MSAI Medical Students' Association of India

MSAI Policy Document

ENSURING ACCESS TO SAFE ABORTIONS

Adopted at National General Assembly, 2023

Policy Proposed by:

- **Shivani Nirgudkar**
- **Anagha Gourisetty**

Policy Co-ordinators:

- **Dr Neil M Salian**
- **Jainil Devani**

Policy Review Commission:

- **Warisha Fatima**
- **Urmi Jindal**
- **Sanah Mahajan**

Policy Statement

Introduction:
In India in 2015–2019, there were a total of 48.5 million pregnancies annually. Of these, 21.5 million pregnancies were unintended and 16.6 million ended in abortion. As of 2015, an estimated 78% of abortions in India occur outside of a health facility, and the large majority do not meet the criteria for legality. These numbers reflect the fact that the restriction of abortion services does not restrict abortion itself but adds to the list of unsafe abortions. Access to safe abortion is essential to public health as well as necessary for the fulfilment of human rights. Any person with an unwanted pregnancy who cannot access safe abortion services is at risk of unsafe abortion. The rate of unsafe abortions is especially higher where access to effective contraception and safe abortion services is limited or unavailable which highlights the urgent need to increase knowledge, accessibility and availability of affordable safe abortion services throughout India. [1,2]

MSAI Stance:
The Medical Students Association of India (MSAI) recognizes that safe abortion services are an essential part of healthcare and that the right to safe abortions is a human right. MSAI affirms that all individuals must be able to exercise this right at all times and to achieve this, all efforts must be taken to make safe abortions accessible, affordable and available to all individuals who seek them. Further, MSAI believes that the abortion decision should be solely the decision of the pregnant individual and they should be supported in the process of making this decision with accurate and evidence-based information in a non-directive way, with all options, fully explained by trained, non-judgmental and non-coercive healthcare providers. This right to safe abortions must be upheld at all times and access to safe abortions must be maintained in such a manner to prevent any violations of this right.

Call to Action:
Therefore, MSAI calls on:

1. Governments to:

- Review and establish policies to ensure access to safe abortion services in the current National Programs related to Sexual & Reproductive Health and Rights, thus assuming a rights-based approach to the population's access to safe abortions.
- Ensure the availability of safe abortion services at every level in the public health care delivery system.
- Provide adequate funding and material required for the provision of these services.
- Promote comprehensive sexuality education, including information on safe abortions, to the masses using public health campaigns, advertisements and helplines.
- Work to increase awareness among people about their right to safe abortion services, including their right to confidentiality.
- Conduct and support research on the accessibility of safe abortion services, including barriers to access, and provide evidence-based information about the need for safe abortion services to the masses.
- Monitor and evaluate the implementation of safe abortion programs and practices under universal health coverage.

2. The Healthcare Community to:

- Conduct obstetrical training for health care providers to equip them to provide safe abortion services.
- Provide training to health care providers to have non-judgmental attitudes towards abortions and train them to provide comprehensive abortion care.

- Ensure the presence of adequate supplies in terms of skilled personnel, equipment, and workspace, for providing quality-assured abortion services including comprehensive abortion care.
- Promote various contraceptive methods to people seeking abortions as well as other people in the reproductive age group to prevent unwanted pregnancies.

3. NGOs to:

- Conduct community-level advocacy programmes for raising awareness about safe abortion services while breaking the stigma around the same
- Work with governmental organisations and provide them with the support that they need to increase the outreach of awareness programmes
- Support other stakeholders using fund-raising events, awareness campaigns, health camps etc
- Act as a link between multiple stakeholders such as healthcare providers, legal organisations, medical student organisations and the Government to have a fruitful impact, by:
- ❖ Organising workshops, seminars, and conferences to bring together stakeholders from diverse backgrounds to share knowledge, best practices, and experiences related to safe abortion.
- ❖ Establishing referral networks to connect people seeking safe abortion services with qualified healthcare providers, including clinics and hospitals.
- ❖ Conducting research and data collection to gather evidence on the impact of safe abortion services, and using this information to inform advocacy efforts and policy recommendations.

