Medical Termination of Pregnancy And Sex Selection

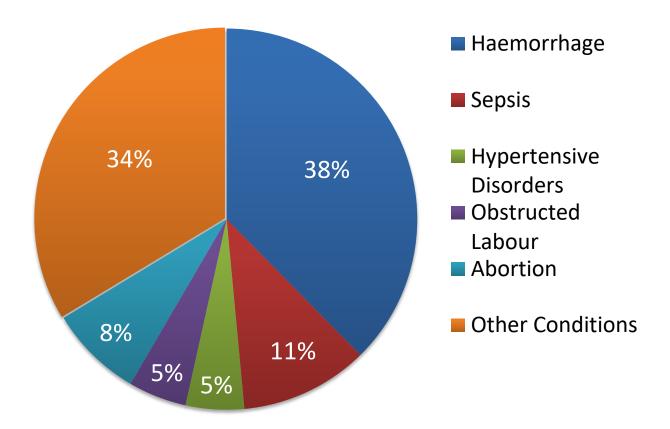
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Understanding The Context



Major Causes of Maternal Death

 10 women die to unsafe abortion each day

 56% of 6.4 Million abortions take place in the country are unsafe.
 (Reproductive Health Mattress – 2004)

• Abortion of miscarriages is the premature expulsion of the foetus from the mother's uterus at any time of pregnancy before the full term pregnancy is completed.

 Abortion may be natural, i.e., spontaneous or accidental or artificial, i.e., therapeutic/ justifiable, or criminal abortion.

Source: RGI-SRS, 2001-03

Factors Influencing Abortion Services

Social Factors	Policy Factors		
 Lack of awareness that abortion is legal Social stigma Gender discrimination and low status of women Lack of male responsibility Women do not go to male providers Provider's attitude 	 Legal aspects of abortion not disseminated Few qualified providers for safe abortion Inadequate equipment and supplies Low use of contraceptives Forcing acceptance of a particular contraceptive method during abortion care Weak referral linkages 		
Economic Factors	Physical Access Factors		
 Poverty Private providers charge high fee 	 Few trained providers in under-served areas Sites providing safe services not advertised 		

Objective of the MTP ACT 1971

- To liberalize certain existing provisions relating to termination of pregnancy
- To provide for the delivery of safe MTP services to women on the fulfillment of the following grounds
- Health danger to life/risk to physical or mental health of woman
- 2) Humanitarian sex crimes / intercourse with mentally ill woman
- Eugenic substantial risk that child will suffer deformities or diseases

Legal Framework of MTP Act

MTP Act (1971, 2002):

- 1. When pregnancies can be terminated;
- 2. Where it can be terminated

MTP Rules (1975, 2003):

- 1. Who can terminate the pregnancy;
- 2. Training requirement;
- 3. Approval process for the MTP site

MTP Regulations:

Reporting forms & record keeping

When can pregnancy be terminated

When RMP is of the opinion that:

- Continuation of pregnancy is a risk to the life or of grave injury to the physical or mental health of woman
- Substantial risk of physical or mental abnormalities in the foetus as to be seriously handicapped
- Pregnancy caused by rape (presumed to constitute grave injury to mental health)
- Contraceptive failure in married couple (presumed to constitute grave injury to mental health)
- Spouse consent is not mandatory

Sex selection is not an indication for pregnancy termination under the law.

Where: Sites for Pregnancy Termination

2.

 Hospital established or maintained by the Government



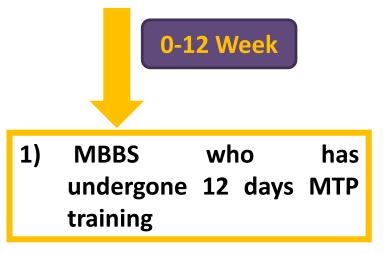


Private site approved by the **Government or a District Level** Committee constituted by the Government for the purpose

Who can Terminate a Pregnancy?

