



MEDICAL TERMINATION OF PREGNANCY (AMENDMENT) ACT 2021

A STUDY TO UNDERSTAND AWARENESS

About FRHS India

Foundation for Reproductive Health Services India is an affiliate of MSI Reproductive Choices, a global organisation providing personalised contraception and safe abortion services to women and girls across 37 countries. Since 2009, FRHS India has enabled men and women to exercise their sexual and reproductive rights and choices. In 2015, FRHS India emerged as India's No. 1 provider of clinical family planning services in the Private sector and the Non-Government sector, a position they continue to hold. FRHS India delivers high-quality family planning and reproductive health services efficiently at scale by partnering with public and private health systems, making choice possible for their clients. These incorporate a behavioural change demanding generation communication. We believe in **"Children by Choice, not Chance"**.

FRHS India provides services in 1,264 locations in over 82 districts of Bihar, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh.

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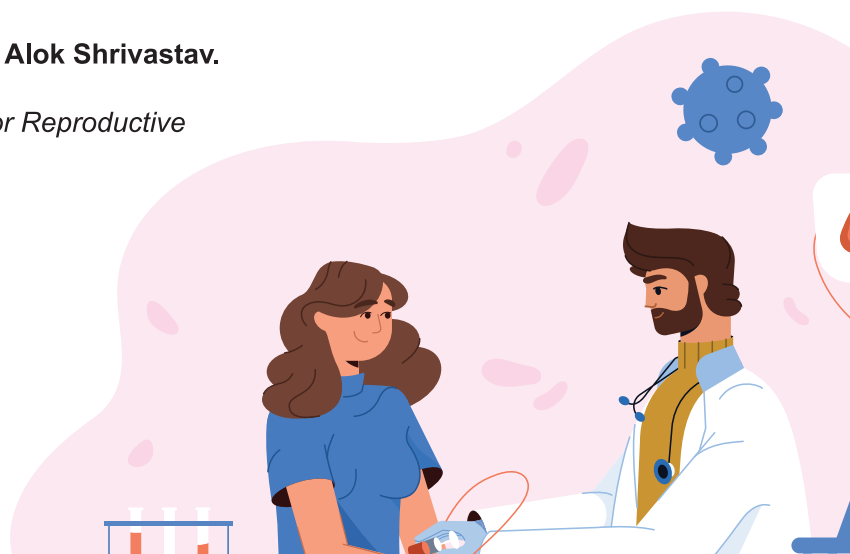
This study would not have been possible without the participation and cooperation of several frontline workers, healthcare providers, and the hundreds of women respondents.

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Executive Summary

With the completion of a year since the Medical Termination of Pregnancy (MTP) (Amendment) Act, 2021 came into effect, Foundation for Reproductive Health Services (FRHS) India undertook this study to assess the awareness of the Act and understand practices related to safe abortion at the community level. In August and September 2022, we conducted a quantitative survey with 1,622 women and in-depth interviews with around 100 healthcare workers in Delhi, Maharashtra, Rajasthan, and Uttar Pradesh. The key findings of the study provide insight into barriers to accessing safe and legal abortion services and help determine the way forward.

Around 68% of women consider medical termination of pregnancy as a woman's health right

A significant percentage of women across the study states consider medical termination of pregnancy as their health right.

Nearly 95.5% of women are unaware of the MTP (Amendment) Act, 2021

With an overwhelming majority of women unaware of the amendment, access to safe and legal abortion services would be seriously compromised. Adding to this, a significant number of frontline healthcare workers (around 95%)—the first points of contact for women—are also unfamiliar with the amendment to the MTP Act, 1971. Most frontline healthcare workers were unaware of the legal conditions under which MTP could be availed and few thought MTP was illegal in the country. There is an urgent need for an intervention to sensitise and build the capacity of service providers, and spread awareness amongst communities.

Lack of clarity among service providers on the implementation of Medical Boards

Service providers, particularly doctors, lack clarity and information on the constitution and availability of a medical board for service seekers at an advanced stage of higher gestation. Administrative delays at an advanced stage of pregnancy could have adverse consequences for the mental and physical health of the pregnant person. As abortions are highly time-sensitive, detailed guidelines/protocols for doctors will enable them to take quick decisions for a referral.

Social Media and Television as the key sources of information on Safe Abortion

56% of the surveyed women had come across a message on safe abortion on their social media, while 52% claimed that they had seen, read, or heard a message on safe abortion on television. State health authorities and civil society organisations can leverage social media platforms, and engage local thought leaders and religious leaders, to help disseminate information on MTP (Amendment) Act, 2021 in local dialects. States authorities may also share messages about the Act with frontline healthcare workers through WhatsApp and other social media platforms.

“Abortion seekers don't have enough knowledge about the MTP (Amendment) Act. There is no poster or pamphlet. Television ads should be there to spread awareness.”

