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Review of induced abortions in india and mtp act

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ABSTRACT

It is widely recognized; abortion related complications are higher when performed by untrained provider or in unhygienic conditions. Despite the liberalization of abortion services, access to safe abortion services remains limited for vast majority of Indian women, particularly in rural areas. Introduction of new technologies is expected to make safe abortion services more accessible. However, the challenge remains in effectively implementing these measures. Addressing the system of barriers limiting women's access to safe abortion services may require review and revision of MTP Act, 1971 and associated rules and regulations. Previous results and research which are reviewed in this article gives an idea about the factors that why women continue to seek and receive abortion services from unqualified providers.

INTRODUCTION

Abortions have been around forever but at different points of time in history it has received attention for differing reasons, some in support of it but often against it. Though it is mainly related to health of woman, it is increasingly being governed by patriarchal interests and more often than not curbs the freedom of women to seek abortion as a right.[1]

Abortion is the ending of pregnancy by the removal or forcing out of foetus or embryo from uterus before it is able to survive on its own. [7]

Types of Abortion [6]

A. Spontaneous-

- Natural
- Accidental

B. Induced-

- Legal or Justifiable
- Criminal

Natural Abortion-

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It may be because of some chromosomal defects, low implantation of zygote, Rh incompatibility, some diseased condition of placenta or mother, hormonal deficiency (progesterone), emotional disturbance etc.

Accidental Abortion-

It may be because of trauma, accidental poisoning, drug toxicity etc.

Criminal Abortion-

For inducing criminal abortion following methods are generally adopted i.e. use of abortifacient drug generally preferred in 2nd month of pregnancy, use of general violence usually up to the end of 1st month, sometimes use of local violence during 3rd and 4th month of pregnancy.

Legal or Justifiable Abortion-

The Medical Termination of Pregnancy Act of 1971 greatly liberalized the indications for which abortion is legal in India. Government intended for this act to reduce the incidence of illegal abortion and consequent maternal morbidity and mortality. However so many years after the groundbreaking legislation majority of women seeking abortion still turn to uncertified providers for abortion services because of the barriers to legal abortion. Addressing the system of barriers limiting women's access to safe abortion services may require review and revision of MTP Act, 1971 and associated rules and regulations.

MTP Act-

Medical termination of pregnancy is guided by MTP Act 34 of 1971 which came in force from 1/4/1972 and was amended in years 1975 and 2002. This act permits abortion or MTP for broad range of social and medical reasons including- to save the life of woman, to preserve physical health or mental health of woman, to terminate a pregnancy resulting from rape or incest and in case of foetal impairment. Contraceptive failure also is sufficient reason for legal abortion. (6)

The act imposes some restrictions while liberalising termination of pregnancy as below. (6)

1. **Qualification and experience of the doctor**

A medical man with postgraduate qualification in Gynaecology and Obstetrics or registered practitioner who has assisted MTP in at least 25 cases in a recognised centre, is eligible to perform MTP

2. **Recognised Centre**

The centre should be well equipped with facilities for operation and administration of anaesthesia and should procure a license, to perform MTP, from the Chief Medical Officer of the district or the Director of health services of the State.

3. **Indications of MTP**

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As per this Act, a pregnancy may be terminated by a Registered Medical Practitioner if such a practitioner is of the opinion, formed in good faith that- Continuance of pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health. Secondly there is substantial risk that, if child was born, it would suffer from such physical or mental abnormalities, as to be seriously handicapped.

4. Length of Pregnancy

Up to 20 weeks of pregnancy, one doctor alone may form opinion about the applicability of an indication for MTP. 2 doctors jointly should take decision regarding applicability of the indications of MTP for pregnancy above 12 weeks and up to 20 weeks. Above 20 weeks of pregnancy it can be terminated only on therapeutic consideration for the mother.

5. Consent

Consent of the woman is necessary, if she is not a minor or not a lunatic, in which case consent of the guardian will be required. Consent of the husband of a married woman is not necessary.

Contravention of the rules

If there is contravention of the rules by doctor then it makes the doctor liable to be punished with fine up to Rs. 1000 and if he/she is a government servant then, he/she will be liable to be dismissed from the service. Punishment for criminal abortion is described under IPC Sections 312 to 316.

IPC	Description	Imprisonment	Fine
312	Causing miscarriage	may extend to 3 years and in case woman is quick with child then to 7 years	Liable to fine
313	Causing miscarriage without woman's consent	Imprisonment for life or may extend up to 10 years	Liable to fine
314	Death cause by act done with intent to cause miscarriage	May extend up to 10 years	Liable to fine
315	Act done with intent to prevent child being born alive or to cause it to die after birth	May extend up to 10 years	Liable to fine
316	Causing death of quick unborn child by act amounting to culpable homicide	May extend up to 10 years	Liable to fine

