery. ARTH is committed to creating an environment that is free of judgment and maintaining absolute confidentiality.

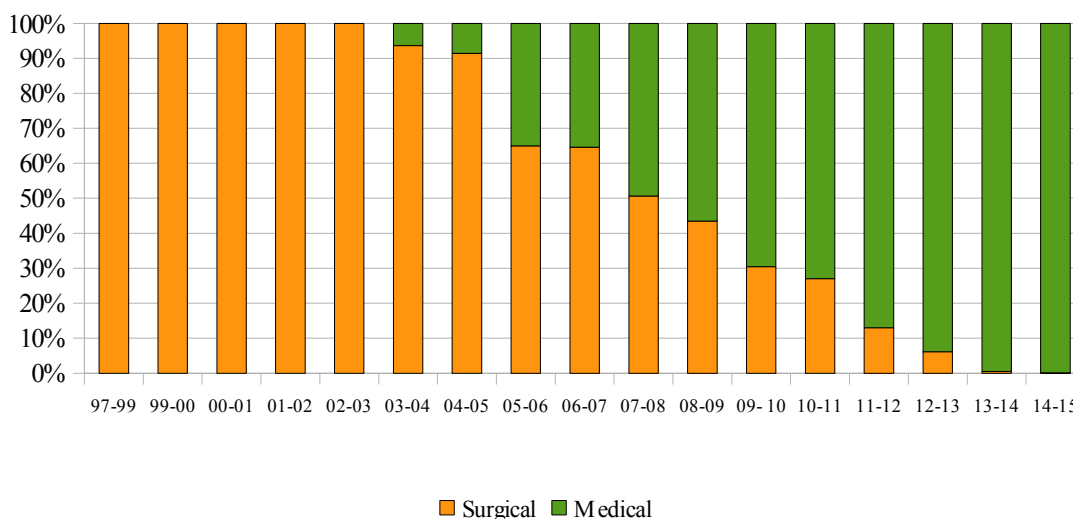
----Continued research and study regarding the problem of women seeking unsafe abortion: This particularly investigates clandestine and informal providers. ARTH is committed to ensuring MTP access to rural women in particular, due to the large physical and social barriers they often face when trying to receive abortion services.

6.) Progress Thus Far

Since 1999 and the beginning of ARTH's abortion services in only one clinic, there has been a doubling in provision of surgical abortion, now available in both Iswal and LKG.

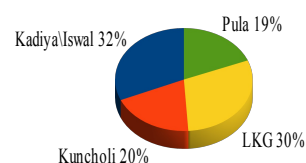
LKG and Iswal offers exclusively medical abortion. There has been a gradual increase in the number of all abortions done in ARTH's clinics since the inception of MTP services. The introduction of the abortion pill has also occurred, creating an increasingly high demand for medical abortion in preference over surgical. In fact, as of 2013-14, 2014-15, 869 and 842 women opted to terminate their pregnancy medically, respectively.

**Surgical & Medical abortions (MTPs) at ARTH Health Centres
1999- March 2015**



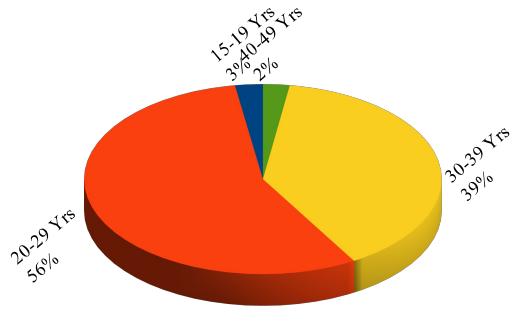
ARTH has also kept vigilant track of the profiles of women coming to their rural clinics with unwanted pregnancies, including their age, caste, gestation, and reproductive intention. Some of these women do not receive MTP for various reasons, in large part due to their advanced stages of pregnancy and ARTH's facilities lack of capacity and certification to do 2nd trimester abortions. In the 2010-2011 year, 750 women came to ARTH's clinics with unwanted pregnancies and 456 of these women received MTP there as well.

Number of women who underwent MTP at 4 health centers (n=842) 2014-15

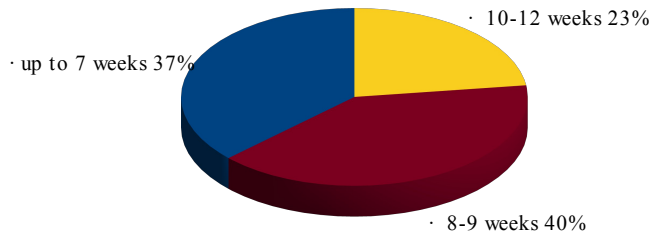


The large majority of women with unwanted pregnancies were in the 20-29 year age range, Scheduled Caste or Scheduled Tribe, 4-12 weeks pregnant, and wished to use MTP to limit their family size. The majority of women who decided not to do MTP at ARTH's clinic did so because their pregnancy was more than 12 weeks.