—A Doctor working in an Urban Primary Health Centre (UPHC) in Lucknow



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ACRONYMS

ANC	:	Ante Natal Care
ANM	:	Auxiliary Nurse Midwife
ASHA	:	Accredited Social Health Activist
AWW	:	Anganwadi Worker
CAPi	:	Computer Assisted Personal Interviews
CHC	:	Community Health Centre
CMS	:	Centre for Media Studies
FLWs	:	Front Line Workers
FRHS	:	Foundation for Reproductive Health Services
HH	:	Household
IDI	:	In-depth Interviews
MA	:	Medical Abortion
MTP	:	Medical Termination of Pregnancy
OB-GYN	:	Obstetrician-Gynecologist
PAPi	:	Paper Assisted Personal Interviews
PHC	:	Primary Health Centre
SRH	:	Sexual and Reproductive Health
SRHR	:	Sexual and Reproductive Health and Rights

CHAPTER-I

CONTEXT SETTING

Background

After nearly five decades, the passing of the Medical Termination of Pregnancy (Amendment) Act, 2021 expanded access to safe and legal abortion services on eugenic, therapeutic, humanitarian and social grounds. Coming into effect in March 2021, the Act revised the Medical Termination of Pregnancy Act, 1971, which had first established a legal framework enabling women to avail these essential sexual and reproductive health services.

With the completion of a year, the study aims to assess the awareness about the amendment of the MTP (Amendment) Act, 2021, key features of the amendment and its impact on safe abortion practices in the country. The study further explores the efforts made to sensitise and build the capacity of service providers, both medical doctors and frontline workers, to make them familiar with different provisions of the Act.

Objectives of the Study

The key objectives of the research are:

- Assess the extent of awareness about the amendments to the MTP Act, 1971 among service seekers and service providers
- Identify the impact of the MTP (Amendment) Act, 2021 on the practices of service providers

Other objectives of the study include:

- Assess the awareness about the MTP Act, 1971, in other words, the legal provisions for availing medical termination of pregnancy amongst women in India
- Assess the efforts made towards capacity building of service providers, particularly medical doctors and frontline workers (ANMs/ ASHAs) with respect to the MTP Act, 1971 and its amendment, to create awareness
- Assess measures undertaken to increase or upgrade the health facilities providing MTP services
- Assess the key barriers on ground to accessing and availing MTP services, taking into consideration the MTP (Amendment) Act, 2021
- Assess the challenges faced by community and service providers during the COVID-19 lockdown
- Assess a way forward in terms of plugging gaps in improving awareness, sensitisation and capacity building efforts at district and sub-district levels



Study Design

For the study, a multi-state cross-sectional survey was planned and conducted using a mixed method approach, comprising a quantitative household-level survey with women respondents and qualitative In-depth Interviews (IDIs) with medical practitioners and frontline health workers.

Study States and Districts

The study was carried out in four states, namely **Delhi, Maharashtra, Rajasthan and Uttar Pradesh**. While the first three states have a percentage of Abortion to total ANC (antenatal care) above the national average, the fourth state, **Uttar Pradesh is well below the All-India average figure of 4.52% (Source: HMIS 2019-20 according to Chicago citation guidelines)**.

Note: In the report, MTP services and safe abortion services are being used interchangeably. This study only tries to understand the awareness of the new amendments to the MTP Act.

Table 1.1: Study states and districts

Geographical Regions	Districts
Delhi	East Delhi, North Delhi, South Delhi and West Delhi
Maharashtra	Aurangabad, Mumbai, Pune, and Solapur
Rajasthan	Ajmer, Jaipur, Jodhpur, and Kota
Uttar Pradesh	Agra, Kanpur, Lucknow, and Varanasi

As a follow-up to the study conducted in 2018 and 2020- '**Availability of Medical Abortion Drugs in the Markets of Indian States**', for the present study, the four districts in each state were selected among the districts visited during the two previous research studies. MA study was also conducted in these districts in 2018 and 2020.

Sample Distribution

The household-level survey collected quantitative data for at least 400 women, both married and unmarried, in each of the study states.

The sample households with eligible women i.e. married women (age group of 15-45 years) and unmarried (age group of 18-24 years) were selected across 24 locations (16 rural and 8 urban) in each state.

Additionally, nearly 100 medical practitioners (Obstetrician-Gynecologist/Medical Officer/Registered Medical Practitioner), from government and private facilities, and frontline health workers (ANM/ASHA) too were interviewed.



Total: 1,622 Women Respondents
Married: 1,109 | Unmarried: 513

Research Instruments and Data Collection Method

- Both primary quantitative and qualitative data were collected through in-person interaction with the respondents
- The quantitative data was collected through a computer-assisted personal interviews (CAPI) survey tool while the qualitative IDIs were carried out through paper-assisted personal interviews (PAPI)
- Both research instruments were developed, translated (into Hindi and Marathi) and pre-tested prior to administering them
- All team members were extensively oriented on the data collection tools before the data collection was initiated
- Supervisors monitored and guided their respective team members in carrying out the surveys and interviews. Only female investigators conducted the household-level interviews with the women respondents

Study Period

The study was conducted in August-September 2022.

