Latter To Editor

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Are We Awaiting A Disaster?

Varsha L. Deshmukh*, Apurva V. Rajamanya**

Introduction

Abortions are always been around forever. At different points of time, they received attention for different reasons. Abortion is a primary health concern of women but has become a critical issue. Are we awaiting a disaster? It is important to review the abortion practices in India, capture the complex situation to give an insight into abortion to policy makers, gynecologists and administrators.

Present Scenario

On an average, roughly 15% deaths are known to occur due to unsafe abortions. This a large figure if we consider 6.7 million MTP's annually in India. This accounts for about 1.3 million illegal abortions[1].

Under reporting of MTP's (as illegal abortions are not at all reported) is a major factor. Most II trimester abortions are not reported at all (sex selection, adolescent unmarried pregnancy or having too many female children already) [2].

It has been found out that some uncertified abortion providers guarantee the safety, are available on all days of the week in the interior of villages, have low cost, maintain confidentiality, provide no legal documents and talk respectfully to the patients. This encourages the patients to take treatment from uncertified providers. This large chunk of patients are unreported. It is estimated that only 10% MTP's in India are legal and reported. This is what is the tip of the iceberg.

Illegal abortions

Survey of causes of Death reports that 18% maternal deaths are due to unsafe abortions (Office of Registrar General of India nd). Each abortion related death represents many more abortion related morbidities in women e.g. Chronic PID, infertility, Chronic backache.

In India the I trimester illegal abortions take place by inserting foreign body (stick, roots), orally ingested herbal drugs, irrelevant prostaglandin drugs, improperly done D & C[3]. The II trimester illegal MTP has a very high rate of complication due to physiological reaons. Use of i.m. chloroquine, abdominal massage witch craft, dilatation & curettage, heat applications are the methods applied. Insertion of Ethacrydine lactate, foley's catheter, high does progesterons and estrogens liqour before instillation are the methods used to terminate pregnancy. These methods are totally unscientific, irrational and dangerous.

Providers of unsafe

Quacks, ANM, community health worker and even pharmacists are involved in unsafe abortions. With the advent of medical abortions things have become easy for this people with no facility to manage the complication if it occurs[4].

Characteristic of patients who go for unsafe MTP

Although MTP is legalised, many women are unaware of the legal aspects and their rights in India.

Author's Affiliation: *Associate Professor **Resident, OBGY Dept., Government Medical College,Panchakki Road,Aurangabad. Pin: 431001

Reprint Request: Varsha L. Deshmukh, Associate Professor Dept., Government Medical College,Panchakki Road,Aurangabad. Pin: 431001

Email : deshmukhvl@yahoo.com

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Typically women who prefer to go to the illegal abortion providers are illiterate, rural based, economically backward, with moral dilemma (extramarital or unmarried status) sex selection and do not want any paper work or reporting.

Also, the safe abortion providers are known to scold patients for not using contraception, use of post abortion contraceptive is a precondition, or they even charge exavagantly for safe services. Distance from village, time consumption and fear of the provider, rude behaviour of the staff and insistance for sterilization procedure along with the MTP further discourages this women from going to safe and legal providers'[5].

The adolescent and the selective sex selection patients are the most 'at risk' patients for illegal abortions. Both this group of patients present in II trimester, are scared and refuse to do any paperwork and do not want any reporting. This is easily achieved at a peripherally working unsafe abortion providers.

If we allow this untrained people to do MTP's, arent' we awaiting disaster?

Post abortion Services

It is very crucial that if any complications occurs during abortion, it is diagnosed at the earliest. It has been seen that in illegal abortions the complcation is first recognized by a senior lady in the house[6]. Then the patient is taken to the midwife, ANM, trained birth assistant and there ultimately referred to a higher center. Every hour is worth 60 minutes in this situation and hence when this patient reaches a tertiary level centre, it is often too late.

How can we expect people ,who are untrained in MTP services to diagnose and manage complications?

It is dangerous awaiting a disaster.

Recommendations

a. Govt. Should strengthen the comprehensive abortion care by providing affordable, safe, geographically accessible MTP services.

b. Reproductive health services for adolescents (ARSH) should be improved.

c. Increase awareness of women towards the safe MTP centres available and reinforce the existing safe MTP centres by providing high quality care.

Conclusion

We utilise the 5 prong approach.

a. Overview of policy issues (FOGSI recommendation).

b. Strengthen PHC's for safe abortion (Facilities availability).

c. Understand women's perspective (awareness).

d. Establish exact incidence of abortion in India (Reporting).

e. Develop an advocacy strategy for safety of Indian women.

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