4. Student Organisations to:

- Increase the number of awareness campaigns, especially amongst the healthcare community providing correct and clear knowledge about abortion services
- Hold sessions for medical students to train them to advocate for safe abortion services, the medicolegal aspects of the same and how they can help advocate for a rights-based approach benefitting their future patients.
- Collaborate with other student organisations and NGOs to have a multidisciplinary approach to o making policy documents and guidelines

5. International Organizations to:

- Provide financial aid for conducting conferences to highlight the dire need for safe abortion services
- Conduct global research on safe and unsafe abortions to use the data collected as a tool to advocate for safe abortions worldwide
- Encourage and support the governments, healthcare communities, NGOs etc. to spread awareness about safe abortion services and endeavours for the provision of safe abortion services through financial aid or task force/materials
- Monitor restrictions on legal abortions in various nations across the world and intervene in the passing of restrictive laws in an appropriate manner

POSITION PAPER

Background

Safe and Unsafe Abortions

Abortion, in this context, refers to induced medical termination of pregnancy. Abortions can be safe or unsafe. They are referred to as safe abortions if they are done by a trained service provider under aseptic conditions and by a technique that is appropriate concerning the weeks of gestation of the pregnancy. Safe abortions include both medical and surgical management of pregnancies. [3]

Complications associated with Safe Abortions in different trimesters-

First Trimester (Up to 12 weeks of gestation):
- Heavy bleeding (haemorrhage)
- Infection
- Incomplete abortion (retained products of conception)
- Perforation of the uterus
- Damage to the cervix
- Allergic reactions to medication used for abortion
- Anaesthesia-related complications
- Emotional or psychological distress

Second Trimester (13-24 weeks of gestation):
- Haemorrhage
- Infection
- Uterine perforation
- Cervical injury
- Damage to other organs
- Preterm labour or premature rupture of membranes in subsequent pregnancies
- Emotional or psychological distress

Third Trimester (25 weeks of gestation onwards):
- Haemorrhage
- Infection
- Uterine perforation
- Cervical injury
- Damage to other organs
- Preterm labour or premature rupture of membranes in subsequent pregnancies
- Emotional or psychological distress

Abortion is unsafe when it does not fulfil the above-mentioned criteria i.e., it is performed by an individual who is not trained in safe abortion delivery, or in conditions that are not of optimum medical standards. This can involve the ingestion of or the introduction of harmful traditional substances into the uterus or performing outdated surgical methods of abortion or performing surgical methods that are not appropriate for the gestational age or use of external force to terminate the pregnancy. [4]

Abortion in India

In India in 2015–2019, there were a total of 48.5 million pregnancies annually. Of these, 21.5 million pregnancies were unintended and 16.6 million ended in abortion. As of 2015, an estimated 78% of abortions in India occur outside of a health facility, and the large majority do not meet the criteria for legality. [1,2]

The rural-urban difference in the prevalence of unsafe abortion

A study conducted in India revealed that unsafe abortions were more common in rural areas than in urban areas. The prevalence of unsafe abortions was found to be highest in the central region and lowest in the west region when looking at geographical patterns. With the exception of the early reproductive age group (15-19 years), the prevalence of unsafe abortions was higher in rural areas compared to urban areas across all age groups. However, the prevalence of unsafe abortion was 20% higher among early reproductive women in urban settings than in their rural counterparts. In terms of social groups, there was a nearly 10% higher prevalence of unsafe abortions among economically disadvantaged women residing in rural areas compared to their urban counterparts. The gap in unsafe abortion prevalence between rural and urban areas was also notable among women who had only female children, with higher prevalence in rural areas. Additionally, women in rural areas who had an unmet need for family planning reported a higher occurrence of unsafe abortions compared to those in urban areas. There were differences between rural and urban areas in terms of factors that predisposed, enabled, and indicated the need for unsafe abortions.

Women's age, geographic region and the sex composition of their living children were identified as significant predisposing factors for unsafe abortions in India, regardless of the place of residence. Household wealth status was also identified as a significant enabling factor for unsafe abortions, especially in rural areas. Furthermore, the unmet need for family planning was found to be a contributing factor to unsafe abortions, particularly in rural areas. Specifically, the prevalence of unsafe abortions was higher in the rural central and eastern regions compared to the southern region, which served as the reference category. In rural areas, the likelihood of unsafe abortions was found to be almost three times higher in the early reproductive age group (15-19 years) and five times higher in urban areas compared to the advanced reproductive age group (40+ years). Additionally, women belonging to the poor wealth quintile in rural India were 26% more likely to seek unsafe abortion services compared to those from wealthier quintiles. Furthermore, women whose partners had lower education levels were 92% more likely to access unsafe abortion services in rural settings compared to those with higher-educated partners. [5]

Abortion and Reproductive Health

In India in 2015–2019, there were a total of 48.5 million pregnancies annually. Of these, 21.5 million pregnancies were unintended and 16.6 million ended in abortion.
A study conducted in 2018 in rural Karnataka found that women who had undergone an abortion had similar reproductive health outcomes compared to women who had not had an abortion. However, the study also found that stigma and misinformation about abortion services were common in the study population and highlighted the need for improved access to accurate information and safe abortion services in rural areas. [6]