Ethical Considerations

As the broader theme of the study is related to sexual and reproductive health (SRH) and is considered to be a sensitive issue due to sociocultural norms prevailing in society, which takes the following into consideration:

- The research protocol along with the research tools and consent forms were submitted to the Centre for Media Studies-Institutional Review Board for review and approval before initiating the data collection.
- Only female enumerators comprised the study team for data collection among women. Informed consent was taken to ensure the voluntary participation of the respondents.
- CMS and the data collection team maintained the privacy and confidentiality of the responses as well as the primary data entered on the CMS computer and server without using any personal identifiers.

Limitations of the Study

There were no major constraints, except that the rural medical practitioners were not willing to discuss their views on issues related to abortion services.

Fearing potential consequences scarring their image, most of them stayed tight-lipped about the topic.



CHAPTER-II

QUANTITATIVE SURVEY OF MARRIED AND UNMARRIED WOMEN

Based on the quantitative survey conducted among married (aged 15–45 years) and unmarried women (aged 18–24 years), the chapter discusses the level of awareness of safe abortion and the practices related to it. To this end, it examines the sources of information on MTP and SRH issues, and how the MTP (Amendment) Act, 2021 and its provisions have been translated on the ground.

A. Respondents' Profile

Socio-economic characteristics including educational qualification, the main source of household income and location of residence (urban or rural) were gathered to understand the linkage between the respondents' profile and level of awareness, if any. The predetermined proportion of married and unmarried women in the sample was 2:1 i.e. around 67% are married and 33% are unmarried.

Education level of respondents

The educational level of the women respondents, across the four study states, is largely similar. Nearly two-thirds of the women were secondary or above.

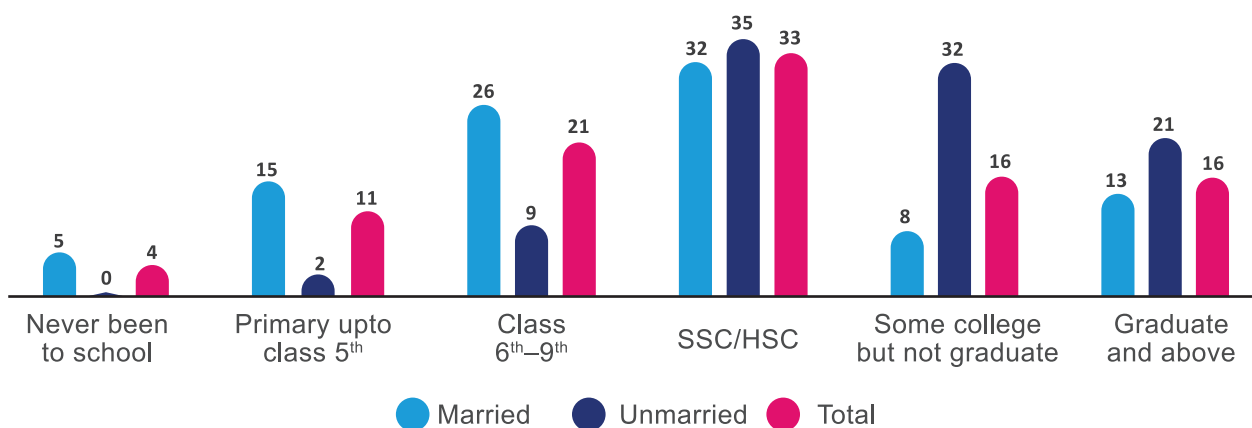
Table 2.1: Respondents' Educational level (in %)

Educational Level	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Never been to school	3.0	5.7	1.3	4.3	3.6
Primary upto class 5 th	7.9	5.7	17.3	13.3	11.0
Class 6 th –9 th	15.6	22.9	23.8	20.5	20.7
SSC/HSC*	37.0	39.1	27.3	29.4	33.2
Some college, but not graduate	19.3	18.2	13.8	12.0	15.8
Graduate and above	17.3	8.5	16.8	20.5	15.8

*Secondary School Certificate/Higher Secondary School Certificate

Compared to married women, the educational qualification attained by unmarried women was better. More than half (53%) of unmarried women have attended college or graduated, thus influencing their awareness and practices on different health issues.

Graph 2.1: Respondents' education level-by marital status (in %)



Occupational Status and Main Source of Household Income of Respondents

Among our 1,622 respondents, only a quarter of the women surveyed (married: 28%; unmarried: 19%) were engaged in income-earning activities. Among those not engaged in any income-related activity, more than 75% of unmarried women were students, while among married women, nearly all (97%) were homemakers.

