WOULD ABORTION SERVICES IN INDIA BENEFIT FROM LESSER HURDLES?

Charmila Ayyavoo[1], Jayam Kannan[2], Ahila Ayyavoo[3]

[1]Director, Department of Obstetrics and Gynaecology, Aditi Hospital, Trichy, Tamil Nadu.
[2]Director, Department of Obstetrics and Gynaecology, Garbarakshamibigai Fertility Centre, Chennai, Tamil Nadu.
[3]Consultant in Paediatric Endocrinology and Diabetes, Parvathy Hospital, Coimbatore, India.

ABSTRACT

BACKGROUND

The aim of the study was to evaluate if service providers are unsupportive of second trimester abortions in young girls.

MATERIALS AND METHODS

Questionnaires were answered by 766 obstetricians from 24 obstetric and gynaecology societies in India. Homogenous stratified random sampling was done. Frequencies were analysed. The duration of the study was from 2015-2016.

RESULTS

55.5% accepted to render abortion services. 81.3% were willing to refer. 82.2% wanted age proof; 86.4% wanted guardian proof; 66.8 wanted the girl's consent; 60% had no moral objection and 46.7% were aware about the laws governing abortions. Medical methods of termination were chosen by 91.3% and post abortion services were offered by 91.9%.

CONCLUSION

Service providers were wary about the procedure for young girls. Significant proportion of service providers were less aware about the legal issues involved in the procedure. The suggestions offered by the study are that there should be no ambiguities in the laws and there should be clarity for the service provider to provide the service without fear.

KEYWORDS

Second Trimester Abortion, Adolescent Girls, Abortion Service Providers' Attitudes, Unsafe Abortions, Unmarried Pregnancy, Indian Law.

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BACKGROUND

The maternal mortality rate of India was 178 per 100,000 live births in the years 2010-12 according to the Ministry of Health and Family Welfare (MOH & FW), Government of India.[1] 8% of maternal deaths were due to unsafe abortions.[1] While abortions have been legal in India since 1971, available research shows that 56% of the 6.4 million abortions in the country are unsafe.[1] According to the MOH & FW, the primary reason for this was the lack of access to family welfare services. Poor access was due to the inadequate number of service providers trained and certified to provide Medical Termination of Pregnancy (MTP) services in accordance with the MTP Act of 1971. This was true in public health facilities.[2] Deficiency in the services provided by private providers was evident too. Ashtekar et al had demonstrated that private service providers levy fees based on the woman's ability to pay, the degree of guilt felt and the extent of secrecy desired.[3] Evaluation of the attitude of trained service providers towards provision of abortion services would be helpful in initiating change and reducing the rate of unsafe abortion in young girls.

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Corresponding Author:
Dr. Charmila Ayyavoo,
#5, Aditi Hospital,
Usman Ali Street, TVS Tolgate,
Trichy- 620020, Tamil Nadu.
E-mail: dr.charmila@gmail.com
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Synopsis

Abortion service providers providing second trimester abortion services in India are wary about providing services to young girls below the age of 18.

Huge difficulties exist in accessing health care for young girls beneath the age of 18 seeking termination of pregnancy.[4] Fear, anxiety and social implications of an unmarried pregnancy force adolescent girls to seek abortion services beyond the first trimester.[5] Risk of death is fourteen times higher in the second trimester terminations compared to the first trimester terminations.[4] Teenage girls seeking second trimester abortion services find it difficult to obtain help in India.[1] Many of them do not have parental support. A study by Purandare et al revealed the enormous stigma attached to pregnancies amongst unmarried girls in India.[6] A pregnancy in an unmarried girl was perceived to ruin a family's reputation.[6] Family and society even perceived suicide as an acceptable option for pregnant, unmarried young women.[6] In this study, mean gestation at termination was nine weeks for married women and 14 weeks for unmarried girls.[6] 24% of participants in the study said that parents had beaten them or starved them for prolonged periods.[6]