According to a study conducted by the Guttmacher Institute on the incidence of abortion and unintended pregnancy, of a total of 48.1 million pregnancies in 2015, about half were

unintended. The unintended pregnancy rate in India was 70 per 1,000 women aged 15–49 years in 2015, which is comparable to that of Bangladesh (67) and Nepal (68). [7]

Unsafe abortions are already one of the leading causes of morbidity and mortality of women and if in case the woman survives the procedure of unsafe abortion, it affects her reproductive health in a grave manner which acts like a silent killer all her life. Even when safe abortions are performed, due to the health system barriers our country faces, often situations such as no birth attendant, the medical environment being unsanitary, emergency facilities and supplies being absent or inadequate, doctors not trained or equipped to handle trauma, and basic medical and surgical supplies being unavailable pose a great threat to a woman's reproductive health and one of the measures which need to be taken to work on this situation is to improve and uplift our Comprehensive Abortion Care. The provision of safe abortion services is therefore of utmost importance to save women's lives. [8]

Abortion and the SDGs

Access to safe abortions is relevant to various targets in the Sustainable Development Goals and thus, the achievement of these goals depends on ensuring access to safe and legal abortion universally. These targets include:

Target 3.1: Reduce the global maternal mortality ratio to less than 70 per 100,000 births (unsafe abortion is a leading cause of maternal death worldwide).

Target 3.7: Ensure universal access to sexual and reproductive healthcare services, including family planning, to ensure good health and well-being for women of all ages.

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights to achieve gender equality and empower women and girls.

This much is clear that universal access to safe and legal abortion is the foundation for strengthening sexual and reproductive health and rights, which in turn is the cornerstone of sustainable development. [9]

Abortions and UHC

Universal Health Coverage is the endeavour that seeks to ensure that all individuals, irrespective of where they come from, can access good quality health care irrespective of financial status and without any impact on their finances. This includes sexual and reproductive health care as well, and thus, includes abortion. It is well acknowledged that abortions are health care and this right to access abortions must be covered in the provision of universal health care. [10]

In countries that are working towards universal health coverage, work on universal access to safe abortions has strengthened sexual and reproductive rights. One such country is Nepal which has a Basic Health Services package under which public health services are accessible to everyone. This package includes access to free and safe abortions in the 1st trimester of pregnancy. Further, in 2019 the Nepalese government declared public support for the 'Public Health Act' and 'Safe Motherhood Reproductive Health Right Act' which reaffirm that the right to access safe abortions is, in fact, a human right. [10]

Access to universal health care, including access to free/low-cost, safe, and legal abortions, can lead to socioeconomic development if supported by actions to improve the status of women in their communities. [11]

To ensure that safe abortions are accessible to all, governments must prioritize universal health coverage and develop comprehensive programs that encompass the highest standards of sexual and reproductive healthcare. This commitment involves working towards policies and initiatives that promote equitable access to safe abortion services for all individuals, regardless of their background or circumstances. Further, it is important to address the healthcare workforce crisis and increase the cohort of abortion providers. It is also necessary to work on addressing social determinants of health such as gender inequities, the status of women, transgender individuals, and other non-binary identities in Indian society, lack of education, and other potentially harmful social norms that can pose barriers to accessing safe abortions. [11]

Legislation Surrounding Abortion In India

Over the last 25 years, there has been a gradual liberalisation of abortion laws throughout the world. Before 1971, abortions in India were regulated solely by the Indian Penal Code, 1860, and the Code of Criminal Procedure, 1898. During this time, abortions were considered criminalised, with exceptions only for cases where the life of the pregnant individual was at risk. The Medical Termination of Pregnancy Act (The MTP Act) was passed by the Indian Parliament in 1971 and came into force from 1st April 1972 (except in Jammu and Kashmir, where it came into effect from 1st November 1976). Implementing Rules and regulations initially written in 1971 were revised again in 1992. The Medical Termination of Pregnancy Act is a healthcare measure that helps to reduce maternal morbidity and mortality resulting from unsafe and/or illegal abortions. [12]

The Medical Termination of Pregnancy (Amendment) Act, 2021 was passed by the Indian Parliament and came into force on 26th March 2021. This amendment increased the gestational limit for abortions from 20 weeks to 24 weeks in certain special categories of women, such as rape survivors, victims of incest, differently-abled women, minors and other vulnerable women. For women in general, the gestational limit remains 20 weeks. [13]

The Act also aims to increase access to safe abortion services by allowing registered medical practitioners to perform abortions on their own up to 20 weeks of gestation, which was previously only allowed up to 12 weeks. For abortions between 20 and 24 weeks, the opinion of two doctors is required.