Inquiry into the household's main source of income revealed that for a comparatively higher percentage of women, the main source of their household income across all the states was mainly private/government salaried jobs (30%), followed by wage labour (21%) or own personal business/shop (20%).

Table 2.2: Main source of Household income (in %)

Source	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Cultivation/Family farm	2.7	26.4	4.0	17.8	12.8
Agricultural labour	0.2	6.0	0.5	0.7	1.8
Non-agri. wage labour	7.7	20.1	28.0	22.4	19.5
Skilled work	12.8	12.7	22.0	11.1	14.6
Business/Shop	27.9	15.9	20.3	17.1	20.3
Salaried employee (Private)	44.4	17.4	20.3	23.4	26.4
Salaried employee (Government)	4.0	1.5	4.5	6.5	4.1
Other	0.2	0.0	0.5	1.0	0.4

Average Age of Respondents

The average age of the married respondents was 32 years; while among unmarried women, the average age was 20 years across all four states, irrespective of the location of the household (rural/urban).

Source of Information on Sexual and Reproductive Health

Across the study states, the main source of information on issues related to SRH are ASHAs (62%), followed by female family members (53%) or neighbours/friends (34%). Government doctors are also mentioned by a majority of respondents in Delhi (52%) and Rajasthan (53%).

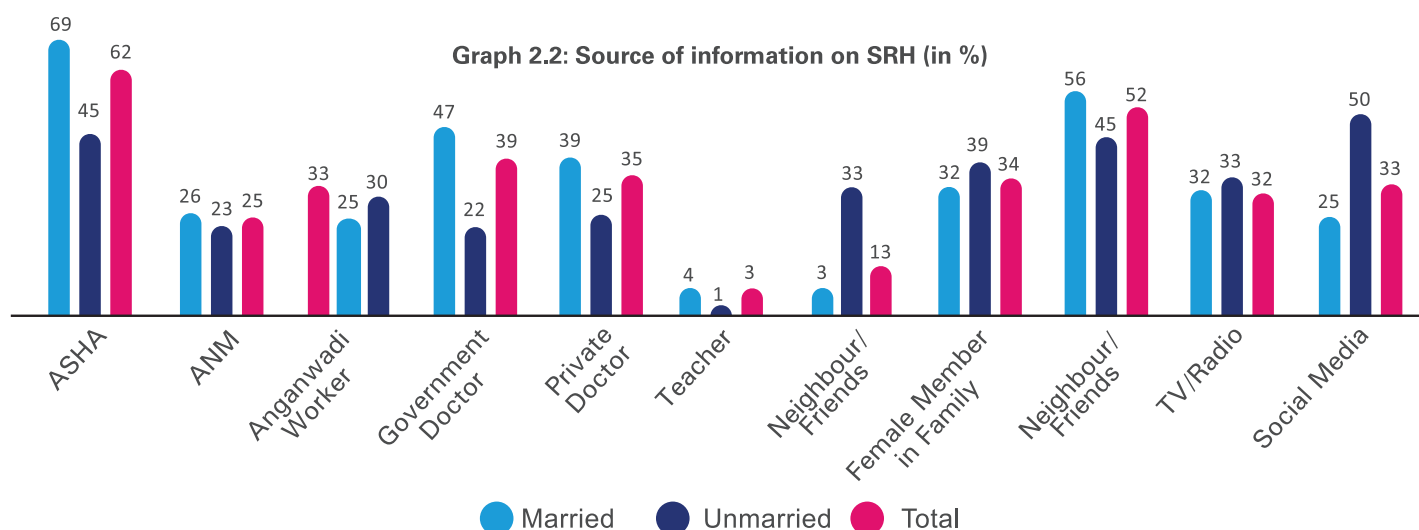
No significant difference was noted between rural and urban locations.

Table 2.3: Source of information on sexual and reproductive health issues (in %)

Source of Information	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
ASHA	47	71	78	51	62
ANM	11	50	28	10	25
Anganwadi worker	23	63	25	10	30
Government doctor	52	36	53	17	39
Private doctor	39	62	35	6	35
Teacher	9	16	16	11	13
Neighbour/Friends	27	42	46	24	34
Female member in family	64	64	51	32	53
TV/Radio	26	28	35	39	32
Social Media (Facebook/WhatsApp/Instagram)	44	28	28	32	33

Note: ASHA/ANM/AWW are three different small groups of community health workers in India.

However, by marital status, the study findings reveal that for more than two-thirds of married women, frontline health workers (FLWs), such as ASHA/ANM/AWW, are the main source of information, while for unmarried women (50%), the main source is social media, followed by a family member and ASHA (45% each). Teachers were also mentioned as sources by around 33% of unmarried women, most of whom were students.



Overall, for a majority of women, FLWs and ASHAs (62%) are one of the key sources of information on SRH issues, followed by a female family member (52%).

