Availability of Safe Abortion Services and Perspectives of Actors on Right to Safe Abortion in Kancheepuram District, Tamil Nadu, India

A Project Brief

Background

CommonHealth is part of the "Claiming the Right to Safe Abortion: Strategic Partnership in Asia" project. The project through advocacy aims to facilitate and strengthen capacities to improve engagement and ensure rights to safe abortion services in Bangladesh, India, Nepal, Cambodia and the Philippines. To develop an appropriate theory of change for guiding advocacy, it is necessary to understand the perspectives of the service providers, potential users and the community. CommonHealth perceived a number of gaps in understanding the barriers to safe abortion services such as inadequate data on the availability of services, community and provider views and attitudes towards abortion rights and services and support from Civil Society Organisations (CSOs) and Community-Based-Organisations (CBOs) to abortion as a women's right.

As a part of the first phase of the project, CommonHealth conducted a baseline assessment to understand the availability and access to safe abortion services and the factors that impact these; and to understand the perspectives of CSOs and CBOs, community leaders, women, and healthcare providers on abortion as a women's rights issue.

CommonHealth, constituted in 2006, is a multi-state coalition of organizations and individuals advocating for better sexual and reproductive health, with a specific focus on maternal health and safe abortion.

Methodology

The baseline assessment involved primary and secondary data. Secondary data was sourced from national surveys and studies and from review of existing literature.

Primary data was collected in the Kancheepuram district. In-depth interviews were conducted with key informants such as frontline workers, community leaders, and health service providers; Focus Group Discussions (FGDs) with women from marginalised groups and facility surveys in select government and private facilities.

Trained investigators from Rural Women's Social Education Centre, a CommonHealth member organisation, undertook the baseline assessment in Kancheepuram district of Tamil Nadu. Semi-structured tools in the local language (Tamil) were developed and used by the field investigation team to collect the primary data.

Ethical approval: The Institutional Ethics Committee of the Rural Women's Social Education Centre in Tamil Nadu provided ethical approval for the baseline assessment

State context

Tamil Nadu is an industrially developed State with better socio-demographic and health indicators, and a well-functioning public-health system as compared to other states of India. Yet, significant gender, rural and urban differentials exist in literacy rate and work participation rates. The state has adequate abortion facilities as per the stipulated norm of one facility per 20,000 population. In 2011, the Government of Tamil Nadu developed a Comprehensive Abortion Policy (CAP) to increase the availability of safe abortion services and promote spacing methods of contraception at all levels of health care. This Policy was never implemented. While a number of doctors and staff nurses in Primary Health Centres and government hospitals were trained in MVA techniques and the Record of Proceedings (ROPs) for 2017-18 have allocated funds for training and purchase of medical abortion drug kits for all CEmONC centre, the policy has not been adopted in its entirety.

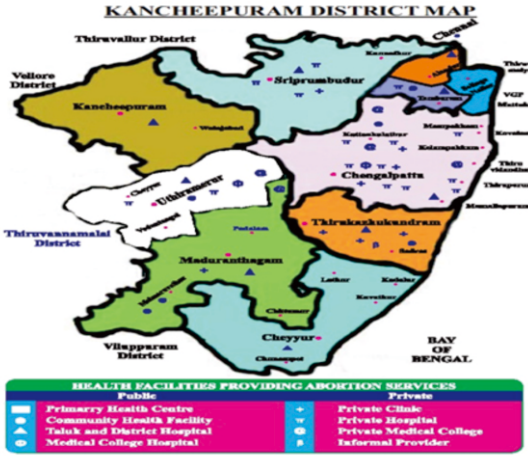
The State has very few NGOs working on women's sexual and reproductive health issues. Of these, some are against abortions on moral grounds and many exclusively work on preventing abortions for gender-biased sex-selection.

Findings

According to the 2015 Guttmacher study, an estimated 7,07,900 abortions were performed in Tamil Nadu in 2015, both safe and unsafe and in health facilities and other settings. State health department's Health Management Information System (HMIS) for the same period captured less than 10 percent of these. Nearly half (49.1%) of women who had an abortion were from the rural areas, and 97.8 per

cent belonged to Scheduled Caste / Tribe or the other backward castes (OBCs). An estimated 3,235 facilities provide abortion care and of these 14 per cent are government, and 86 per cent are private. About a third (32%) of abortions were performed in health facilities (majority in private) and 63 percent took place in non-facility settings using medical methods of abortion.

In Kancheepuram, 73 government and 50 private facilities are authorised under the MTP Act but only 16 government and 26 private facilities actually provide abortion services. Almost all the mapped facilities are located in urban areas of the seven blocks in the district.



Of the visited secondary government facilities (3) and private nursing home (1), only one government hospital offered second-trimester abortions. The other facilities did not provide second-trimester abortions, despite having trained gynaecologists and well equipped operation theatres.

In government facilities, services were mostly conditional on husband's signed consent and acceptance of contraception. Women, especially those who were unmarried or HIV positive, reported denial, delays and poor quality of care at the government facilities.

Service seekers often faced humiliation and abuse. Women therefore preferred private facilities but cost of these services ranged from Rs. 1000 to Rs. 40,000. The cost being unaffordable, most women from marginalised groups sought out unqualified providers or relied on self-medication.

Abortions in the first trimester were predominantly medical abortions with medication either prescribed or purchased across the counter for self-administration. Providers used surgical method for abortions performed after 7 weeks of gestation and interestingly, used Dilatation and Curettage, an out-dated surgical method.

Most women considered abortion illegal but acceptable in case of foetal anomaly, rape or risk to women's health. While women had mixed opinion about unmarried girls being provided abortion, many believed that it should not be used to space births or limit family size. TBAs and women leaders mentioned that abortions could be provided for spacing or limiting family size. The CSO leaders felt that sex-selective abortion ought to be prevented, but without compromising the availability of safe abortion services. The need for abortion services was considered very

important to prevent suicides among unmarried girls. Providers had a mixed attitude towards provision of abortion services to women, tended to be opposed to abortions for contraceptive failure and unplanned pregnancies in married women, and believed that pregnancy from marital rape did not qualify for abortion.

Key Issues

Denial, delays, poor quality of services and negative provider attitudes in government facilities, non-availability of medical abortion at the Primary Health Centre level and the high costs of abortion services in the private hospitals, and low awareness amongst women of the legal status of abortion, appeared to be major barriers to women's, particularly marginalised women's access to safe abortion services in Kancheepuram district of Tamil Nadu.

The baseline assessment findings are expected to guide the advocacy agenda towards making safe abortion services available free of cost to women who need them and towards promoting availability of abortion services as a woman's reproductive right.

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