Factors for persistence of unsafe and illegal abortion

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Despite the liberalization of abortion services, access to safe abortion services remains limited for vast majority of Indian women, particularly in rural areas. [2] Critics of the law admit that when it was introduced it was great achievement for woman's health. Nearly 4 decades after the law and associated rules, regulations are considered overly medicalised and bureaucratic. Some say it is not oriented towards woman's right to access safe and legal abortion services, [1] in fact Act does not encompass a fundamental right to induced abortion but is limited to the liberalisation of the conditions under which women may have access to abortion services provided by approved medical facilities. But there is broad range of indications for legal abortion, still unsafe and illegal abortions are common in India for following reasons-

1. Lack of awareness of the legal status of abortion and the facilities where abortion services are legally provided may lead women to seek abortion from untrained and unqualified providers. [2]
2. Lack of awareness about pregnancy may contribute to many women especially adolescent girls, delaying seeking abortion services and obtaining care from unqualified providers. [5]
3. Although the number of approved abortion facilities in India has increased significantly access to safe abortion services continue to be limited for vast majority of women in country. Some of the clauses in the MTP Act, have in effect contributed to restricting the availability and access to abortion services. Stringent criteria for the approval of centres, although well intentioned, have restricted the expansion of registered facilities in the private and nongovernmental sectors. [2]
4. Approved facilities are not distributed evenly between and within states thus resulting in limited access for vast majority of women in rural areas. Even where the approved facilities exist, services in the public sector are rarely or erratically provided due to lack of trained manpower or equipment. One survey which is conducted at national level reports that only 3% of primary health centres provide MTP services. [1]
5. Economic constraints may compel many women, particularly those who are poor and dependent on others, to seek services from unqualified providers. A study in Madhya Pradesh indicates that only one in ten abortions in public sector MTP centres were provided free of cost. [3][4]
6. Pressure to accept sterilization or other long term contraception after an abortion discourages women from using registered facilities.
7. A woman can make the decision to abort a pregnancy but often the decision making role is taken by husbands, mother-in-laws or other house hold members. Decision makers may support a woman's choice, pressure her into

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having an abortion or object to her having an abortion. (1)

8. The government tried to curb the increase in sex selective abortions by introducing the PNDT Act 1994, but the Act is still not the complete solution for preventing such an abortion. This is hardly surprising given the strong 'son' preference prevailing in most parts of the country.

Mortality and Morbidity

Abortion related complications are higher when performed by untrained provider or in unhygienic conditions. A survey was conducted in West Bengal and according to that complication rate is 12.2% when abortion is performed by specialist, 45.8% when performed by General practitioner and 100% when some unqualified provider performs the abortion. (8) Complication rate is much higher for abortions which were carried out in 2nd trimester than the 1st trimester. Unmarried adolescents, women who are illiterate and those living in rural areas are perhaps more prone to major abortion complications because they seek late abortions or use the services of unqualified abortion providers.

Conclusion

1. The introduction of new technologies is expected to make safe abortion services more accessible. However, the challenge remains in effectively implementing these measures.
2. Review the MTP Act to determine means in which the Act can be revised to better improve abortion services for women.
3. There should be an education and communication campaigns on wide spread lack of awareness of legal status of abortion services and women's rights under the existing law.
4. There is also a strong need for efforts to promote awareness of the dangers of unsafe abortion practices and the gestational age at which safe abortion can be obtained. (2)
5. Equally important are communication efforts to remove the stigma associated with induced abortion.
6. Results of the research studies reviewed in this paper suggest that abortion and associated morbidity and mortality form unsafe abortion are common and should be a top priority safe motherhood issue in India and point to areas that need to be explored to improve abortion care.
7. Proper distribution of authorised MTP centres in and between the states is what required the most rather than just increase the number of centres.
8. Abortion related needs and service seeking patterns of many vulnerable group i. e. adolescents, unmarried women etc remain less studied and hence there is need for future studies to focus on these subpopulation groups.

9. Lastly, given that the women, especially young women, have very little say in reproductive and sexual health decisions, including abortion-related decision, the need for multi-sectoral activities to raise the women's status cannot be overemphasized.

References-

1. Abortion Practices In India: A Review of the Literature, H.B. Johnston 2002, Mumbai
2. Induced Abortion : The Current Scenario in India, K.G. Santhya and Shalini Verma, Regional Health Forum- 2004.
3. Unintended Pregnancy and Abortion, B. Elul, S. Barge, S. Verma, 2003 New Delhi.
4. Realizing Reproductive Choices and Rights: Abortion and Contraception in India, A. Malhotra, S. Parasuraman, L. Nyblade, 2003 International Centre for Research on Women.
5. Adolescent sexsual and reproductive behaviour: A review of the evidence from India. In R. Ramasubban & S. Jejeebhoy, Women's Reproductive Health in India; 2000, Rawat Publication Jaipur.
6. Handbook of Forensic Medicine Dr. Apurba Nandy, Published in 2013 by New Central Book Agency Ltd. Kolkata.
7. Singhal's forensic medicine 4th edition published by National Book depot. Mumbai.
8. Induced abortion in rural society A. Mandal 1991 Journal of obstetrics and Gynaecology of India.

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