Extent of Interaction with Frontline Workers

- Only 11% of women interacted with FLWs
- 45% of the respondents interact with the FLWs 'sometimes'
- 62% of married women report the frequency of interaction (very often or sometimes)
- 42% of unmarried women have very or somewhat frequent interaction with FLWs

As per the source of data from SRH and the interaction with health workers, across the four states, ensure a comparative analysis of the study findings on awareness and practices related to MTP and the MTP (Amendment) Act, 2021, and are not affected by state, location (urban or rural), age, occupation or marital status of the respondents alone.

Table 2.4: Respondents' interaction with FLWs (in %)

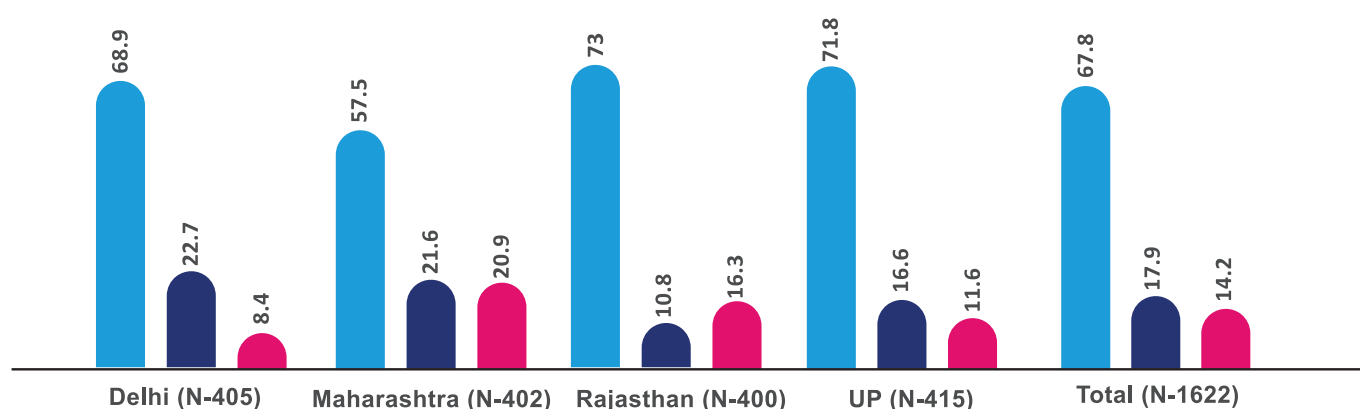
Frequency of Interaction with FLWs	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Very often	10.6	10.7	11.5	11.6	11.1
Sometimes	24.9	45.0	69.8	40.0	44.8
Rarely	22.5	32.8	13.8	26.7	24.0
Never	42.0	11.4	5.0	21.7	20.1

B. Awareness and Practices related to Medical Termination of Pregnancy (MTP)

Is abortion a woman's health right?

The survey asked respondents whether medical termination of pregnancy, also referred to as safe abortion, was a choice for women. According to the responses, nearly 68% of women consider it a women's health right. However, a sizeable proportion i.e. almost every third woman interviewed in the study, are either not sure or don't consider it as one of their health rights; in Maharashtra, the proportion of women who do not consider MTP as one of their rights is even higher (42%).

Graph 2.3: Is abortion a woman's health right? (in %)



The findings did not show any variation either by the location of the women (rural/urban) or by their marital status.

● Yes ● No ● Can't say

Awareness about the Legal Status of Medical Termination of Pregnancy in India

Nearly 40% of the women are aware that MTP is completely legal in India, while another 24% of women opined that MTP is 'legal with certain conditions'.

The survey found no significant variation in responses by marital status or by urban-rural on the issue.

Table 2.5: Legal status of Medical Termination of Pregnancy in India (in %)

Is MTP legal in India?	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Yes, legal	40.2	25.6	30.3	60.7	39.4
Yes, legal with certain conditions	19.5	22.6	37.0	15.7	23.6
No, illegal	31.1	37.6	15.8	17.8	25.5
No idea/ Do not know	9.1	14.2	17.0	5.8	11.5

Awareness about Gestational Limits to Avail MTP in India

The awareness of correct gestational limits for legal abortion in the country was very poor. Even in states like Uttar Pradesh and Delhi, where a majority of women are aware of the legality of MTP, only a few women were aware that abortion is allowed 'up to 24 weeks of pregnancy'. Around 5% of women stated that a pregnant person could abort till 'up to 20 weeks of pregnancy' and another 9% did not mention any period at all.

The legally allowed length of pregnancy was perceived to be between 9-13 weeks by the respondents, with the majority of women opting for 12 weeks. The responses of both married and unmarried respondents as well as urban and rural respondents on the issue were quite similar.