The amendment also removes the upper gestational limit for abortions in cases where there is a substantial risk to the life of the pregnant woman, or where there is a fatal diagnosis of the fetus, thus enabling access to safe and legal abortions at any stage of pregnancy in such cases.

Additionally, the amendment requires all government hospitals to provide abortion services and mandates the establishment of a Medical Board in every district to review cases where a woman seeks termination of pregnancy after 20 weeks of gestation. The Medical Board will comprise medical experts, including a gynaecologist, radiologist, and paediatrician.

In terms of the person or persons who can provide abortions, the amendment allows Ayurveda, Unani, and Siddha practitioners who have undergone training in gynaecology and obstetrics to perform medical termination of pregnancy using drugs under certain conditions. [14]

Impact of liberalisation of abortion

The fact that India has legalized abortion does not necessarily mean that it is always available to every pregnant person when they wish to terminate their pregnancy. One of the major reasons for this is that the majority of the population, being in rural areas and far away from government hospitals and clinics, have no access to the facilities provided by the government. Also equally important is the fact that there is not sufficient awareness about the existence of safe and legal abortions in India. In one rural community-based study in the Vellore district of Tamil Nadu, it was found that 84 per cent out of 195 women knew where to get an abortion but only 13.8% knew they were conducted by doctors. Women in India lack vital information about what they can safely do if they want an abortion. [8]

It is important to highlight that legalizing abortions can lead to an increase in safe abortions. However, it should be noted that even legal abortions can sometimes be unsafe due to various factors. For instance, there may be a lack of skilled birth attendants, unsanitary medical environments, inadequate emergency facilities and supplies, insufficient training and equipment for doctors to handle complications, and limited availability of basic medical and surgical supplies. These risks to pregnant individuals may persist whether a pregnancy is terminated or continued to full term. [8]

Hence even though abortion has been legalized in our country, there is a need to raise awareness about this among all abortion seekers and to fix the gaps and fallacies that exist in the MTP that result in the decision to provide abortions resting in the hands of abortion providers rather than abortion seekers. [8]

Discussion

Access to Safe Abortion as a Human Right

Human rights are about the empowerment and entitlement of people concerning certain aspects of their lives, including their Sexual and Reproductive Health. These rights are inherent to all human beings and everyone is entitled to these rights. The right to access safe abortions is grounded in human rights. Recognizing access to safe abortion as a human right creates an avenue for the voices of people seeking abortions to be heard and enables them to challenge political and other forms of exclusion which prevent them from exercising power over decisions and processes that affect their lives. By identifying access to safe abortions as a right rather than a need, safe abortions are made more accessible because if a right is denied, there must be justice.

Human rights instruments provide a basis for the rights of individuals to make decisions regarding their bodies. In particular, they build upon the right to freedom in decision-making about private matters. These provisions encompass safeguards for the rights to bodily autonomy, the freedom to make informed decisions about the timing and spacing of one's children, and the right to privacy. [15] They continuously evolve to respond to the needs of groups of people previously not recognized. Principles that apply to human rights include:

1. Universality: All human beings worldwide are born with and possess the same human rights
2. Inalienability: Human rights are unconditional and cannot be taken away from any human being by any state, institution or another person
3. Non-discrimination: Everyone is entitled to all human rights regardless of their social status.
4. Indivisibility: All human rights are essential to the integrity of every human being. They have equal status and one right is not more important than another right.
5. Interdependency: A person cannot fully exercise one human right without access to the other rights. When one right is advanced or violated, other rights are affected as well. [16]

When looking at access to safe abortions, it is very important to look closely at all these principles and understand that access to safe abortions is a human right and that denying safe abortions is a violation of the integrity of that individual.

