“Do It Yourself Abortion Pills”: Current Scenario in India

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ABSTRACT

Background: Despite liberalization and legalization of abortion in India, over the counter sale and self-administration of abortion pills or do it yourself practice has shown rapid increase which at times may endanger the woman’s life.

Aims: The available literature was reviewed with aim to focus on estimating the magnitude of unsafe medical abortion practice, its consequences, the profile of users, the knowledge among providers and consumers and to conclude with the interventions likely to improve the clinical scenario.

Review result: The electronic media was searched for the articles on abortion pills in India; the suitable articles pertaining to our queries were selected and the data was analyzed. Review result showed that 48% of total pregnancies were unintended. 73% was the estimated incidence of unsupervised medical abortion. Most of the women were young, uneducated, multigravida residing in the rural area. The lack of awareness regarding legal status of abortion and lack of access to safe abortion facilities were the prime factors responsible for self-administration of abortion pills. Analysis revealed that the chemists acted as service providers in 61.66% of cases. Pills were consumed by the standard protocol in 36.33% cases only and 57.66% patients reported within 10 days of pill intake. The outcome was complicated with severe anemia and shock in 15.8% and 10.6% cases respectively. Ignorance and apprehension led to increase in surgical evacuation (68%), thereby reducing the efficacy of these pills.

Conclusion: It is emphasized that self administration of abortion pill in women is safe as long as the women are provided with accurate information and have easy access to health facility if need arises.

Clinical significance: The review has enlightened us with certain important facts responsible for the present scenario and various measures which can be taken to improve the situation like implementing certain interventions to impart consumers and providers with accurate information, to increase access to safe abortion services by strengthening the infrastructure at PHC and CHC level and training the staff especially mid health workers and authorizing them to provide safe abortion services to meet the increased demand.

Keywords: Abortion pill, unsafe medical abortion, unsupervised medical abortion, unintended pregnancy, self-administered abortion pill.

INTRODUCTION

Though abortion was legalized in India by MTP Act 1971, still the associated mortality and morbidity remained high. To combat this, medical abortion (comprising of mifepristone and misoprostol-both schedule H drugs) was included in MTP act in April 2002,1 as an important measure laying the strict guidelines regarding the service provider, indications for termination, gestational age limit and health facility where medical termination of pregnancy can be done.

In order to expand the access to this facility, further amendment in MTP act was done in 2003 permitting Registered Medical Practitioner to prescribe first trimester medical abortion outside registered facility provided emergency surgical evacuation facilities were available with them.2 Despite these amendments the ratio between safe and unsafe abortion in 2009 was found to be 2:3.3 Also the illegal sale and unsupervised consumption of abortion pills has shown a spurt in recent time inspite of the legal ban on over the counter
sale of schedule H drugs. Review of literature was done focusing on the incidence of unsafe medical abortion, the profile and the knowledge regarding medical abortion amongst users and service providers and the outcome of unsupervised medical abortions.

METHODS

We searched Pubmed, Pubmed health, Pubmed central, Medline, Cochrane database, Google, Google scholar and Embase for articles regarding abortion pills using the keywords – abortion pills, unsafe medical abortion, self administered abortion pill, unsupervised medical abortion, over the counter sale of abortion pills and unintended pregnancy. Among the items searched, we selected 48 articles with reference to unsafe medical abortion in India from 2003 to 2018.

The studies were evaluated and data was analyzed regarding incidence of unsafe medical abortions, the profile of users who opted for self-administration of abortion pill, the reason for not approaching health facility for termination of pregnancy, the knowledge among user and service provider regarding the medical abortion and the outcome after this “do it yourself abortion pill” practice.

RESULTS

Most of the studies included in review were observational cross-sectional studies and few were reviews. From the data analyzed, the incidence of induced abortions has been estimated to be 15.6 million in India with abortion rate of 47 per 1000 women of reproductive age group (15–49 years). Among the induced abortions 81% were medical abortions with 73% being unsupervised medical abortions carried outside approved health facility; 14% were surgical abortions and rest 5% were unsafe abortions carried out by other methods (Fig. 1). The pregnancy rate in India is estimated to be 144.7/1000 women of reproductive age group (15–49 years) out of which 70/1000 women of reproductive age group (15–49 years) have unintended pregnancies which accounts for 48% of total pregnancies (Fig. 2).

The analysis of data related to the profile of women who had self-administered abortion pills revealed that most of the patients were multigravidas (76.85%), <30 years of age (66.3%) and belonged to lower socioeconomic strata (52%). 54% of women were either uneducated or had education till primary level. 7.5% of the users were unmarried. Most of the women belonged to the rural areas.

The most common reason for induction of abortion include limiting family size and spacing (70%); contraceptive failure being responsible for 15% cases. Other reasons were pregnancy outside marriage, pregnancy soon after marriage, selective sex determination and fetal anomaly.

As far as the reason for self-administration of abortion pill is concerned, lack of awareness about the legality of medical abortion was the primary factor. 1 in 2 females and 1 in 6 males believe that abortion is illegal. Lack of access to safe abortion facility was another important determinant.

In 61.66% of cases abortion pills were advised by chemists, 20% by relatives and friends and 19% by quacks. The abortion pills were bought by husband in 85% of cases and in 10% pills were bought by the patient herself.

