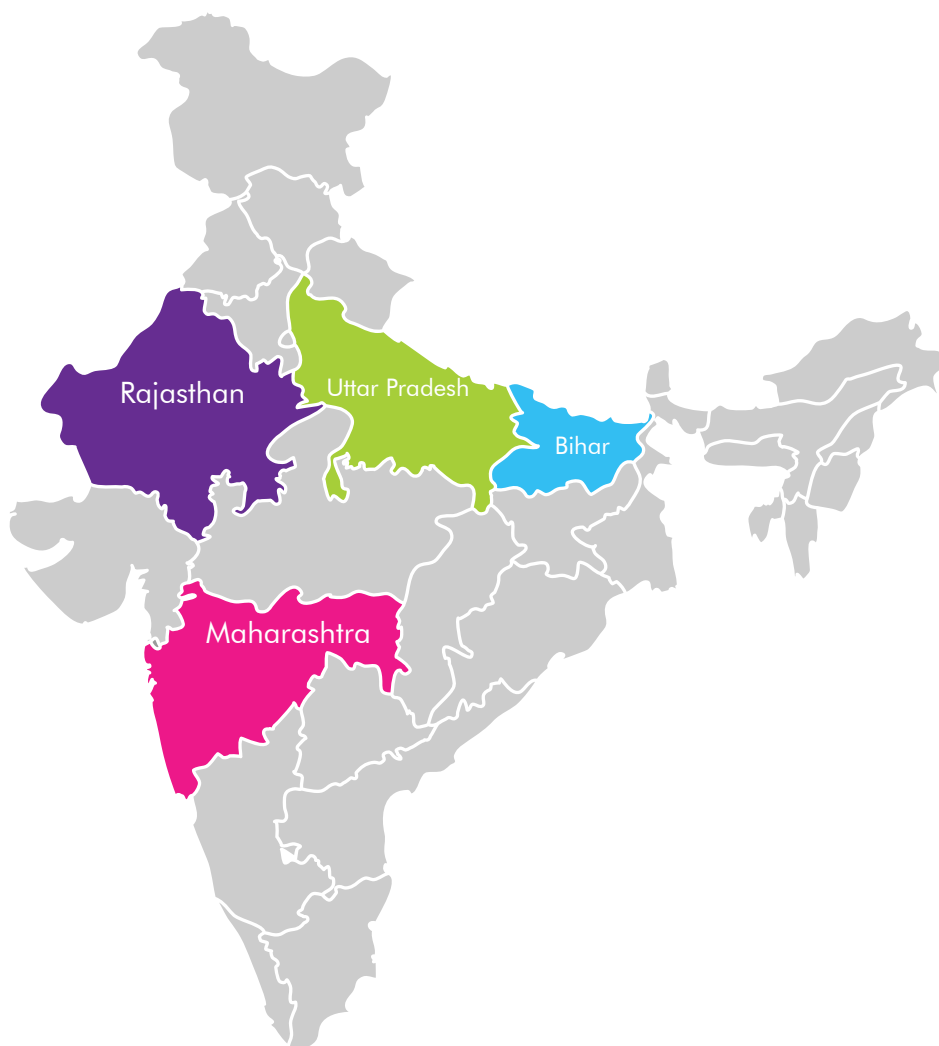


National Fact Sheet

Availability of Medical Abortion (MA) drugs in the markets of four Indian States, 2018



Pratigya Campaign for Gender Equality and Safe Abortion embarked on a study to assess the availability of medical abortion drugs in the markets of four Indian states - Bihar, Maharashtra, Rajasthan, and Uttar Pradesh. Over a span of three months (September-November, 2018), we spoke to 1,008 retail chemists in 20 cities (50-52 chemists in each city) to understand the issues impacting the availability of these drugs. This fact sheet summarises the key findings of the study and presents a few key recommendations to address the emerging issues.

Why did we conduct this study?