Only a Registered Medical Practitioner (RMP) under the MTP Act can terminate pregnancy. He/she should:

- 1. Possess a recognized medical qualification as defined in the Indian Medical Council Act, 1956
- 2. Have her/his name entered in the state medical register
- 3. Who has such experience or training in gynecology and obstetrics as p∈ the MTP Rules



0-20 Week

- 1) Post-graduate degree or diploma in Obstetrics and Gynecology,
- 2) Six months house job in Obstetrics and Gynecology
- 3) At least one-year experience in practice of Obstetrics and Gynecology at a hospital which has all facilities

Legal Abortion

Abortions fulfilling the following:

- Termination done by a medical practitioner approved by the Act
- In a place which is approved by the government under the act
- And the termination is done for conditions/gestation prescribed by the Act.
- Other requirements of the rules & regulations are complied with

If even one of the above conditions are not met The abortion is termed illegal

Up to when can pregnancy be terminated

- Up to 20 weeks gestation
- With the consent of the women. If the women is below 18 years or is mentally ill with consent of guardian
- With the opinion of registered medical practitioner , formed in good faith, under defined circumstances
- Opinion of one RMP is needed for termination up to 12 weeks. Whereas for termination of pregnancy between 12-20 weeks, opinion of two RMPs is required

MTP Site Approval

- Public sector sites do not need separate approval, provided they have the required infrastructure
- All private sites need approval before starting abortion services
- Approval of private sites is granted at the district level by the District Level Committee (DLC)

District Level Committee: Roles

Three to five members including the Chairperson.

- CMO verifies or inspects the place to satisfy that termination can be done under safe & hygienic conditions.
- Enable proper implementation of the provisions of the Act by private sites.
- Ensure that MTP services are provided by qualified persons in safe and hygienic settings at private sites.
- Depute a nodal person for dealing and record keeping
- Cancellation/suspension of approval; review, data compiling & reporting to state

Medical Methods of Abortion (MMA)

- Provider's eligibility: Only an RMP, as under the MTP Act, can prescribe MMA drugs
- Site eligibility: Medical Methods of Abortion up to seven weeks of gestation can be provided by an RMP under the MTP Act, from an OPD clinic with established linkage to an approved site. However, a certificate to this effect by the owner of the approved site has to be displayed at the OPD clinic

All the records of pregnancy termination have to be maintained for MMA also (Consent Form, RMP Opinion Form, Admission Register and Monthly Reporting Form).

Violation of the MTP Act

The following offences can be punished with rigorous imprisonment for two to seven years:-

- Any person terminating a pregnancy who is not a registered medical practitioner as under the MTP Act
- Terminating a pregnancy at a place which is not approved
- Mandatory documentation of consent, opinion, case recording and monthly reporting are not adhered to
- Terminating a pregnancy beyond the conditions discribed in the Act

SEX SELECTION INCLUDES

Any procedure, technique, test or administration or prescription or provision of anything for the purpose of ensuring or increasing the probability that an embryo will be of a particular sex Strictly prohibited under Section 3A, Section 5 (2) & Section 6

• It is manifestation of gender discrimination.

• It is in favour of boys because of social, cultural, political & economic injustices against women and girls.