The knowledge regarding medical abortion and recommended gestational age was largely limited in both the provider and consumer. Most of the chemists (55%) believe that over the counter sale of abortion pills
Abortion Pills Usage in India


is legal, only 46% knew the administration protocol of abortion pills and ≤30% knew about the gestational age limits.25-29 (Fig. 3).

Although preabortive urine pregnancy test was done by 92% of females, preabortive ultrasound was done only in 8% cases.16,30 The gestational age at the time of pill intake was < 7 weeks in 32.4% of cases only.13,15-19 Standard protocol for abortion pill intake was followed in 36.33% cases.13,17,30 57.66% of patients reported to the health facility within 10 days of pill intake.13,15,16 The patients usually presented with bleeding problems (68.2%) followed by pain abdomen (20.5%), fever (4.48%) and syncopal attacks (2%).12-18, 30 Moderate and severe anemia were found in 50.4% and 15.8% of cases respectively.10.6% cases were complicated with shock at time of presentation.12,13,15,16,30

Final diagnosis made in various studies include complete abortion in 17.25%, incomplete abortion in 58%, missed abortion in 7%, septic abortion in 4.5%, ectopic in 4.5%, failed abortion in 13.2% and molar in 1% cases. Various interventions which were required amongst unsupervised pill users include laparotomy in 3.8%, blood transfusion in 14.1%, surgical abortion in 68% and medical management in 16.5% cases.12,13,15-19,21,30,31

**DISCUSSION**

The review of literature highlights certain facts which need to be addressed. No doubt abortion has been legalized in India decades ago and the fact that incidence of surgical abortion and its associated complications have decreased, large proportion of women (73%) still rely on self-administration of abortion pills for termination of pregnancy. Most of these women are young, illiterate, poor and belong to rural areas. The most important reasons for “do it yourself abortion pill” practice among these women include ignorance about its legal status, associated stigma and limited access to safe abortion services. This approach put these women in vulnerable position.22 The rate of unintended pregnancies was found to be directly proportional to unmet need for contraception which was higher in rural women.33

As per statistics available through official sources, contraceptive failure is the most common cause for termination of pregnancy followed by maternal health risk; but the review tells a separate story of limiting the family size and birth spacing as the prime reasons.

The fact that the chemists, who have limited knowledge about medical abortion, are already the main service providers as far as over the counter sale of schedule H abortion pill is concerned, cannot be ignored. The reasons for this are easy accessibility, cost effectiveness and convenience. Stringent measures taken to stop this practice may force these women, residing in low resource areas, to adopt unsafe illegal surgical abortions again.

At the same time, we cannot overlook the fact that unsupervised self administration of abortion pill turns out to be disastrous at times with women landing up with shock, severe anemia, sepsis and ectopic pregnancies.

Another point of concern that needs our attention is that unsupervised medical abortions increase the hospital burden due to unnecessary and untimely hospital visits which in turn is responsible for increase in number of incomplete abortions. These unnecessary visits are due to lack of preabortive counseling. Again we should not forget that majority of these patients did not take pills as per recommended protocol. Also hospital admission affects woman’s choice regarding subsequent management. Most of the patients opt for surgical evacuation over medical management once admitted, thereby unnecessarily decreasing the success rate of the pill. Taking all these points into consideration, it can be concluded that lack of pre abortive counseling and wrong protocol of pill intake are the factors responsible for associated decreased success rate rather than self-administration of abortion pill itself.

The current scenario calls for interventions which increase awareness among masses regarding medical abortion, administration protocol, recommended gestational age limits and importance of follow-up.

**Fig. 3** Knowledge about abortion pills among chemists

Abbreviations: MA, medical abortion; OTC, over the counter; GA, gestational age; SE, side effects
visits. This can be achieved through various campaigns, public forums, posters and media coverage. The women should be encouraged to break the social taboo and seek for safe abortion facility which is their legal right. Improving the knowledge of chemists and providing them with handouts carrying information regarding abortion pills will definitely prove to be the important milestones in decreasing the incidence of complications associated with self-administration.34

Also improving access to safe health facilities should be the priority of the government. This can be achieved by strengthening the PHC and CHC in terms of trained man power and infrastructure.

Further amendment in MTP Act is required especially in term of service provider. Instead of authorizing only registered medical practitioners which are already handful, mid-health workers, who are easily approachable and available, should be trained and authorized in order to expand access to safe and legal abortion services.35-37

Exploring further reasons about reluctance among women to approach health care facility is important to improve the overall health scenario.

Last but not the least; government should take the measures to meet the unmet contraceptive need. Various types of contraceptives, regular and emergency, should be made easily available and accessible. This intervention will definitely decrease the number of unwanted pregnancies thereby decreasing the abortion rate.

The limitation of this review is that most of the studies were retrospective observational studies with small sample size, so larger prospective studies are needed. Further the magnitude of the problem may be much more than that reported as women with self-administered abortion pill will report only if they have some complaint. Also evidence regarding information about the administration protocol of mifepristone and misoprostol during self-administration is limited and needs further research.

CONCLUSION

Eliminating over the counter sale of abortion pills completely in India seems impossible considering various socioeconomic factors. It is emphasized that self-administration of abortion pill in women can be safe provided the women have accurate information about medical abortion, have undergone proper investigations and have easy access to health facility if need arises; otherwise these pills may backfire.

CONFLICT OF INTEREST

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