Safe Abortion: Women's Health and Rights Issue

Worldwide, 210 million women become pregnant every year, of which about 42 million women faced with an unplanned or unwanted pregnancy terminate their pregnancies voluntarily. Nearly half of all induced abortions (20 million) are unsafe. Ninety-five percent of unsafe abortions occur in developing countries. Five million women — or 1 in 4 who have an unsafe abortion is likely to suffer severe complications. Almost 70,000 women die from these complications every year (1).

1. Unwanted pregnancy and unsafe abortion are gender issues
Gender-power inequalities between women and men underlie many unwanted or unplanned pregnancies. These include women's poor negotiating powers around their sexual and reproductive lives; non-consensual sex, poor access to contraceptives, and women's lack of awareness of matters related to sexuality and reproduction.

When I express reluctance for sex saying that I am worried about getting pregnant, he says, “I will take care of it if it happens.” If I object strongly he shouts: “Are you sleeping with someone else?” After my first childbirth, he called me for sex within a month. When I objected, he beat me. This is a regular happening in my life.
Younger woman, ever-user of abortion, Tamil Nadu (31).

My husband is a drunkard and does not bring home any money. He just loves to sleep with me. After I conceived he ignores me or physically abuses me. He will pretend to be concentrating on some work. When the child is born he will deny paternity to the child by saying that he is not the 'real' father of the child. Since I have experienced all this twice, I decided to go for an abortion. There is no other way I could have handled the situation. In any case when children are born, I have to provide them with food while he goes around disclaiming his fatherhood.
35-year old married woman, Tamil Nadu (32)

It is in the context of abortion decisions that one becomes acutely aware of the power differentials between women and men in matters related to sexuality and reproduction. When a woman chooses to terminate an unplanned or unwanted pregnancy, she may not always have access to safe abortion services. An abortion by a trained professional under safe conditions is one of the safest procedures. However, a large number of women worldwide are forced to resort to unsafe abortion using methods that can give rise to life-threatening complications. Many of the reasons for unsafe abortion are again gender-related, and include women's own lack of information, financial resources or decision-making power because of gender power inequalities in society; as well as government policies that restrict access to abortion through laws, poor availability or cost of services.

---

1 The World Health Organization defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.
It is generally believed that the need for induced abortions would eventually disappear with increasing use of contraceptives. However, even where family planning services are widely accessible, unwanted or mistimed pregnancies occur because of contraceptive failure or irregular use or as a result of sexual violence. A woman may be unable to continue with her pregnancy because it poses a danger to her life or health. For all these reasons, and many others, there will always be a need for safe abortion services even where contraceptive prevalence rates are very high. For example in the US and in some East European countries, about a half to three-fifths of all pregnancies are unintended and resolved through induced abortion (2).

2. The abortion situation in India
Induced abortion has been legal in India since 1971, to prevent deaths from unsafe abortion. More than three decades later, eight per cent of all maternal deaths in India are from abortions, claiming the lives of 15,000-20,000 young women every year (3, 4).

Legislation on induced abortion
India’s Medical Termination of Pregnancy (MTP) Act of 1971 allows termination of pregnancy (abortion) up to 20 weeks, if

- the pregnancy poses risks to the mother’s life or can cause serious damage to her physical and mental health
- there is substantial risk that the child, if born, would be seriously handicapped due to physical or mental abnormalities
- the pregnancy was caused by rape
- the pregnancy was caused by failure of contraception in a married woman or her husband

The MTP Act of 1971 was amended in 2002. Through the amendment, responsibility for approval of MTP facilities was shifted from the state to the district level. This was intended to minimise delays in approval of service delivery points. The amendment also permits provision of medical abortion services. An authorised abortion provider can now provide medical abortion services even in his/her own clinic, provided s/he has access to a health facility for emergency care and/or surgical abortion2 in case of incomplete or failed abortion.

Abortion numbers and rates
About 7.1 million abortions were estimated to take place every year in India in 1996-97, of which 6.7 million were unreported (5). In the late 1990s, 17 out of every 1000 pregnancies in India ended in an abortion according to NFHS-2 (6). However, studies from individual states have reported much higher rates of abortion: 45.4 per 1000 pregnancy outcomes in Maharashtra (7), 67 per 1000 pregnancy outcomes in Tamil Nadu (8). Similar findings are also reported from a study in Madhya Pradesh (9).

---

2 Medical abortion is the termination of pregnancy through the use of a drug or a combination of drugs without use of surgical intervention. The most commonly used combination of drugs for medical abortion is mifepristone, given first, and misoprostol, a prostaglandin drug, given 36-48 hours later.
Profile of abortion seekers
The majority of abortion seekers are married women in the age group 20-29 years (10). Women are far less likely to terminate their first or second pregnancies as compared to pregnancies of order three and above (6). Educated, urban women from higher income groups have much higher abortion rates than less educated, rural women from low-income groups (6, 7, 5, 11). The reason seemed to be poor geographic access to government facilities and inability to pay for private facilities. A study from Maharashtra reported that women from dalit and adivasi communities had lower rates of abortion, for these same reasons (7).