Though premarital sex is widely discouraged in India, there is evidence that a significant number of young men

and women have engaged in sex before marriage.[7] Moreover teenage pregnancies can also happen because of non-consensual sexual encounters. In a study by Shveta et al, one in six participants had mentioned that their pregnancy resulted from a non-consensual sexual encounter.[7] Young girls who did not receive full support from their partner and those who reported a forced encounter had an increased likelihood of having a late abortion.[8] Adolescents hesitated to approach health services for a termination as they would need to get permission from their parents or guardian, which increased their likelihood of going to clandestine abortion providers.[6] Hesitation existed towards public hospitals and private providers. Young pregnant girls preferred the anonymity provided by a Dai or a mid-wife who was not trained to do the procedures.[8] Deaths due to the procedure were not informed.

In developing countries, about 25% of abortions were done after 12 weeks whereas in more developed countries approximately 10% were in the second trimester.[9] The main reason for this was delay in provision of abortion services even though the women presented initially during the first trimester. In a study by Ganatra et al in 1996, 72.7% of induced abortions in a rural community of Maharashtra took place in the second trimester in unmarried girls as compared to 42.6% among married women.[10]

There was also reluctance by trained abortion service providers to provide the services.[7] Abortion service providers did not know what the laws allow with regard to abortion. There was a fear of violating the law.[11] Health providers were also provided with inadequate or conflicting information about appropriate dosages of drugs and procedures that made them wary about the termination.[12] Some health providers had a conscientious objection to abortion services.

In rural areas, many women were unaware of the services available in Government hospitals. In a community-based study in Vellore district of Tamil Nadu, 44% of women knew where to go for an abortion but only 13.8% knew they were conducted by doctors.[13]

For the above reasons, the following study was conducted among service providers to identify the factors which make them wary of providing timely and effective abortion services to young women in the second trimester. The study was undertaken in 2016 to assess the attitudes of abortion service providers towards young girls requesting termination of a second trimester pregnancy. This study was conducted in 24 Obstetric and Gynaecological societies of India. This study was conducted with the guidance and help of The International Federation of Gynaecology and Obstetrics (FIGO).

MATERIALS AND METHODS

A questionnaire with 10 questions was distributed in academic meetings of service providers who were obstetricians, and they were requested to answer. 2000 questionnaires were distributed and 766 responded.

The following questionnaire was used in the survey-

A 17-year-old unmarried girl accompanied by her grandmother with a 16-week pregnancy had requested a termination of her pregnancy. The questions asked were as follows-

1. Was the provider willing to offer abortion services?
2. If not willing, were they willing to refer the girl to an appropriate facility?
3. Would they ask for documentary proof of the girl's age?
4. Was consent from the girl mandatory?
5. As the girl was being accompanied by her grandmother, was there a need for documentary proof of the guardianship?
6. What was the method of termination offered?
7. Did the provider know that there was a discrepancy in the MTP Act and PCPNDT Act regarding the confidentiality issue?
8. Was the service provider willing to provide post-abortion services to the young girl?
9. Was there a moral objection on the part of the abortion service provider towards the services?
10. In case of a sexually assaulted victim, would the provider inform the police?

RESULTS

Table 1 showed that 43.3% of providers accepted to do the procedure while 55.5% refused to conduct the procedure. Table 2 revealed the fact that the providers refused to refer the girls accessing the service to an appropriate centre in 13.7% of the replies. But 68.3% said that they will refer the girls to other centres.