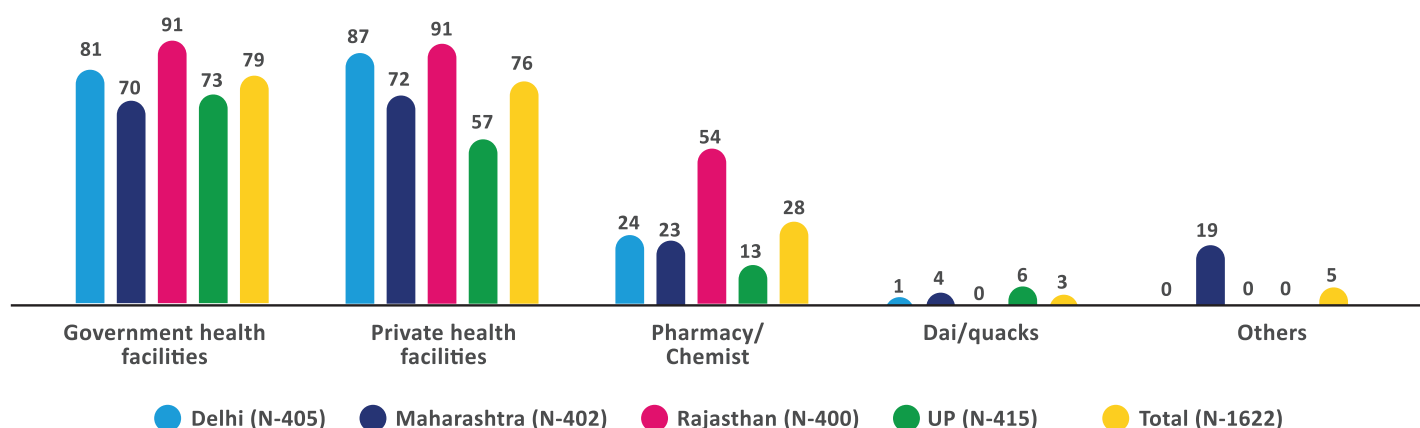
Table 2.6: Awareness about the length of pregnancy up to which MTP is legally permissible in India (in weeks)

Length of pregnancy (in weeks)	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	404	260	392	415	1471
Average no. of weeks	11	13	13	9	12

Place/Facility to Avail Medical Termination of Pregnancy Services

Majority of women, across the four study states, identified government (79%) as well as private health facilities (76%) as places to avail MTP services; however in Rajasthan, more than half mentioned 'pharmacy/chemist shop'. No significant variations in the responses by marital status or by place of residence of women.

Graph 2.2: Source of information on SRH (in %)



Awareness about the MTP (Amendment) Act, 2021

In March 2021, the MTP (Amendment) Act, 2021 came into effect. Almost a year and a half has passed, but only 4% of women are aware of the amendment to the MTP Act, 1971. No significant variation by location (urban/rural) was noticed. By marital status, around 5% of unmarried women were aware about the amendment against 4% of married women. This could be attributed to educational status as well as more access to media, particularly social media, among youth.

Table 2.7: Awareness about the MTP (Amendment) Act, 2021

Awareness status	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Yes, aware	10.6	2.3	1.8	3.4	4.5
Not aware	87.7	85.2	86.5	96.6	89.1
Not sure/don't remember	1.7	12.5	11.8	-	6.4

Awareness about the Clauses in the MTP (Amendment) Act, 2021

- As mentioned above, very few women are aware of the MTP (Amendment) Act, 2021, except in Delhi where the awareness was comparatively better
- Not all women who were aware of the amendment were aware of the clauses included in the amended Act
- Although the MTP (Amendment) Act, 2021 states that permission was needed from the medical board for a foetus older than 24 weeks, a considerable percentage of women (26%) responded that permission was required for a foetus older than 20 weeks

Table 2.8: Awareness of the Clauses in the MTP (Amendment) Act, 2021 (in number)*

Clauses of Act after amendment	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	43	9	7	14	73 (in%)
Upper limit increased from 20 to 24 weeks	9	6	3	8	26 (36%)
Unmarried women legally allowed to avail MTP	29	3	3	4	39 (53%)
Opinion of one Registered Medical Practitioner (RMP) required for termination of pregnancy up to 20 weeks of gestation	9	1	1	1	12 (16%)
Opinion of two RMPs required for termination of pregnancy of 20-24 weeks of gestation	5	1	2	1	9 (12%)
Opinion of the State-level medical board is essential for a pregnancy to be terminated after 24 weeks in case of substantial fetus abnormalities	11	-	1	-	12 (16%)
Increase in the upper gestation limit from 20 to 24 weeks for special categories of women, including survivors of rape, victims of incest and other vulnerable women	29	1	2	2	34 (47%)
Permission of medical board is needed to get the abortion services for a foetus more than 20 weeks (incorrect)	11	3	4	1	19 (26%)
*In number as state level 'n' is less than 25; figure under 'Total' is in percentage					

Among those women who spontaneously mentioned at least one clause of the MTP (Amendment) Act, 2021, the study enumerators 'read out' the other clauses, one by one, to seek their awareness about it. The majority of the women answered in affirmative about the clauses, such as 'increase in upper gestation limit', 'approval of medical board', 'unmarried women can avail MTP' and 'opinion of RMPs'.