Timing of abortion
The vast majority of abortions (70-95%) take place within 12 weeks of pregnancy (7, 10, 12-16). The most important reason why second trimester abortion occur is because women are unable to reach an abortion facility earlier. For example, in rural Maharashtra second trimester abortion was three times more common among rural as compared to urban women, while in Mumbai, only 3.5% of all abortions took place after 12 weeks of gestation (7).

Unmarried women face significantly greater delays in seeking abortion, for a number of reasons. They may not associate amenorrhea with pregnancy because of lack of knowledge (17), be in a state of denial, or conceal their pregnancies till they can no longer be hidden (18). In a study from rural Maharashtra, 72% of unmarried women sought abortion in the second trimester as against 26% of all women (7). In a Chandigarh study, 60% of abortions in unmarried women took place in the second trimester as against only 7% in married women (18).

The perceived need for spousal consent and lack of money for meeting the cost of services are also important reasons why women delay seeking termination of pregnancy (17, 18).

HIV positive women are often able to seek a pregnancy termination only in the second trimester because they are able to know of their status following antenatal HIV testing only then. Most foetal anomalies are diagnosed in late second trimester or even later (18).

Providers and methods
There are large regional variations in providers and methods that women use for terminating a pregnancy. In states with poor access to formal providers, women have to depend mainly on informal providers who use unsafe and invasive methods (14). Informal providers include not only traditional female herbal practitioners but also ANM, RMP and chemists (19). Rural women are especially at a disadvantage. A study from Madhya Pradesh reports that while 77% of urban women terminated their pregnancy using a medical procedure, only 44% of rural women did so. Fifty six per cent (56%) of rural women in the study had their pregnancies terminated by some dubious and potentially unsafe method (9).

Mausi (the dai) inserted a herbal piece (in the cervix) and she prepared a tonic with another herb and made P_ drink it..After one hour pain started.. Her back and hands and legs became strained. P_ took a second dose of herbal tonic before the evening meal. After (the second dose).watery discharge started from the vagina at midnight, and there was also blood. Then severe pain started in hands, legs, back, lower abdomen. The pain increased. During the rest of the night the products were expelled, bit by bit, and the process continued throughout the night and next morning. The last products and placenta came out around twelve noon the next day. Afterwards, P_ had intermittent bleeding and feeling of weakness for many days, but she didn’t go to a doctor, as she could not afford any more costs (19).
Dilatation and Curettage (D&C) remains the most common method of abortion used by all except traditional providers. Even when vacuum aspiration is used, curettage is done (5, 14-15). Where medical abortion is available through qualified providers, women have found it quite acceptable and were increasingly requesting it (20). Medical abortion, a safe technology which does not need sophisticated medical equipment or facilities, remains unavailable in public health facilities, making it inaccessible to women who cannot afford to pay for it.

**Health outcomes**

Information on the extent of prevalence of abortion-related morbidity is limited. Hospital-based studies report a rate of complications as low as 3-4% (16), while community-based studies based on self-reporting find that between 33%-70% of women develop a post-abortion complication (7, 9, 14). If only health problems that persisted beyond a week and required medical attention are considered, the complication rates range between 6% and 18% (7, 14, 19). The most common problems reported are severe prolonged bleeding, fever, pain and vaginal discharge.

Providers rated as unqualified and unsafe caused a much higher rate of post-abortion complications (14-15). A Tamil Nadu study reported that incorrect medical abortion regimens used by doctors especially for second trimester abortions could be causing excessive bleeding (20).

3. Women's reasons for seeking abortion

The vast majority of women (70-88%) seek an abortion because they do not want any more children, or would like to delay the birth of the next child (5, 7, 8, 11, 16-17, 21-22). The other reasons usually cited, although by a relatively small proportions of women, are economic difficulties, contraceptive failure, concerns about the mother’s health and congenital anomalies.

> Already I have five sons and my husband was not cooperating with me... I decided to abort and informed him of my decision. He didn't agree, so I went to my mother's and had the abortion. My parents paid for all the expenses.
> Older woman, ever-user abortion,Tamil Nadu (31).

Non-use of contraception rather than contraceptive failure underlies many unplanned pregnancies. Several qualitative studies report that women believed abortion to be a safer option than IUDs and other spacing methods (5). In a 2007 study from Delhi, almost half of all abortion seekers (47.5%) had never used any method of contraception. Of those who had used a method of contraception, only 18% had used an effective method such as oral contraceptive pills; 45% had used either withdrawal or periodic abstinence and 36.8% had used condoms (22).

Pregnancy in an unwed girl is almost always terminated unless access to abortion is unavailable for some reason (17). In a Manipur study, unwed mothers belonging to 15-24 age group constituted the majority of those seeking termination of their first pregnancy (11).

**Sex-selection as a reason for abortion**

It is generally believed that the desire to prevent the birth of a girl is the major reason why women in India terminate their pregnancies. There is no doubt that some of the abortions are for reasons for sex-selection. Women are often forced into this situation by their circumstances and social pressure.