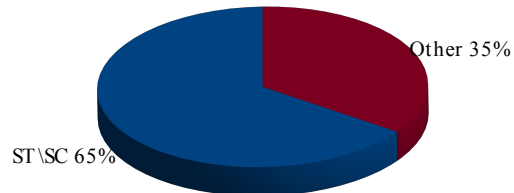
Age distribution of women who underwent MTP (2003-15)



Gestation of women who underwent MTP (2007-15)



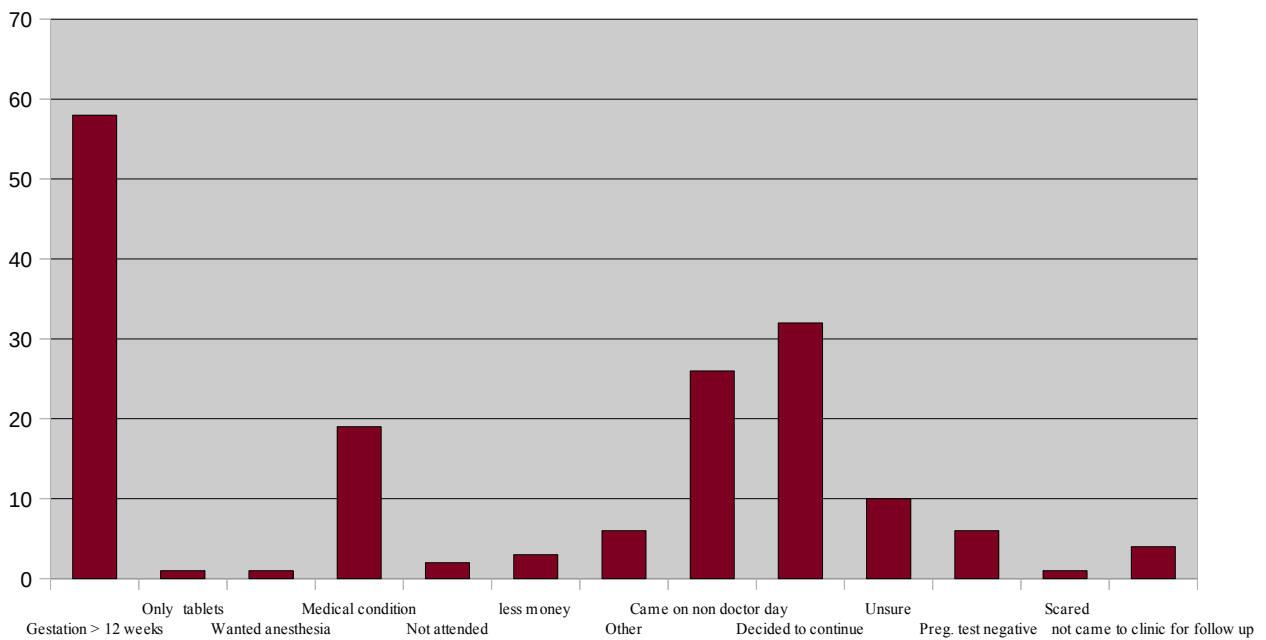
Caste of women undergoing MTP (2003-2015)(N=5876)



7) Some Initial Results Accessibility to Safe Abortion:

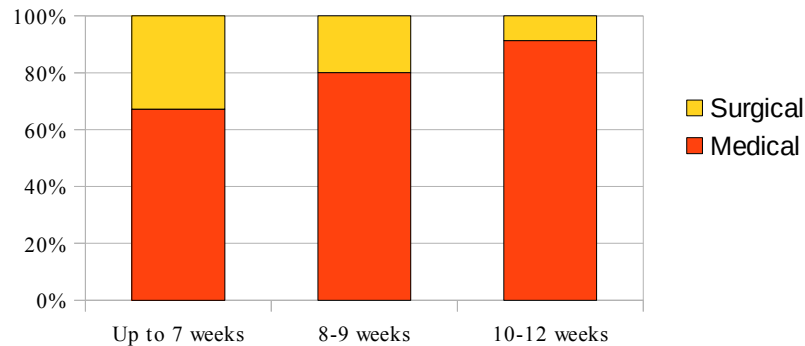
In terms of abortion access, rural women in India have the most difficult experience in attempting to find a safe, certified, and physically accessible location to obtain this service. The increasing number of women coming to ARTH with unwanted pregnancies shows that this service is extremely needed. It is also obvious from the number of women who could not be served by ARTH's facilities that access to 2nd trimester abortions or knowledge of when to come for MTP in their pregnancies is lacking.