Governments should respect an individual's human right to make decisions regarding their reproductive health. A person who seeks an abortion- as 15.6 million women in India annually do—must have access to the facilities and care that will enable them to terminate their pregnancy safely. These rights are compromised when a person who seeks abortions can only access them by resorting to unsafe methods or means. [15]

Adolescents, Young People and Abortion

A notable portion of individuals seeking abortions are adolescents and young people, and this proportion can vary based on social identities such as race, sex, ethnicity, religion, and other factors. These vulnerabilities often intersect with existing social stigmas related to abortions and can hinder access to safe abortion services.
Adolescents are often unaware of what to do when faced with an unintended and unwanted pregnancy and often delay seeking care for the same. Further, they are more likely to turn to the non-facility-based provision of abortions which can be illegal and/or unsafe. Thus, the incidence of morbidity and mortality due to unsafe abortions is also higher among adolescents. [17]

The MTP Act still requires the consent of a parent or guardian for minors seeking an abortion, which can be a barrier for adolescents seeking safe abortion services. Additionally, the POCSO Act still mandates healthcare providers to report any sexual activity among minors, which can also serve as a barrier to confidential abortion care for adolescents. [18]

In terms of access to safe abortion for transgender men, non-binary people, and individuals with the ability to gestate, there is still a lack of awareness and understanding among healthcare providers regarding their needs and capabilities. Legal barriers also exist for these individuals, and they may face additional discrimination and stigmatization in accessing abortion services. The Medical Termination of Pregnancy Act in India does not explicitly mention these individuals, which can leave the act open to interpretation by healthcare providers and may not ensure their right to safe abortion. [19]

Efforts are being made to address these issues and promote access to safe abortion services for all individuals in India, including adolescents and those who are marginalized due to their gender identity. Comprehensive sexuality education and efforts to empower

women and girls and address the societal stigma surrounding sexuality can also help to prevent unintended pregnancies in the first place. [20]

In India, abortion provision to adolescents is further complicated by the existing legislation governing abortion in India (The MTP Act) as well as that governing adolescent sexuality (The POCSO Act). As per the MTP Act, consent of the parent/guardian is required in case of abortions for minors which can pose a barrier for adolescents seeking abortion in safe facilities. The Protection of Children from Sexual Offences Act, 2012 which aims at protecting individuals under the age of 18 from sexual assault at violence also serves as an unintentional barrier to access to safe abortions for adolescents. It mandates all individuals who are aware of sexual activity among minors to report it, including healthcare providers. It does not make provision for consensual sexual acts between adolescents. It also contradicts directly the MTP Act's regulations for confidentiality. Thus, out of fear of this information becoming public, adolescents may not seek abortions in safe facilities. [21]

It is important to address the increased mortality and morbidity rates associated with abortions in these age groups and ensure the provision of safe, legal and confidential healthcare for all adolescents and young people. Efforts must also be taken to provide comprehensive sexuality education as a preventive measure. Since various social determinants also contribute to the occurrence of unintended pregnancies among adolescents and young people, they must be addressed. These include working on empowering women and girls, providing universal education up to higher levels, and working to address the shame and stigma associated with women's sexuality in Indian society. [17]

Transgender men, non-binary people and other individuals with the possibility to grant an Abortion

It is important to consider that it is not necessary that not all individuals who were assigned female at birth might not identify with this gender. This broad category includes transgender men, gender non-binary people, gender non-conforming individuals and other people with the ability to gestate. These individuals may decide to affirm their gender by taking hormone replacement therapy or undergoing gender-affirmation surgeries. However, some of these individuals might choose not to affirm their gender, either temporarily or permanently. This might be due to a lack of accessibility or affordability of these gender affirmation options or due to not feeling the need to affirm their gender identity by altering their anatomy and physiology.

Some may even voluntarily choose to not affirm their gender to be able to conceive later in life. Therefore, these individuals who choose not to affirm their gender are capable of becoming pregnant. These pregnancies can be intended or unintended. [22]

Due to the additional vulnerability faced by these individuals in society, they might face additional barriers to accessing abortions beyond what a cisgender woman might face. First, healthcare workers are largely uninformed and unaware of the capability of these individuals to gestate and of their needs whether it is to continue the pregnancy or to terminate it. There is a belief among health care professionals and the general population that only 'women' are capable of gestation.

Secondly, legal barriers for these individuals include the criminalisation of their identities in some parts of the world, as well as a lack of civil rights. Further, they are not explicitly mentioned in a lot of legislation surrounding abortion including India's Medical Termination of Pregnancy Act hence leaving the Act open to interpretation by abortion providers and not ensuring that abortion is a right for these individuals. Also, some countries apply forced sterilization laws for transgender individuals upon accessing reproductive health services. There is also an unwillingness among some healthcare providers to provide inclusive healthcare services. The intersections of these barriers result in a negative experience that is exclusive to these individuals when attempting to access safe abortion services. It must be recognized that access to safe abortions is a human right and is universal. Thus, all efforts must be taken to ensure the inclusion of these individuals in safe abortion provisions. [23,24]

Barriers to Safe Abortions:

People with unwanted pregnancies often resort to unsafe means when faced with barriers to access to safe abortion. These barriers include restrictive abortion laws, unaffordability of abortions, low availability or accessibility of services, the social stigma surrounding abortions, the conscientious objection of healthcare providers to abortions and unnecessary requirements by governments for abortion provisions, such as obligatory waiting periods, compulsory counselling for people seeking abortions, coerced delivery of incorrect or misleading information by abortion providers, and medically unnecessary tests that delay care. [25]

1. Legal Barriers: The legal process is overdrawn and slow- there have been instances in the past, where the judiciary is slow in its response to abortion petitions. The whole process of hearing should be thus fast-tracked keeping in mind the 24-week period to have a safe and legally permissible abortion in India.
2. Social Barriers: Gender inequities, gender-based discrimination, gender-based violence and lack of social support are the major barriers posed to access to safe abortion. Women are often treated unfairly based on being female and may not have the freedom or means to access safe abortion care because of it. Lack of social support is a result of the stigma and domestic violence which women face in their households.
3. Abortion Stigma: Abortion stigma leads to silence, fear and barriers to accurate information-related care and experiences. Due to abortion stigma, many people not only have limited information about abortions but often, what they do know is inaccurate, incomplete or tainted by negative judgements, myths and misconceptions. A lot of times, abortion is unintentionally stigmatised by healthcare providers as well due to the societal stigma which surrounds it. Hence this can affect how abortion providers counsel and treat seekers of abortions. [26]
4. Religious barriers: Based on a 2020 survey conducted by the Pew Research Centre in India, it was found that Sikhs were the most prominent religious group that felt that abortions should be illegal in most or all cases, followed by Jains at 59%, Muslims at 57% and Hindus at 54%. By contrast, only 46 per cent of Buddhists shared the same sentiment towards abortions. [27]

The following are the kinds of stigma witnessed while accessing safe abortion services:

- Anticipated (or perceived) stigma: This is the most common stigma which almost everyone has inbuilt in their minds fearing how others will react to their situation
- Experienced Stigma: This stigma refers to the experience of being discriminated against, and this is something that an individual might have faced from a family member, spouse, peers or friends at either their home or in any community setting
- Internalized (or self) stigma: Self-stigma is one of the major causes of mental illness and it results due to low self-esteem and confidence when a person starts to absorb all the negative criticism given by society and starts to have thoughts of self-doubt.
- Discrimination: This is another form of stigma in the enacted form. It seriously affects a person's pursuit of happiness because of the distinction made in society which destroys personal dignity.
- Intersecting stigma: It comes into play due to the already attached stigma due to their social identities and then abortion stigma adding and in totality amplifying the entire situation. [26]

5. Financial barriers: In many cases, due to financial concerns, individuals opt for medical abortions over surgical abortions. However, healthcare providers can exploit the stigma surrounding abortions and hike prices for these medicines taking undue advantage of an abortion seeker's ignorance and helplessness. Therefore, the need of the hour is to ensure that medical abortion pills should be compulsorily included in the national list of essential medicines, which are to be obligatorily sold at government-approved affordable prices for the abortion seekers' convenience. Even surgical abortions can cost a lot of money and be a drain on the person's finances if they are seeking it from the private sector. This often costs much more than medical abortions do. It is recommended that governments work to place caps on the cost of abortion provision, especially in the private sector, to prevent healthcare providers from exploiting people seeking abortions and to increase accessibility.

6. Health system barriers: Despite the availability of medical technologies for safe abortion, access to and availability of these technologies remains a challenge in India. Many healthcare facilities, particularly in rural areas, lack the necessary infrastructure and trained healthcare providers to offer safe abortion services. This lack of access to safe abortion services often leads to pregnant individuals seeking unsafe abortions, which can result in complications and even death. According to a study conducted in 2015-2016, unsafe abortions continue to be a major public health problem in India, with an estimated 10 deaths per day due to unsafe abortions. [28]

Unsafe Abortions: Impact and Prevention

Unsafe abortions continue to be a major public health problem in India, particularly among vulnerable populations. According to a study conducted in 2015-2016, 56% of abortions in India were classified as unsafe, with a disproportionately higher incidence among women from rural areas, lower socio-economic backgrounds, and those with limited education. The majority of unsafe abortions (67%) were performed by untrained providers outside of healthcare facilities. [28]

