



Medical Abortion



Medical abortion (MA) refers to the use of pharmacological drugs to terminate a pregnancy. In India, as per recent estimates, 81% of all abortions (15.6 million) are carried out using MA drugs. About 73% of the 15.6 million abortions taking place annually are carried outside the facility with the use of MA drugs.¹ Medical abortion was approved as a method in 2002, with amendment of the Medical Termination of Pregnancy (MTP) Rules, up to seven weeks of gestation. In 2008, the Drugs Controller General of India approved the combination pack (200 mg Mifepristone and 800 mcg Misoprostol) for abortions up to nine weeks and these were added to the National List of Essential Medicines of India in 2011.

The Issues

1 Availability of Medical Abortion Drugs

Despite being legal, availability of MA drugs remains a concern in some states of India. Pratigya Campaign's research on 'Availability of Medical Abortion Drugs across four states in India finds that chemists in Rajasthan and Maharashtra report nearly zero stocking. This arises amidst misconceptions that MA drugs can be used for sex selective abortion. Maharashtra and Rajasthan have seen a considerable fall in sex ratio between 2001-2011, which has resulted in strict enforcement of the Pre Conception and Pre Natal Diagnostics Techniques Act. 76.6% and 90.4% chemists in Rajasthan and Maharashtra respectively, as a result, report legal issues as a reason for not stocking.

2 Shortage of Providers

The Medical Termination of Pregnancy Act, 1971 only allows obstetricians/gynecologists and physicians trained in surgical abortions to provide medical abortion. Currently there are only 65,000 approved providers in India, creating a glaring shortage of 41 lakh providers who can administer the drugs, as per WHO recommendations. WHO recommends task sharing of medical abortion provision in first trimester by trained Auxiliary Nurse Midwives, registered nurses, non-specialist doctors (MBBS doctors) and doctors from complementary systems of medicines such as Ayurveda, Unani and Homeopathy.²

1. Incidence of abortion and unintended pregnancy in India, Guttmacher Institute, IIPS and Population Council 2015

2. Improving Access to Safe Medical Abortions: Why expanding the Provider base is essential, Pratigya Campaign for Gender Equality and Safe Abortion, 2018



How is Pratigya Campaign addressing the issues?

Pratigya Campaign for Gender Equality and Safe Abortion is a network of 110 individuals and organisations working towards protecting and advancing women's rights and their access to safe abortion care in India. The campaign is advocating with the government including officials at the Ministry of Health and Family Welfare and the Central Drugs Standard Control Organisation, media and civil society organisations to throw light on and address the barriers around the availability of MA drugs. The Campaign carried out a research to assess the availability of these drugs in four states and to document the reasons why chemists in certain states such as Rajasthan and Maharashtra are not stocking them. The research has informed the campaign's advocacy strategy around medical abortion which is centered around four key sub themes:

Provision and access of medical abortion drugs just like any other Schedule H drugs: Our research found that about 56% chemists report that MA drugs are overregulated than other Schedule H drugs. This overregulation stems from myths surrounding the abortion drugs and the lack of awareness on the legality of abortion in India. The Campaign busts these myths through communication and outreach with media and advocates with the Drug Controller General of India to clarify the rules applying to MA drugs.

Alternative methods of information dissemination to women who opt for self-use of medical abortion: Recent research suggests that medical abortion is the preferred method for an overwhelming majority of women undergoing abortion. Most of the medical abortions also happen outside of the health facility often through purchase of the drugs from chemists. Pratigya campaign works with partners in the civil society to explore ways in which women can be reached directly with information and support such as info-helplines, pack-inserts, community interventions etc.

Dis-entangle the Medical Termination of Pregnancy Act and Pre Conception and Pre Natal Diagnostic Techniques (PCPNDT) Acts: The on-ground implementation of PCPNDT Act has been in conflation with the MTP Act, where often due to low awareness on the latter, misconceptions such as all 'abortions are illegal' have prevailed, resulting in an over regulation of MA drugs in the markets. Pratigya Campaign works with civil society organisations, government officials at the state and national level, media and legal and medical fraternity to clarify the two acts so that one act does not do disservice to the other.

Expansion of the provider base to offer medical abortion including a short training and certification for MBBS doctors: The Campaign advocates with the Ministry of Health and Family Welfare to amend the MTP rules such that they allow MBBS doctors with a degree from an institution accredited by the Medical Council of India to prescribe MA drugs.

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