Acceptance	Overall Frequency (n=766)	Percentage
Accept	332	43.3%
Do not accept	425	55.5%
No response	9	1.2%

Table 1. Acceptance by Providers to Provide Abortion Services During Second Trimester of Teenage Pregnancies

Reference	Overall Frequency (n=766)	Percentage
Will refer	523	68.3%
Will not refer	105	13.7%
No response	138	18.0%

Table 2. Referral to Other Centres

Table 3 analysed the characteristics of abortion service providers which could have a bearing on their decision regarding the abortion service for young girls. Many providers (73%) had opined that a proof of age was needed before offering the service. 75.7% of providers wanted a proof that it was the guardian accompanying the girl. Consent of the girl was needed by 66.8% of the providers and there was a group who did not want (18.9%) a consent. 46.7% of providers revealed knowledge about the legal acts

governing the service and 31.2% said that they did not know about the discrepancy in the legal acts governing the service. 79.6% offered post abortion counselling to the girls. 52.2% had no moral issues about the procedure. 70.8% said that they will inform the police if there was a suspicion of sexual assault.

Characteristics/ Opinions	Yes	No	No response
Proof of age needed	559 (73%)	118 (15.4%)	89 (11.6%)
Consent of girl needed	512 (66.8%)	145 (18.9%)	109 (14.2%)
Requesting proof of guardianship	580 (75.7%)	58 (7.6%)	128 (16.7%
Knowledge about medico-legal acts	358 (46.7%)	239 (31.2%)	169 (22.1%)
Post-abortion counselling	608 (79.6%)	46 (6.0%)	112 (14.6%)
Moral issues	200 (26.1%)	400 (52.2%)	166 (21.7%)
Inform police in sexual assault cases	542 (70.8%)	97 (12.7%)	127 (16.6%)

Table 3. Analysed Characteristics of Abortion Service Providers (n=766)

Method of Termination	Overall Frequency (n=766)	Percentage
Medical	578	75.5%
Surgical	30	3.9%
No response	158	20.6%

Table 4. Procedure Offered to Young Girls

Table 4 showed that 578 (75.5%) out of the 766 providers offered medical method of termination to young girls.

DISCUSSION

In the above study, 55.5% of the service providers have declined to perform abortions for young girls requesting termination of pregnancy in the second trimester. This study has identified a lacuna in the health services being provided to young girls. These results are similar to results elsewhere in India and in other countries. In depth interviews were conducted with medical students by Susanne Sjostrom et al in 2015 on attitudes towards abortion services.[14] They identified that medical students in India were worried about including abortion services in their future practice.[14] Stulberg et al had conducted a mail survey of 1800 Obstetricians /Gynaecologists in the year 2011 regarding their attitude towards abortion services. In the survey, 97% of the service providers had encountered women seeking abortion services. Only 14% of them had accepted to perform the procedure.[15]

If the service was refused, the provider was asked whether they would refer the young girl to another provider who would provide the service. 68% said that they would refer the girl to another provider. There was a group (13.7%) who refused to refer the girls to a proper facility, and there was no response from a further 18%. These results are different from a study by Harris et al in 2011. In this study practitioners had opined that they would help women find an abortion service provider, even if they are reluctant.[16] The American College of Obstetrics and Gynaecology (2013) has emphasised that there was a need to provide standard of care counselling and timely referral if providers had individual beliefs that preclude pregnancy terminations.[17] In the publication 'the moralising compass', Neha Dixit had written that second trimester abortions in India were difficult, life-threatening, expensive and required approval from two doctors. The vulnerability of single women in India was discussed in the article.[18]

The service providers in the study (73%) wanted a proof of age from the girl. According to the MTP Act of 1971, it was enough if the girl gave in writing that she was above the age of.[18,19] The Government of India had stated that there was no need to get documents for age for a proof. But a majority of the service providers had mentioned that they would require a document as proof. An article was written by Paige Passano titled "The paradox of abortion in India" in 2002. She had quoted many instances where abortion service providers were insistent on age proof and marital status of young girls before offering abortion services.