Medical abortions, which are often performed outside of healthcare facilities, are generally considered safer than surgical abortions. However, the safety of medical abortions also depends on the qualifications and training of the provider, as well as the gestational age of the pregnancy. A study conducted in 2019 in Madhya Pradesh found that only 30% of informal healthcare providers who sell medical abortion pills were able to correctly determine the gestational age of the pregnancy, and many lacked knowledge about the appropriate dosage and side effects of the medication. [29]

In a secondary analysis of data from 1,876,462 pregnant women aged 15-58 years from nine states in the Indian Annual Health Survey conducted between 2010 and 2013, it was found that 67% of abortions in India were categorized as unsafe. The prevalence of unsafe abortions varied significantly across different states, with disproportionately higher rates observed among vulnerable populations. These out-of-facility unsafe abortions which are medical abortions tend to be associated with lesser complications than when surgical abortions. This is not to say that medical abortions which are conducted outside of facilities are inherently safe. A study from Madhya Pradesh showed that 2/3rd of vendors who sell non-facility medical abortion pills do not enquire with seekers about their last menstrual period date and are also unaware of the appropriate methods and dosage according to the gestational age. When addressing unsafe non-facility surgical abortions, the only data available is that of individuals seeking post-abortion care for complications arising from the procedure. [30,31]

It is important to note that morbidity and mortality due to unsafe abortions are largely preventable. Matters of limited access to abortions due to lack of resources must be improved by governments by ensuring an increase in providing facilities and providers. Efforts must be taken to ensure increased awareness among the masses about the existence of safe and legal abortion options in India. Gaps and fallacies in the legal framework surrounding abortion must be addressed to ensure that access to safe abortions becomes a right in India. Legal reform must be set up to evaluate the accessibility of abortions in India. Healthcare providers should be trained in recognizing and treating unsafe abortion-related complications and providing the highest standard of comprehensive abortion care to people seeking abortions. Wherever possible, financial barriers to accessing abortions must be addressed including ensuring the option of free to low-cost safe abortion provision in public health facilities. Work must be done in data collection, analysis and research into unsafe abortions in India and this evidence-based data must be used as a framework to design health policies and programs to ensure access to safe abortions. In conclusion, it is crucial to acknowledge and tackle other societal factors that contribute to unsafe abortions. This includes recognizing how limited autonomy and agency can affect access to safe abortions, as well as understanding the role of patriarchy in perpetuating social stigma surrounding abortions.
Gender inequity and patriarchal societal norms must be addressed parallel to work being done to empower women, girls, transgender individuals, non-gender conforming individuals, other vulnerable populations and every other person seeking abortions in India. [25, 31]

REFERENCES:

1. Singh S, Shekhar C, Acharya R, Moore AM, Stillman M, Pradhan MR, et al. The incidence of abortion and unintended pregnancy in India, 2015. The Lancet Global Health. 2018;6(1).
2. India [Internet]. Guttmacher Institute. [cited 2023 Mar 20]. Available from: https://www.guttmacher.org/regions/asia/india
3. Abortion [Internet]. World Health Organization. World Health Organization; [cited 2023Mar20]. Available from: https://www.who.int/health-topics/abortion#tab=tab_1
4. Rahaman M, Das P, Chouhan P, Das KC, Roy A, Kapasia N. Examining the rural-urban divide in predisposing, enabling, and need factors of unsafe abortion in India using Andersen's behavioural model - BMC public health [Internet]. BioMed Central. BioMed Central; 2022 [cited 2023Mar20]. Available from: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13912-4
5. Gopalan, S., Das, A., Howard, N., & Krupp, K. (2018). Abortion experiences of unmarried young women in rural Karnataka, India. Global public health, 13(4), 470-484. doi:10.1080/17441692.2016.1271349
6. National estimate of Abortion in India released [Internet]. Guttmacher Institute. 2022 [cited 2023Mar20]. Available from: https://www.guttmacher.org/news-release/2017/national-estimate-abortion-india-released
7. India legal S. [Internet]. Legalising abortion in India. [cited 2023Mar20]. Available from: http://www.legalservicesindia.com/article/2436/legalizing-abortion-in-India.html
8. US – open access resources on SRHR [Internet]. ASK. [cited 2023Mar20]. Available from: https://www.srhr-ask-us.org/themencode-pdf-viewer-sc/?file=https%3A%2F%2Fwww.srhr-ask-+us.org%2Fwp-content%2Fuploads%2F2017%2F10%2F6-+Ipas_SafeAbortion.pdf&settings=001101111&lang=en-+US#page=&zoom=auto&pagemode=
9. babs4104. Why universal health coverage must include abortion [Internet]. Ipas. 2021 [cited 2023Mar20]. Available from: https://www.ipas.org/news/2020/January/why-universal-health-coverage-must-include-abortion
10. Achieving UHC to empower women and girls and reduce the NCD burden [Internet]. NCD Alliance. 2019 [cited 2023Mar20]. Available from: https://ncdalliance.org/news-events/news/achieving-uhc-to-empower-women-and-girls-and-reduce-the-ncd-burden
11. Park K. Park's textbook of Preventive and Social Medicine. 26th Edition.
12. Medical Termination of Pregnancy (Amendment) Act, 2021
13. Press Information Bureau. [cited 2023Apr20]. Available from: https://pib.gov.in/PressReleasePage.aspx?+PRID=1705381
14. Medical Termination of Pregnancy Act, 1971 - https://www.indiacode.nic.in/bitstream/123456789/1554/1/act%2034%20of%201971.pdf
15. United States policy should uphold abortion as a human right - Cloudinary [Internet]. [cited 2023Mar20]. Available from: https://res.cloudinary.com/dhu2eru5b/images/v1630075854/websites/pai2020/PAI-3267-Abortion-Brief_08/PAI-3267-Abortion-Brief_08.pdf
16. For safe abortion - international federation of medical students ... [Internet]. [cited 2023Mar20]. Available from: https://ifmsa.org/wp-content/uploads/2015/01/Youth-ACT-for-safe-abortion.pdf

