Health System Stewardship and Regulation in Vietnam, India and China (HESVIC)

Policy Brief 2012

Improving access to safe abortion services in rural Karnataka

Background

Unsafe abortion is a significant yet preventable cause of maternal mortality and morbidity.

India is reported to have the highest number of unsafe abortions in the world. Of the 6.4 million abortions performed in India in 2002 and 2003, 3.6 million (56%) were unsafe[1].

Large number of unsafe abortions and related complications take place more in rural areas where 70% of Indian women live [2, 3, 4]

The Medical Termination of Pregnancy Act (MTP) 1971 is an enabling regulation that aims to ensure access to safe abortion services. As per the MTP Act abortions can be provided under defined medical and social conditions (as laid down in the Act), through trained providers and licensed health facilities.

In HESVIC study, we asked: why the MTP Act after forty years of its existence, has not ensured access to safe abortion services. Why do illegal and unsafe abortions continue particularly in rural areas? We examined this question focusing at the primary health care level in Karnataka.

Source: Wikimedia commons

HESVIC methodology

The Health System Stewardship and Regulations in Vietnam, India and China (HESVIC) is a multi-country, multi-disciplinary project funded by the European Commission (2009-2012). HESVIC sought to examine the role of regulations and through it of governance to ensure equitable access to quality maternal health care.

In India, we focused the study of regulations and governance in the state of Karnataka, in two districts one each in North and South Districts. We conducted field work in August 2011-January 2012. The methodology of the study involved a) document analysis of policy and regulation documents b) in-depth interviews (n= 94) with users of maternal health services, administrators and implementers in the health system at different levels (including private providers), policy makers at state and national levels c) Focus Group Discussion with health workers and d) analysis of quantitative data.

More details about HESVIC available at www.hesvic@iphindia.org, http://www.leeds.ac.uk/nuffield/research/HESVIC.htm

Contributors

This policy brief was prepared by Arima Mishra and N. Devadasan with inputs from Katrine Danielsen from KIT, Amsterdam, The Netherlands.

Findings

Very few PHC medical officers are trained in MTP

Our study reinforces existing evidence in other parts of India showing that very few Primary Health Centres have trained medical officers and barely ¼ primary health centres provide legal abortion services[5]. Of the eleven medical officers interviewed in two districts in Karnataka in our study, only two were trained in MTP.

A Primary Health Centre that caters to 30,000 population

Scant awareness on MTP provision among health providers

Focus Group Discussions with frontline health workers show that they lacked distinct knowledge on the legality of abortion services, the policy and programmatic efforts on provision of abortion services. Perceptions on abortion among providers were largely guided by a cultural notion of abortions as immoral and illegal. Providers had limited awareness on the latest developments in MTP technology and amendments to the Act.

Missing records: Licensed health facilities and MTP records

Detailed records on the number of accredited private facilities to provide MTP were absent at the district level. There is no systematic procedure of training of the primary health providers in private clinics. Information on number of MTPs performed in the few registered private facilities was sorely deficient.

Implications

Illegal, unsafe abortions continue…..

In the light of scarce trained providers and health facilities, access to legal, safe abortion services remains severely restricted for women in rural areas. Denied of their basic right, women turn to untrained providers, unsupervised use of freely available MTP kit. In large number of cases, this leads to incomplete abortions with complications.

Recommendations

In order to ensure all women their right to exercise reproductive choice including abortions, the MTP Act needs to be much more inclusive and its implementation more effective.

- **MTP training of PHC medical officers** should be treated as a priority to ensure that all PHCs have trained providers to deliver safe abortion services
- **Periodic training instead of one-off to** sensitize providers on latest developments in technology and policy response to strengthen abortion services
- **Sensitization training of health workers** on the legal provisions of abortions, dissemination to the community and integrating this knowledge with family planning and other reproductive health services
- **Enforcing accountability of district level administration** to effectively implement MTP through review of accreditation of private facilities, systematizing training of private providers and regular inspections of facilities

References

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