Source of Information about the MTP (Amendment) Act, 2021

The sources of information for the respondents about the MTP (Amendment) Act, 2021 were:

Table 2.9: Source of information for the MTP (Amendment) Act, 2021 (in number)*

Sources of information	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
Women aware about amendment to the MTP Act, 1971, n	43	9	7	14	73 (in%)
Newspaper	5	1	-	4	10 (14%)
Television	3	4	3	8	18 (25%)
Social media	39	6	6	8	59 (81%)
Government advertisement (hoarding/poster/Wall writing/newspaper)	3	-	-	3	6 (8%)
Doctor	3	1	2	2	8 (11%)
*In number as 'n' is less than 25; figure under 'Total' is in percentage					

Extent of Benefit of the MTP (Amendment) Act, 2021

The respondents, aware of the MTP (Amendment) Act, 2021, were asked to what extent the amendment would be beneficial. The majority of women were of the view that the amendment would be beneficial 'to a great extent', followed by 'to some extent'.

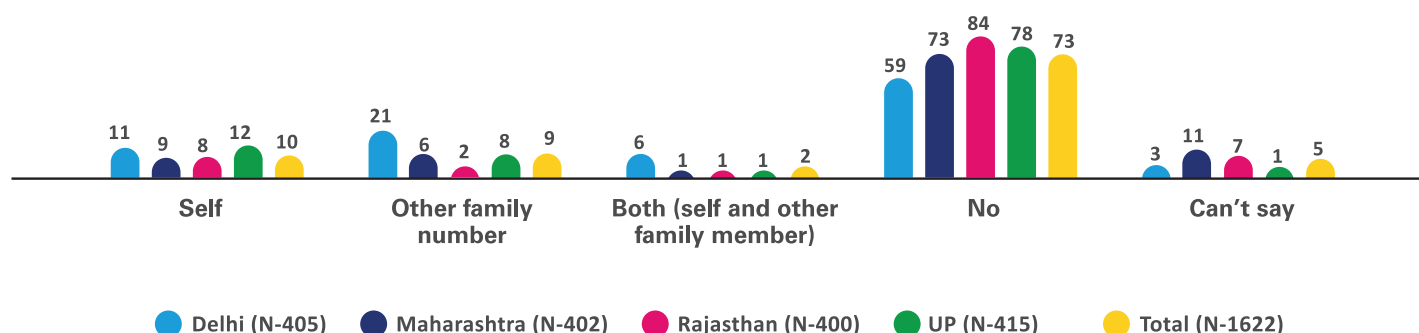
Table 2.10: Perception of the benefits gained by the amendment to the MTP (Amendment) Act, 2021 (in number)*

Extent of benefit	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
Women aware about amendment in MTP Act, N	43	9	7	14	73
To a great extent	32	1	4	7	44 (60%)
To some extent	9	3	3	5	20 (27%)
Not at all	2	5	-	1	8 (11%)
Don't know/ can't say	-	-	-	1	1 (1%)

MTP Services EVER Availed by Any Family Member

Women, both married and never married, were asked whether they or any of their family members have had a pregnancy terminated. More than one out of every five women (21%) mentioned that either they or their family members have availed MTP services in the past (1-5 years).

Graph 2.5: MTP services EVER availed by any family member



Type of Health Facility Opted for Termination of Pregnancy

- Of those women who had either terminated a pregnancy or had a family member who had availed the service, (almost two-thirds), 63% responded that they opted for services from a private health facility, followed by a government health facility (29%)
- An estimated 17% of respondents availed services through a pharmacy/chemist shop, most likely availing the medical abortion (MA) method. The number was highest in Delhi, with 25% of the respondents choosing to avail services from pharmacy/chemist shops

Table 2.11: Type of facility opted for termination of pregnancy (in %)*

Type of facility	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
Households where a member availed MTP, N	158	62	39	85	344
Government facilities	32	31	41	19	29
Private facilities	68	60	59	59	63
Pharmacy/Chemist shop	25	5	15	14	17
Rural Medical practitioners	3	3	–	–	2
Dai/Quacks	2	2	–	7	3
Home (self/family elders)	–	3	–	5	2
*Multiple responses possible; figures rounded off					

Effect of COVID-19 Lockdown on Access to Safe Abortion Services

During the COVID-19 pandemic's first and second waves, health services unrelated to COVID-19 purposes were affected to a great extent.

The women were therefore asked if any member of their family could not avail MTP services due to the COVID-19 lockdown.

