REPRODUCTIVE HEALTH matters

FEATURE

Safe, accessible medical abortion in a rural Tamil Nadu clinic, India, but what about sexual and reproductive rights?

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Abstract: *Women's control over their own bodies and reproduction is a fundamental prerequisite to the achievement of sexual and reproductive health and rights. A woman's ability to terminate an unwanted pregnancy has been seen as the exercise of her reproductive rights. This study reports on interviews with 15 women in rural South India who had a medical abortion. It examines the circumstances under which they chose to have an abortion and their perspectives on medical abortion. Women in this study decided to have an abortion when multiple factors like lack of spousal support for child care or contraception, hostile in-laws, economic hardship, poor health of the woman herself, spousal violence, lack of access to suitable contraceptive methods, and societal norms regarding reproduction and sexuality converged to oppress them. The availability of an easy and affordable method like medical abortion pills helped the women get out of a difficult situation, albeit temporarily. Medical abortion also fulfilled their special needs by ensuring confidentiality, causing least disruption of their domestic schedule, and dispensing with the need for rest or a caregiver. The study concludes that medical abortion can help women in oppressive situations. However, this will not deliver gender equality or women's empowerment; social conditions need to change for that.*

Keywords: medical abortion, sexual and reproductive rights, economic hardship, spousal violence, women's empowerment, India

Women's control over their own bodies and reproduction is a fundamental prerequisite to the achievement of sexual and reproductive health and rights.[1] However, several studies have pointed out that women often are unable to exercise such control even when they may be able to achieve autonomy and empowerment in other spheres.[2,3]

A woman's ability to terminate an unwanted pregnancy has often been seen as an exercise of reproductive rights. Past studies on abortion from India have shown that the act of having an abortion may not necessarily be the exercise of reproductive choice and that women often use abortion as a desperate means to limit their family size after being unable to exercise choice in matters of sex and contraception.[4–8]

In the past, even in settings where abortions are legally allowed, abortion methods, being surgical in nature, remained outside the control of the woman. Medical abortion, using a combination of mifepristone and misoprostol pills, or misoprostol alone where mifepristone is not available, has been seen as a technology that is safe and can make abortion less medicalized and more women-controlled.[9,10] Indeed, studies from Latin America have shown that in legally restrictive settings, medical abortion using misoprostol has remarkably increased women's ability to have a safe abortion.[11,12]

Since there is evidence that medical abortion is being increasingly used in rural India,[8] we undertook a study to understand rural women's perspectives on medical abortion – the circumstances under which they opted for abortion, their reasons for choosing medical abortion, and its role in enabling them to choose the method of abortion. This paper reports findings from one part of this study.

Methodology

The study was conducted in the state of Tamil Nadu in southern India. Tamil Nadu has been

 Doi: 10.1016/S0968-8080(14)43789-3

seen as a pioneer for its achievements in the social sector – the state has high literacy levels among women, better maternal health indicators than most other states in India, and good health infrastructure within the public health system.[13] Fertility levels in Tamil Nadu are among the lowest in the country, even though use of temporary contraceptive methods is extremely low across caste and class groups.[14] Abortion services are available only at the district level within the public sector, however.

The Rural Women's Social Education Centre (RUWSEC), a grassroots women's organization to which the authors are affiliated, has been working in the northern part of the state for over three decades on issues of sexual and reproductive health and rights. As part of its work, RUWSEC also runs a reproductive health clinic which offers safe abortion services. There are a few private sector abortion providers in the towns neighbouring RUWSEC who do surgical abortions using D&C, and more recently offer medical abortion.

This qualitative study, which tried to understand women's perspectives on safe abortion, including medical abortion, involved focus group discussions with various groups of rural and marginalized women, whose findings have been published elsewhere,[15] and in-depth interviews with women who had had a medical abortion. Here, we report on in-depth interviews with 15 women who had a medical abortion (MA) in RUWSEC's clinic between September 2010 and July 2011. All the women who had MA in the clinic during this period (30 women) were invited to participate in the study; 15 women agreed. Informed consent was obtained from all 15 by the clinic's counsellor, after which the women were contacted by the interviewers to meet at a pre-determined time and place, either in the clinic during a follow-up visit or at their home. The interviews were conducted by two of RUWSEC's field workers, who are experienced in working with rural women on reproductive health issues. They took place two to four weeks after the abortion, using a semi-structured, in-depth interview guide that probed into the reasons for the abortion, choice of method, and abortion experience. They were conducted in the local language, Tamil, and recorded with the participants' consent. Confidentiality was ensured by using anonymous numbered codes with the interviews. All names of respondents used here have been changed to protect anonymity. The interviews were transcribed and analysed using QSR NVivo 7 qualitative analysis software. The study was cleared by RUWSEC's Ethics Review Committee.

For the analysis, two densely descriptive interviews were initially examined to derive inductive codes, keeping in mind the objectives. The remaining interviews were subsequently coded using constant comparison method deriving additional codes as necessary. The codes were then examined to derive themes where the inductively developed codes could be coalesced into specific themes.

Findings

Characteristics of the women

Of the 15 women interviewed, ten were aged 25–29 years, three were aged 20–24 and two were 36 and 37 years old. All the women had been to school; 11 had 8−10 years of schooling; three had post-secondary degrees or diplomas, while the oldest woman had had five years of schooling. In spite of significant education, nine of the women, including one who had qualified as a nurse, did not work outside the home. Three were agricultural wage labourers, one worked in a dress-making factory, one was a pharmacist and one was a church preacher alongside her husband.

Marriage, family and violence

All the women were married and were co-residing with their husbands, except one, who had recently separated from her husband due to domestic violence. The interviews did not probe into the circumstances of their marriages nor whether they could exercise any choice in the matter of when or who to marry.

Women's descriptions of their marriage and family were dominated by the burden of their daily domestic routine with no time for themselves. This was a recurring theme in almost all interviews. This was compounded by the fact that even while living in large families (11 of the women lived in joint families with one or both of their husbands' parents and sometimes their husbands' siblings and their families), many of them reported that they were solely responsible for the majority of household chores and received little help from their husbands or other family members. This was especially true if the woman's relationship with her marital family members was not cordial.

"There is no one to help me at home, no matter whether I am well or sick or pregnant or have had a baby recently." (Sangeeta)