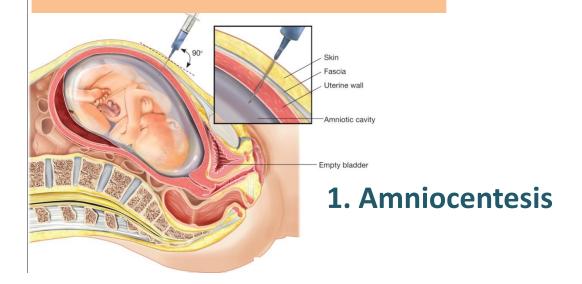
Methods of Sex selection

Pre Conception

Post Conception



Assisted Reproductive Technology



3. Ultrasonography (Imaging Techniques)

2. Chorionic Villus Biopsy

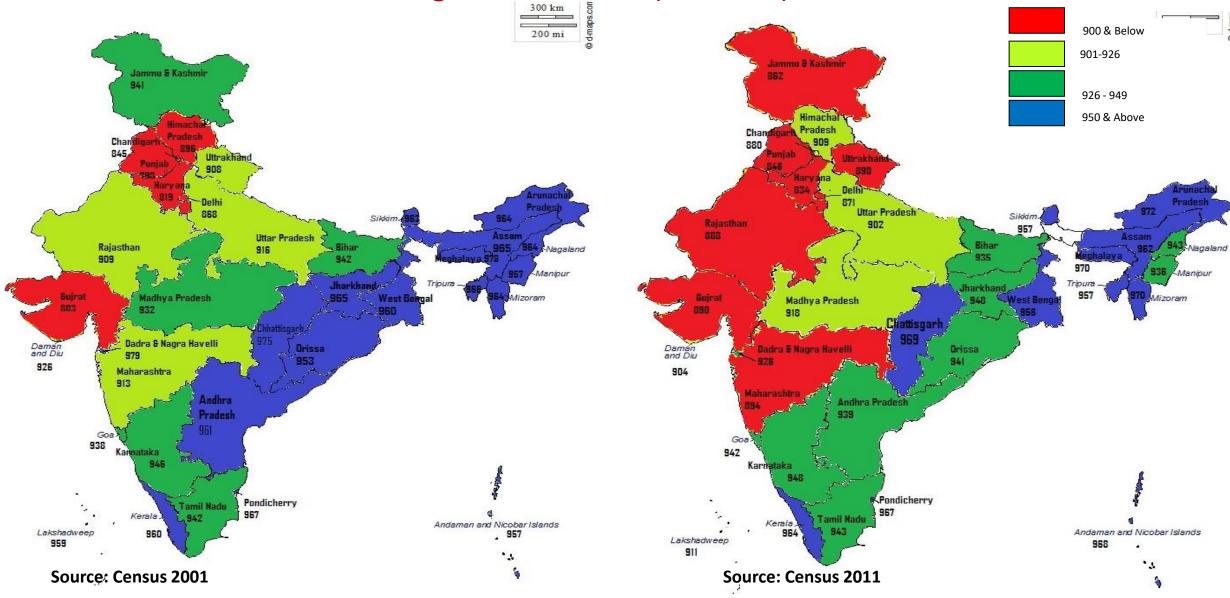
ABORTION- Uttar Pradesh

	Rural	Urban	Total
Pregnancy to women aged 15- 49 years resulting in abortion (%)	6.7	8.9	7.1
Women who went for ultrasound before abortion(%)	21.8	35.2	24.8
Average Month of pregnancy at the time of Abortion	2.9	2.6	2.8
Abortion performed by skilled health personnel(%)	47.4	60.8	50.4
Abortion taking place in Institution(%)	43.3	57.4	46.5

Source: AHS 2012 - 2013

Reflection of Sex selection

Declining Child Sex Ratio (0-6 Year)



INDIA'S BECOMING TOO MASCULINE..

6 lakh girls go missing *from the womb* every year in India.

Sex selective elimination is a violation of the most basic human right – the right to life.

EXAMPLE 7 INDEACT is a legal order to address social disorder

'It is different from other social legislations as it does not involve any change in social behaviour and practice rather regulates and demands ethical medical practice & regulation of medical technology that have the potential to be misused'

Overlap between Abortion and Sex Selection

- Calculated on basis of actual girls born as a compared to the number that should have been born if the sex ratio at birth was normal(around 952), the
- estimated missing female births out of the total births is 5.7 lakhs or 4.6%
- If this number of missing female births is juxtaposed against the estimated number of total abortions(64 lakhs).
- It can be estimated that of all the abortions in the country, only nine percent are likely to be sex selective.
- Curbs on abortion will not be effective or efficient in preventing sex selection

MTP Act

- It provides and liberalize certain provisions for the termination of pregnancy.
- It concerns itself towards the avoidable wastage of mothers strength, health and sometimes life.
- Defines termination under some grounds as mentioned under the Act:
 - Eugenics
 - Humanitarian
 - Pregnancy leading to physical or mental trauma to the mother
 - Failure of contraceptives

PC PNDT Act

- It provides for the prohibition of sex selection before or after the conception and regulation of prenatal diagnostic techniques.
- It concerns itself precisely against the practice of sex selection
 - regulates and demands ethical medical practice & regulation of medical technology that have the potential to be misused

Practice of (Sex) Selection is the problem while Abortion is the Consequence not the cause

Sex Selection is purported by illegal use of diagnostic technologies coupled with unethical medical practices, Hence **Sex Determination Illegal abortion**

SEX SELECTION

Can be prevented by ensuring that technology is used only for medical reasons; and by effective monitoring to stop unethical and illegal practices both in provision of abortion and use of technology

Recommendation.....

- Do not make use of terms such as 'female foeticide' or Kanya bhrun hatya : these terms stigmatise abortion.
- Do not use images of foetuses being crushed, stabbed and strangled, daggers going through the stomach of a pregnant woman, blood being splattered.
- Do not use images of a female foetus speaking from the womb.
- Do not use imagery that selectively emphasizes on the value of women only as brides(like many men waiting to marry one woman).
- Do not discourage services providers from providing safe and legal abortion.
- Do not imply that all women who previously have daughters are opting for an abortion for sex selection.

