

# ABORTION IN INDIA

Abortion has been legal in India since the Medical Termination of Pregnancy Act (MTP Act) was brought into effect in April 1972. The MTP Act was a significant step forward in ensuring access to safe and legal abortion services for women under a broad range of conditions.

## Under the MTP Act, a pregnancy can be terminated if:

- Continuation of pregnancy is a risk to the life of the pregnant woman or could cause grave injury to her physical or mental health.
- There is a substantial risk that the child, if born, would be seriously handicapped due to physical or mental abnormalities.
- The pregnancy was caused by rape (presumed to constitute grave injury to mental health).
- The pregnancy was caused due to failure of contraceptives used by a married woman or her husband (presumed to constitute grave injury to mental health).

For termination between 12-20 weeks, the opinion of two Registered Medical Practitioners is required.

## Legal abortion saves lives...but it must be accessible

Even though abortion has been legal in India for more than four decades for a broad range of conditions, safe abortion services are not accessible in many areas. This forces women with unintended pregnancies to turn to unsafe methods or to untrained providers to end their pregnancy. Each year, an estimated 6.4 million abortions take place in India, of which 56 percent are unsafe (AAP I, 2002-03).

## The problem in India

Despite the liberal law that governs abortion in India, non-availability of trained providers, and detailed documentation requirements coupled with poor knowledge about legality of abortions contributes to abortion related mortality and morbidity. In India, thirteen women die due to abortion related causes each day and hundreds more suffer severe complications.

## Understanding the causes

Many barriers force women to seek unsafe abortion. For many women, simply getting to a health center can be a challenge. And getting there doesn't guarantee she can get a safe abortion. While close to 70 percent of high-case-load facilities in the public sector in major states are reportedly offering comprehensive abortion care (CAC) services, only 30 percent of primary health care centres—which are the first contact point for rural women—are offering services.

Even where abortion care is available, many people are not aware that it is legal, nor do they know where to seek safe abortion care. In Bihar and Jharkhand, for example, studies show that roughly 20 percent of residents know that abortion is legal. In other states, such as Madhya Pradesh, even fewer (12 percent) are aware of the legality of abortion. In addition, a recent study from Madhya Pradesh revealed that a woman has to travel an average distance of 20 kms to reach an abortion provider. This distance has implications for cost, time and choice of providers.

Attitudes and stigma toward women—particularly young, unmarried women—seeking abortion also contribute to the number of unsafe abortions. Some providers refuse to perform abortions for these women or demand that they bring their parents to the health center, which forces many young women to turn to clandestine and unsafe options. While the law requires the consent of only the woman if she is over the age of 18 years, in practice many providers also ask for consent from the spouse or another relative.

All of these factors combined—few accessible and trained providers, lack of knowledge about safe services, and stigma—lead many women to seek care from more convenient, but unskilled, providers who use unsafe abortion methods. The consequences are dire. Despite a liberal law that governs abortion in India, women continue to face mortality and morbidity as a result of unsafe abortion. Access to safe abortion services needs to be recognized and advocated in the light of reproductive rights of women, ensuring that no woman is subjected to the morbidity and mortality arising out of unsafe abortion practices. There is an urgent need to address this situation to make sure that these women—whose well-being is central to their families, their communities and to India's health and stability—are not forgotten.

*Seema (name changed to protect privacy) was happily married with a 10-month-old daughter when she discovered that she was pregnant again, even though she and her husband were using a barrier contraceptive.*

*Unlike many other couples in India, they knew that abortion is legal and went to the public health facility near their home in district Jalgaon, Maharashtra but were not able to access services since no trained provider was available at the facility. They then went from one private provider to the other but all of them refused to terminate the pregnancy because they feared police raids (even though the abortion would be legal) or did not want to go through the bureaucratic hassles especially given the fact that Seema's first born was a girl child.*

*Seema and her husband eventually were referred by distant relatives to a clinic in the neighboring state of Gujarat where abortion services were available. Unaware of the difference between a legal, certified clinic and a non-certified one, they did not realize this clinic had an untrained provider. Seema's procedure left her with a ruptured uterus and excessive bleeding. She went into shock and was soon unconscious. Luckily, she was rushed to a private clinic where she underwent a blood transfusion and other procedures.*

*Seema's life was saved but she continues to suffer physical complications, as well as the financial burden she and her husband incurred while trying to seek a simple abortion procedure that should have been readily accessible to her and other women.*