



Samita, a 35-year-old mother of two, lives near Calcutta. Since the birth of her first son 10 years ago, she has taken extreme measures to self-induce abortions on three occasions: per her midwife's instructions, she inserts a small grapevine stalk into her uterus, which causes heavy bleeding and intense pain. After her most recent attempt, Samita's pain continued for more than 10 days. Her family took her to the nearest hospital, where doctors gave Samita blood transfusions and heavy doses of antibiotics. Samita's doctor said that if she had delayed coming in by just one more day, she would have died (Cariboni 2004).

Background

India has one of Asia's broadest abortion laws. Under the 1971 Medical Termination of Pregnancy (MTP) Act, abortions may be performed by a registered physician in a government-approved hospital or facility during the first 20 weeks of pregnancy.

However, in this sprawling country of more than 1 billion people, progressive laws do not guarantee access to safe services. Although abortion has been legal in India for decades, unsafe abortions far outnumber legal procedures — an estimated 90 percent of abortions performed in India are unsafe (Pallikadavath 2006).

Many factors contribute to the large number of illegal abortions: a lack of trained, certified providers and facilities, especially in rural areas; inadequate and underutilized facilities; poorly maintained or nonfunctioning equipment; and legal

restrictions on who can provide abortion services. Millions of Indian women — especially adolescents, unmarried women and other vulnerable groups — remain unaware that abortion services are legal and available.

Ipas India's country office, headquartered in New Delhi with field offices in Pune (Maharashtra), Ranchi (Jharkhand) and Bhopal (Madhya Pradesh), works with five state governments to increase access to safe abortion. Ipas India initiated its work in 2001 with a focus on three states: Bihar, Jharkhand and Maharashtra.

By 2006, Ipas India had expanded its programmatic reach to two new states, Madhya Pradesh and Uttarakhand, and intensified its technology-promotion activities in the states of Andhra Pradesh, Karnataka, Kerala, Orissa, Punjab, Uttar Pradesh, West Bengal and the North Eastern States.

Statistic	Data
National population	1,131,900,000
Total fertility rate for women aged 15–49	2.9
Maternal mortality ratio (deaths per 100,000 live births)	450
Percent age of married women married aged 15–49 using modern contraception	49

Key accomplishments

- Ipas India helped establish 45 public-sector and six private-sector comprehensive abortion care (CAC) training sites in Bihar, Jharkhand, Madhya Pradesh, Maharashtra and Uttarakhand. Research shows that 74 percent of providers trained by Ipas since 2003 currently provide MTP services. More than 1,283 providers have been trained, including 692 obstetrician-gynecologists and 591 MBBS (Bachelor of Medicine and Bachelor of Surgery) doctors.
- Standardized CAC training curricula and manuals have been developed for certified MTP providers and the MBBS doctors requiring certification under the MTP Act. These materials were developed in English and translated into Marathi and other languages.
- Comprehensive action plans have been created with the Jharkhand, Maharashtra, Madhya Pradesh and Uttarakhand state governments to increase access to safe abortion in the public sector.
- Ipas works closely with the state governments to establish and facilitate district-level committees to approve CAC sites in the private sector.
- Ipas established a commercial-distribution channel for manual vacuum aspiration (MVA) instruments with Romsons, a reputed marketer of surgical instruments. More than 253 distributors in 152 towns carry MVA instruments.
- Ipas India is a key member of a consortium for safe abortion in India. The consortium is funded by the Swedish International Development Cooperation Agency (SIDA) and the David and Lucile Packard Foundation to increase access to safe abortion care in the public health systems.
- Ipas India worked with the Federation of Obstetrician and Gynecologist Societies in India (FOGSI) to institutionalize pre-service CAC training for postgraduate students and pre-service CAC orientation for interns in select medical colleges in Maharashtra.
- A pilot project in Jharkhand has been initiated to demonstrate the feasibility of providing medical abortion services at different levels of public health sites. The project is introducing medical abortion in selected district and subdistrict hospitals in urban settings and referral hospitals and primary health centers in rural settings.

What Ipas's work means for women

Improving access to safe abortion services poses a unique set of challenges in India, given its size, needs and socioeconomic disparities; however, Ipas India's work demonstrates that women's lives can be saved by improving service quality and availability. Ipas will continue its work to increase awareness of services, expand high-quality service delivery and reach out to women to encourage use of safe services. Ipas India's research, advocacy, distribution network for MVA instruments and promotion of other abortion technologies has had a national impact on the health of Indian women.

Additionally, by assisting women in terminating unwanted or medically unsafe pregnancies, Ipas helps women gain control over their lives in an environment where it is difficult for them to access contraceptive options or choose when and if to have children. Ipas estimates that they have facilitated more than 485,000 safe abortions in India since 2001. As the only NGO dedicated to reducing maternal deaths from unsafe abortions, Ipas India is unique in its ability to forge partnerships and ensure that safe abortion remains firmly on the public health agenda.

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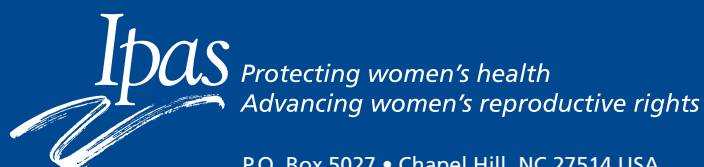
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