In the survey, 75.7% of the abortion service providers wanted proof that the person accompanying the girl was the true guardian. According to the MTP Act of 1971, a guardian's consent is needed for the service if the girl is below the age of 18. Service providers in the study were worried if the girl was not accompanied by a "proper" guardian. The MTP Act does not define the method to be used by a registered medical practitioner to identify the guardian.[19]

A valid consent from the minor girl was considered necessary for performing an abortion by 66.8% of the service providers. 18.9% of the service providers have confirmed that they would provide abortion service without the consent of the girl. This pointed to a dangerous trend of performing abortions in minor girls with the consent of the guardian alone. 14.2% did not respond to the query. The service provider needs to understand that a valid consent from the girl is mandatory for performing the procedure. In the case of Madras High Court, V. Krishnan Vs. G. Rajan on 2nd December 1993, it was ruled by the High Court that it was a fundamental right of a minor girl to have a child even if her guardian thinks otherwise.[20] Courts have termed forced abortions as violation of section 313 IPC (Indian Penal Code) which is miscarriage without the women's consent.

In this study, 75.5% of service providers preferred medical method of termination to terminate pregnancies in the second trimester. Hysterotomy was preferred by 3.9% of doctors and 20.6% had not answered. Hysterotomy should not be the preferred method as it is associated with a high morbidity rate. Safer medical methods are available.[21] This indicates a level of ignorance about the methods of termination available. This ignorance may be due to poor

teaching programs in medical school on appropriate methods of termination of pregnancies. In a survey conducted in medical schools by the Guttmacher Institute in 2010, 55% reported that they offered students no clinical exposure to abortion procedures.[22]

Discrepancy exists between two important government acts pertaining to abortion services in India. Service providers (31.2%) were unaware of a discrepancy between the MTP Act of 1971 and the PCPNDT (Pre-conception and Prenatal Diagnostic Technique) Act on the issue of confidentiality. 22.1% did not answer to the query. According to the PCPNDT Act, when an ultrasound is performed for evaluation of pregnancy, the patient's name, address and history have to be mentioned in Form F.[23] This has to be submitted to the appropriate authority every month. On the other hand, the MTP Act advises secrecy about the details of the patient. Only numbers have to be assigned to each patient who request termination of pregnancy. The names and addresses have to be kept under lock and key. They have to be submitted in a closed envelope to the Chief Medical Officer of the district at the end of the month. Antagonism is brewing among abortion service providers regarding the hassles they face because of the PCPNDT Act. The Act was passed to prevent female feticide but has been misused by many. Menaka Rao has reported in Grist Media in the year 2015 that many doctors have stopped conducting second trimester abortions after the Government has registered around 500 cases under the PCPNDT Act for even clerical errors. She said that the doctors have become wary of the scrutiny. As per the survey, 79.4% of the service providers have opined that they would offer post abortion services to the young girls. 6% have said that they would not offer such services and 14.6% have not responded.

Regarding the query on moral objection to the services, 52.2% of service providers had no objection to the abortion services being provided to young girls. About 26.1% had an objection and 21.7% had not responded. Having a moral objection to abortions was common in many countries. A similar type of result was obtained in New Zealand where a significant number of doctors were against abortions on conscience grounds.[24]

In the case of suspicion of a sexual assault on the girl, 70.8% had said that they will inform the police. 12.7% have said that they would not inform the authorities. Even if the pregnancy was due to a consensual sexual encounter and the girl was below the age of 18, the service provider needs to report to the police authorities under the POCSO (Prevention of Children from Sexual Offences) Act 2012.[25] This contradicted the confidentiality and privacy protection under the MTP Act of 1971. This contradiction can act as a deterrent for young girls from accessing safe abortion services.[25]

This survey had its own limitations. But this could stimulate in-depth analysis on the aspects that have been revealed.

CONCLUSION

Though abortion service providers were willing to provide their services to young girls, reluctance exists because of the ambiguities in the laws concerning the legal acts governing abortion services in India; inadequate information being provided by the health departments on the procedures involved and a moral inhibition amongst some. Help from policy makers, the judiciary and social workers with legal clarity would help in providing the best reproductive health care to young girls in India.

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