Recent estimates suggest that medical abortion has emerged as the preferred method of abortion in the country with 81% of all abortions (15.6 million) in a year being performed using MA drugs.¹ Medical method of abortion was approved in 2002 under the MTP rules. The Drug Controller General of India approved combipack MA (200 mg mifepristone and 800 mcg misoprostol) in 2008, which has provided women a safe, effective and convenient option for terminating unintended pregnancies. Anecdotal evidence and news reports, however show that in some parts of the country, MA drugs are vanishing from the markets due to overregulation and intensified interventions to address the decline in sex ratio. It appears that drug regulatory officials and officials responsible for implementing the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act are under the incorrect impression that controlling availability of combipack MA drugs can reduce sex-selection. MA drugs are approved for use only up to nine weeks gestation and the most widely available and affordable method for sex determination, Ultra-Sonography, detects sex of the foetus only around 13-14 weeks.

We undertook this study to:

- Assess the status of availability of MA drugs in the markets and understand chemists' reasons for not stocking MA drugs.
- Assess the chemists' knowledge and attitude on the product, their practice related to sale of MA drugs and their interactions with the drug authorities related to sale of these drugs in their outlets.

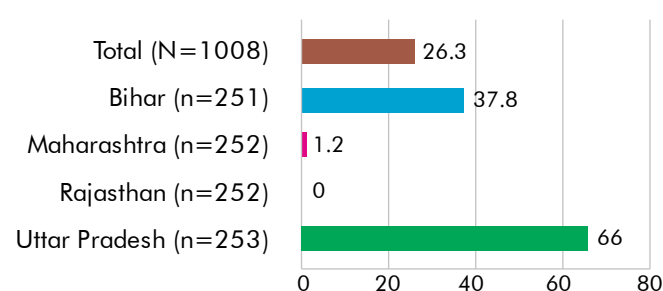


Key Findings

Is there an issue with availability of MA drugs?

Our findings show that there is a big issue in the availability of MA drugs in Rajasthan and Maharashtra. None of the retail chemists we spoke to in Rajasthan, reported stocking and selling these drugs, while a mere 1.2% in Maharashtra admitted to doing so. The highest stocking was reported in Uttar Pradesh (66%), while not even half of all chemists in Bihar were stocking the drugs. (Chart 1)

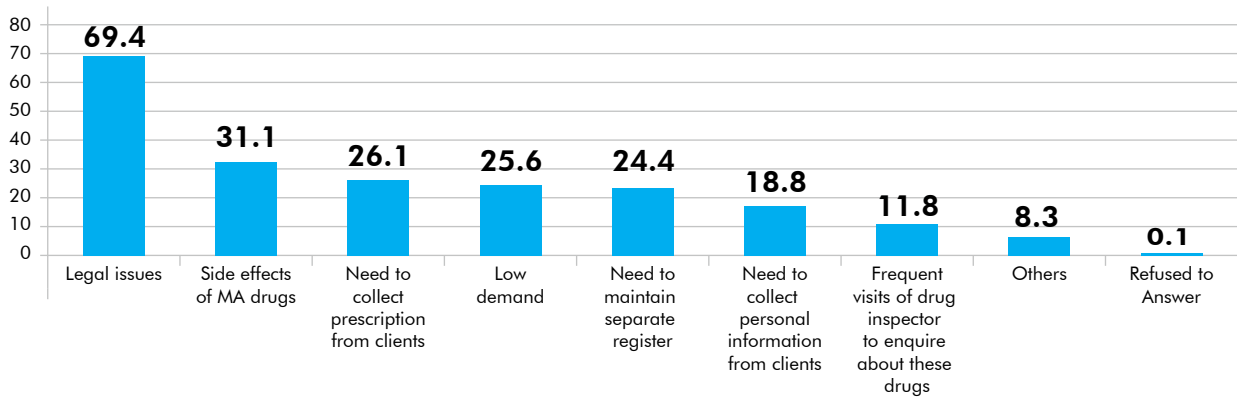
Chart 1: Chemists stocking MA drugs (%)



Why are chemists not stocking MA drugs?

69.4% chemists across all four states cited legal/regulatory issues as the primary reason for not stocking MA drugs. 90.4% chemists in Maharashtra, 76.6% chemists in Rajasthan and 75.6% in Uttar Pradesh reported not stocking due to legal barriers, whereas in Bihar, 56.4% chemists reasoned that they were not dispensing due to low demand. (Chart 2)

Chart 2: Reasons for not stocking MA drugs (%) n=743



Are MA drugs being overregulated compared to other Schedule H drugs?