Reasons for not doing MTP (n=169)-2014-15



Change in desired abortion technique: Most women desire medical abortion instead of receiving the surgical procedure. Reasons for the change in procedure preference often derive from the less-invasive nature of medical abortion. Dr. Swati Gupta, an ex-doctor at ARTH's clinics, described it as easier for women because it is a simple oral pill which feels much less frightening than an unknown surgical procedure. In addition, MTPs that are 10-12 weeks gestation are preferred by providers to be conducted medically, as surgical procedures take much longer and require more pre-medication in higher gestation periods.

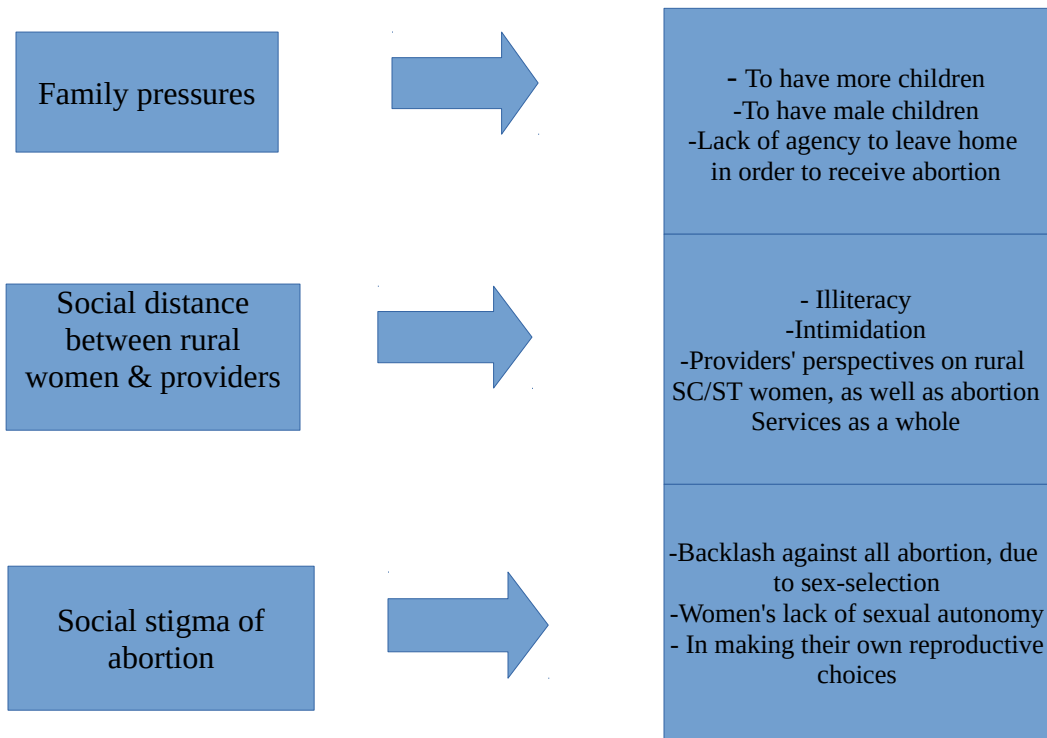
Surgical & Medical abortion by gestation (2007-2015, n=4676)



Uptake of Contraceptive Post-procedure: Although far fewer women received MVA as their method of abortion, the level of contraceptive usage after the procedure was large at 96.2%. The number of women using contraception after medical abortion using the abortion pill was only 43.09%. This is a significant association and as Dr. Swati Gupta a former gynec said, a signifier of the drawbacks of the medical abortion technology. The less invasive techniques and ease of method of medical abortion could lead to the lessening of contraceptive uptake and an increase in the number of medical MTP procedures.

8) Key implications for programme and policy

ARTH has emphasized the need for rural women to access safe abortion services and the MTP procedures offered at its clinics serve to meet these needs. Due to the lengthy certification processes for private institutions that wish to provide MTP services and a limited number of available providers, many women located in remote, rural parts of Rajasthan have difficulty reaching services in time or at all. In addition to the problem of physical distance and lack of safe providers, women face many social barriers to services as well as ways to limit their pregnancies in the first place.



The providers at ARTH's clinics are emphatic about their commitment to confidential and discreet services, as well as educating women about their options regarding MTP methods. Counseling regarding family planning after MTP has been completed is an essential part of the process, assisting women in spacing their pregnancies according to their wishes. Access to safe abortion services is essential for women's survival and health, as they continue to make reproductive choices about spacing and limiting their pregnancies.

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