17. Adolescents need safe and legal abortion (September 2005). Available at: https://reproductiverights.org/sites/default/files/documents/pub_bp_tk_adolescents_1.pdf (Accessed: March 20, 2023).
18. Ministry of Health and Family Welfare. (2020). Medical Termination of Pregnancy Act, 1971. Retrieved from https://www.mohfw.gov.in/pdf/MedicalTerminationofPregnancyAct1971.pdf
19. UNFPA India. (2020). Comprehensive Abortion Care. Retrieved from https://india.unfpa.org/en/topics/comprehensive-abortion-care
20. Bharat, S., & Sheoran, P. (2021). Gender identity and abortion: An ignored reality in India. Indian Journal of Medical Ethics, VIII(1), 24-29. Retrieved from https://ijme.in/articles/gender-identity-and-abortion-an-ignored-reality-in-india/?galley=html
21. (November 6, 2019) Indian Journal of Medical Ethics. Available at: https://ijme.in/articles/conflicting-abortion-laws-in-india-unintended-barriers-to-safe-abortion-for-adolescent-girls/ (Accessed: March 20, 2023).
22. Optionsforsexualhealth.org. [cited 2023 Mar 20]. Available from: https://www.optionsforsexualhealth.org/wp-content/uploads/2019/07/FQPN18-Manual-EN-BC-web.pdf
23. Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). "I don't think this is theoretical; this is our lives": How erasure impacts health care for transgender people. Journal of the Association of Nurses in AIDS Care, 20(5), 348- 361.
24. National Informatics Centre (NIC) [cited 2023 Mar 20]. Available from: http://tcw.nic.in/Acts/MTP-Act-1971.pdf
25. Abortion. Women Student Abstract [Internet]. 2002 [cited 2023 Mar 20];31(1):52–52. Available from: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion
26. Abortion stigma ends here: A toolkit for understanding and action - Ipas Ipas [Internet]. Ipas - Health. Access. Rights. Ipas; 2020 [cited 2023 Mar 20]. Available from: https://www.ipas.org/resources/abortion-stigma-ends-here
27. 2017 Kanwal S. India: Public opinion on abortion laws by religion [Internet]. Statista. 2023 [cited 2023Apr20]. Available from: https://www.statista.com/statistics/1302388/india-public-opinion-on-abortion-laws/
28. Ganatra B, Gerdts C, Rossier C, et al. Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. Lancet. 2017
29. Kumar R, Sethi R, Singh A, et al. Determinants of quality of care and safety in informal sector provision of medical abortion in Madhya Pradesh, India: a cross-sectional study. BMJ Open. 2020
30. Yokoe R, Rowe R, Choudhury SS, Rani A, Zahir F, Nair M. Unsafe abortion and abortion-related death among 1.8 million women in India. BMJ Glob Health [Internet]. 2019 [cited 2023 Mar 20];4(3):e001491. Available from: https://gh.bmj.com/content/4/3/e001491
31. Singh S, Hussain R, Shekhar C, Acharya R, Moore AM, Stillman M, et al. Abortion and unintended pregnancy in six Indian states: Findings and implications for policies and programs. 2018 [cited 2023 Mar 20]; Available from: https://www.guttmacher.org/report/abortion-unintended-pregnancy-six-states-india