56% chemists across the four states reported so. A huge majority of chemists in Maharashtra (91.7%) and Rajasthan (68%), states which are facing an alarming non-availability issue, reported that MA drugs are overregulated in comparison to other Schedule H drugs.



Are these drugs being purchased over the counter?

The study findings indicate that a significant number of clients do in fact, visit chemists with a prescription. Chemists in Bihar and Uttar Pradesh reported 50% and 42.5% clients respectively coming with a prescription to purchase MA drugs.



Do chemists believe MA drugs contribute to sex selective abortions?

Overall, only 15% chemists have this misunderstanding. The percentage of chemists with this perception, however, was significantly high in Maharashtra (42.5%).



Are women buying MA drugs?

Our study shows that fewer women visit to purchase MA drugs than men. On an average, out of 10 MA clients, six were men and four were women. 42% clients in Bihar and 39.5% clients in Uttar Pradesh were women.



Are chemists aware about the legality of abortion in India?

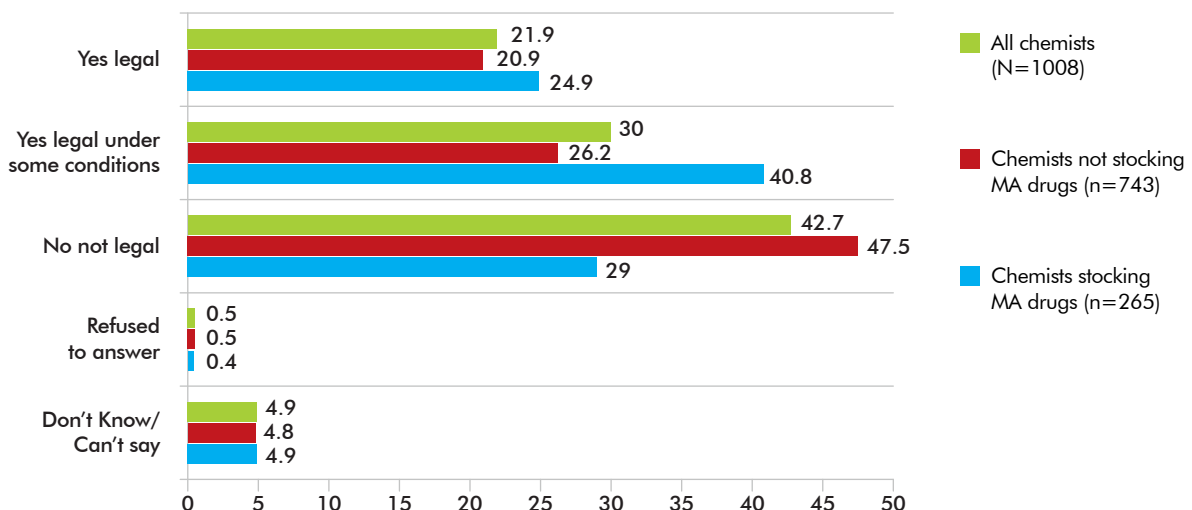
The study finds that a significant 43% of chemists were unaware that abortion is legal in India. More than half of all chemists (52%), were aware that it is legal, out of which 30% knew that it is permitted under certain conditions. Chemists in Rajasthan were the least aware with 60.7% reporting abortion is illegal in the country. Only 26.4% chemists across the four states were aware of the 20 week gestational limit for abortion. (Chart 3)



Are clients returning after purchasing MA drugs?

Our findings show that 9.6% clients returned to the chemists after MA purchase/use. The reasons for returning included seeking treatment for perceived complications or side effects and/or for seeking contraception.

Chart 3: Chemists' awareness on legality of abortion in India (%)



What do the findings imply?

We find clear issues in availability of MA drugs particularly in the states of Rajasthan and Maharashtra where reported stocking was negligible. The non-stocking of MA drugs in these states seems to be linked with overregulation. Overregulation of these drugs may have also contributed to amplifying the myths around Medical Abortion.



43% chemists in the study reported that abortion is illegal in India.

