

Short communication

Training for providing abortions in Kerala, India: Evidence from a recent survey of obstetric and gynecology professionals

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This brief emphasises that the law on abortion in India will have to specify required skills instead of professional qualifications as it currently does to ensure better access to abortion for women. It was based on a cross sectional survey among 106 randomly selected obstetrics and gynaecology professionals (OGPs) in two southern districts of Kerala state, India. Abortion in India has been legalised under certain conditions specified in the Medical Termination of Pregnancy (MTP) Act 2003. This survey found that four out of the 106 OGP's had not undergone specific training to perform MTPs as part of their graduate training. However, the act permits professionals with graduate training to provide MTPs. This raises a concern regarding providers' ability to offer abortion services to women.

Key words: Legal, abortion, induced, dilatation, evacuation, providers, training, India.

Women's access to abortion services in developing countries is undermined because of the lack of a conducive legal framework, lack of trained providers or absence of infrastructure to undergo abortion (Hirve, 2004). As abortion care is an integral part of women's physical, social and economic wellbeing, it is necessary to meet the demand of abortion services in order to reduce the frequency of unintended pregnancy (Espey et al., 2005). In India, abortions can be provided up to 20 weeks for women who fulfill a set of criteria specified in the Medical Termination of Pregnancy (MTP) Act (MTP Rules, 2003). While abortion on demand is not allowed, the law allows provisioning without criminalizing either the provider or the client. Accessibility to MTP services depends not only on having a law that allows its provision, but also on how these laws are interpreted, enforced and the attitude of medical professionals towards abortion (Rahman A et al., 1998).

A survey of 106 randomly selected obstetrics and gynecology professionals (OGPs) in two districts of Kerala state, India i.e Thiruvananthapuram and Kollam in 2012; indicated that all professionals were aware that abortion was legal in India (Chowdhury, 2012). About

17% were not aware that it was legally permissible up to 20 weeks of gestation. Out of the 106 gynecologists in the study, 102 had received training in performing MTPs. Among those who were trained, the skills to perform MTPs were acquired during graduate training (93.1%) and mostly from the public institutions (89.2%).

The MTP Act (MTP Rules, 2003) allows all graduate trained professionals to perform MTPs up to 20 weeks with no additional training. However, four out of the 106 gynecologists had said that they did not undergo any training to perform MTPs. Among these, three said that they had undergone their graduate training in religious institutions which did not offer this service and one of them had not undergone the training for personal reasons.

Abortion procedures such as dilatation and evacuation are utilized for treatment or diagnosis of other conditions such as molar pregnancies, gestational trophoblastic disease, dysfunctional uterine bleeding and evacuating spontaneous abortions (Cunningham et al., 2003). That four percent of the gynecologists did not train to do the procedure is a serious cause for concern, because the law assumes that they can and that they possibly will

provide MTP services. The burden of training gynecologists to perform MTPs seems to be entirely that of the public health sector institutions. Some health care institutions in the private sector seem to avoid providing this training; particularly, if they have religious affiliations that prohibit abortions. There is a need to specify the required skills for providers of MTP as part of the regulatory framework instead of qualifications. This is necessary to ensure better access to abortion for women in India.

Ethics approval and informed consent

All the obstetric and gynecology professionals provided written informed consent. The study was reviewed and approved by the Institute Ethics Committee of the Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram.

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Conflict of interest: None

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