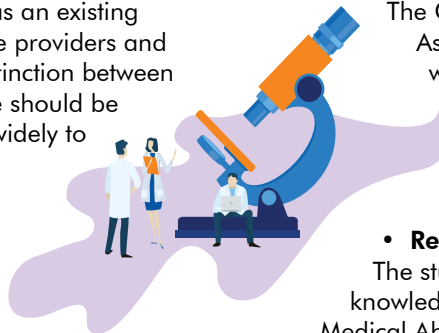
42.5% in Maharashtra reported that these drugs could be used for gender biased sex selection. The study also indicated a knowledge gap amongst chemists on various aspects of abortion and MA drugs. A significant 82% chemists across the four states reported bleeding as a side effect, even though it is part of the medical abortion process. Contrary to the general perception, the study revealed that 43-50% clients were visiting the chemists with a prescription.

Evidence shows women in large numbers prefer medical abortion over the surgical method. If MA drugs are not available, it can result in women being forced to seek unsafe methods, which will reverse the gains we have made by reducing unsafe abortions.

What can we do about it?

There is ample misinformation and miscommunication around abortion in India. We need to bust the myths with evidence, trainings, guidelines and most importantly information. Pratigya Campaign for Gender Equality and Safe Abortion recommends a 360 degree approach, as follows:-

- **Address misconception regarding MA and gender biased sex selection among Drug Regulatory authorities:** The Drug Controller General of India (DCGI), can issue a guidance to state and district drug authorities clarifying that MA combipacks cannot be used for sex selective abortions as they are indicated for use only up to nine weeks, while sex of the foetus, using the most common method, Ultra Sonography can only be determined after 13-14 weeks gestation. MA drugs should be treated like any other Schedule H drug and therefore should be held to the same standards.
- **Disseminate the existing Government of India guidelines widely:** Government of India already has an existing guidance for state health officials, service providers and monitoring bodies which clarifies the distinction between PCPNDT Act and MTP Act. This guidance should be disseminated with specific stakeholders widely to ensure no conflation happens in the implementation of the two acts.
- **Amend MTP Rules**
 - a) **To allow all MBBS doctors to prescribe MA drugs:** Currently the rules only allow OB/Gyn and trained physicians to prescribe the drugs. By allowing MBBS doctors to prescribe, the base of providers will increase from 60,000-70,000 to nearly 1 million, enabling women to access drugs with a prescription while purchasing MA and receive medical support and care.²
 - b) **Harmonise DCGI approval and MTP Act:** The current MTP Rules allow the use of MA only up to seven weeks gestation, while the DCGI has approved the use of MA combipack up to nine weeks. The rules should be amended to make the gestation limit consistent.
- **Invest in messaging, Information Education Communication (IEC) and media outreach on safe abortion:** Abortion does not receive adequate coverage in national and state media and the limited coverage often includes inaccurate and insensitive usage of words and imagery, which further stigmatises the issue and the abortion seeker. State governments should prioritise abortion in IEC and media outreach activities to overcome the persisting awareness gap on the legality of abortion in India.
- **Train chemists to improve their knowledge:** The Government of India and Chemists Associations can undertake value clarification workshops and trainings to inform and sensitise the chemists on legality of abortion in India, MTP rules and regulations and various aspects of MA so that they pass on accurate information to clients.
- **Reach women with information directly:** The study indicates a lack of awareness and knowledge amongst chemists on various aspects of Medical Abortion, though a significant percentage reported advising the clients on areas such as routes of administration, dosage and when to take the drugs. Given their poor knowledge, women may be getting inaccurate information from chemists making the process less smooth for them. Interventions to reach women directly should be strategised. This could include adding visual images and multilingual instructions at the back of the product, setting up and disseminating a helpline number and training community health intermediaries to support women with accurate information on MA.



To know more about the study, access the full report here: www.pratigyacampaign.org/wp-content/uploads/2019/08/availability-of-medical-abortion-drugs-in-the-markets-of-four-indian-states-2018.pdf

2. Improving Access to Safe Medical Abortions, Why Expanding the Provider Base is essential, Pratigya Campaign http://www.pratigyacampaign.org/wp-content/uploads/2018/08/20180618_abortioninfographic_FINAL_English.pdf

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