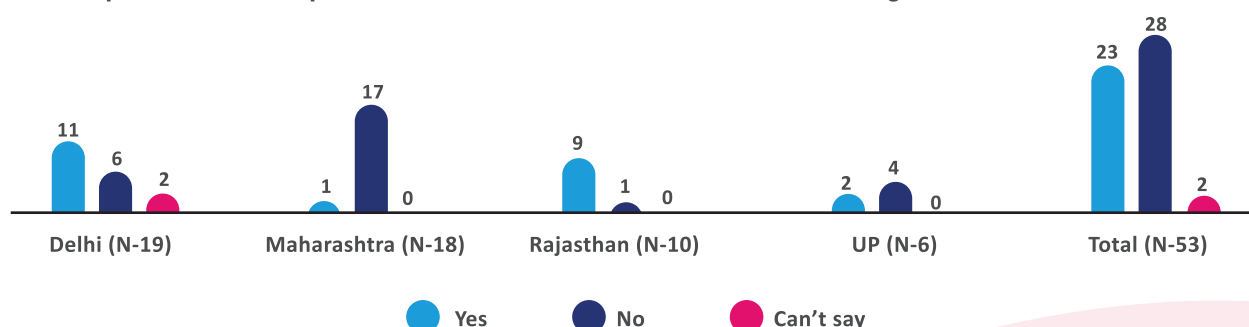
Only a little more than 3% of women informed that they or any family member could not avail of the MTP services due to the absence of providers during the COVID-19 lockdown; the majority (79%) did not face any such problem, while around 18% were unable to confirm or deny.

Table 2.12: Could not avail MTP services (in %)

Could not avail MTP Services	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Yes	4.7	4.5	2.5	1.4	3.3
No	81.5	54.7	80.0	97.6	78.6
Can't say	13.8	40.8	17.5	1.0	18.1

Complications due to non-availability of MTP services: A high percentage of women (43%) who had not been able to access MTP services during the lockdown (n=53) faced one or the other complications.

Graph 2.6: Faced complications due to non-access to MTP services during the COVID-19 (in number)



Barriers for A Pregnant Person to Avail Safe Abortion Services

- Despite the law, women and pregnant persons continue to face several barriers. The amendment in the Act in 2021 could address some medical complications, but sociocultural challenges need to be overcome through advocacy initiatives at various levels. To revisit the barriers, women were enquired about the same
- Among the key barriers identified by the majority of women (54%), married and unmarried, in both urban and rural locations is the 'social unacceptability of the MTP'
- 'Lack of privacy' is mentioned as a barrier to terminating unwanted pregnancy by a high percentage of women (40%)
- 'Legal process' (36%), particularly with regard to proper documentation at facilities as well as 'religious belief' (31%) are other key barriers identified by a sizeable proportion of respondents
- Around one-fourth of women, however, did not see any barrier for a woman to avail safe abortion services or were unaware of any such barrier

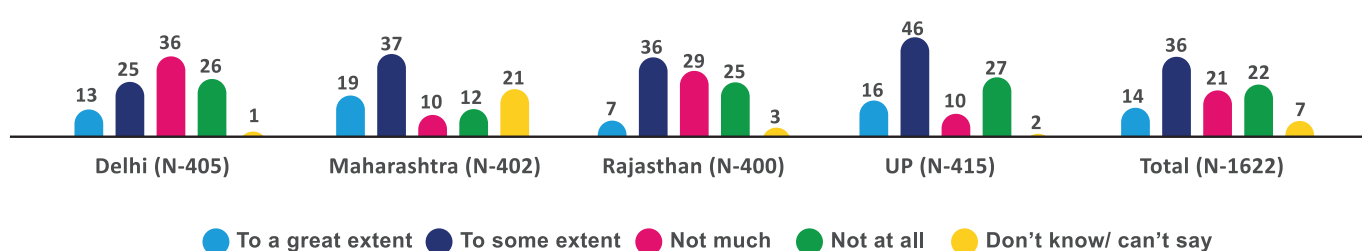
Table 2.13: Legal status of Medical Termination of Pregnancy in India (in %)

Barriers to availing MTP/ Safe Abortion Services	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Socially unacceptable	45	54	48	70	54
Lack of privacy	29	23	57	53	40
Legal procedure and process	20	50	62	14	36
Religious belief	26	29	40	31	31
Expensive services	14	39	44	7	26
Poor facility	9	16	46	8	20
Poor Quality Care and Treatment	12	17	42	15	21
No barriers	22	5	15	13	14
Don't know/Can't say	5	23	4	6	10

*Multiple responses possible; figures rounded off

Influence of religious belief to avail safe abortion services: A sizeable proportion of women felt that religious beliefs do influence decision-making in regards to availing safe abortion services.

Graph 2.7: Beliefs influence decisions on opting for MTP services



According to 56% of married women and 36% of unmarried women, religious beliefs influence one's decision to avail MTP services. There was no significant variation in responses between rural and urban women.

Ease of Access to Safe Abortion Services for Unmarried Women

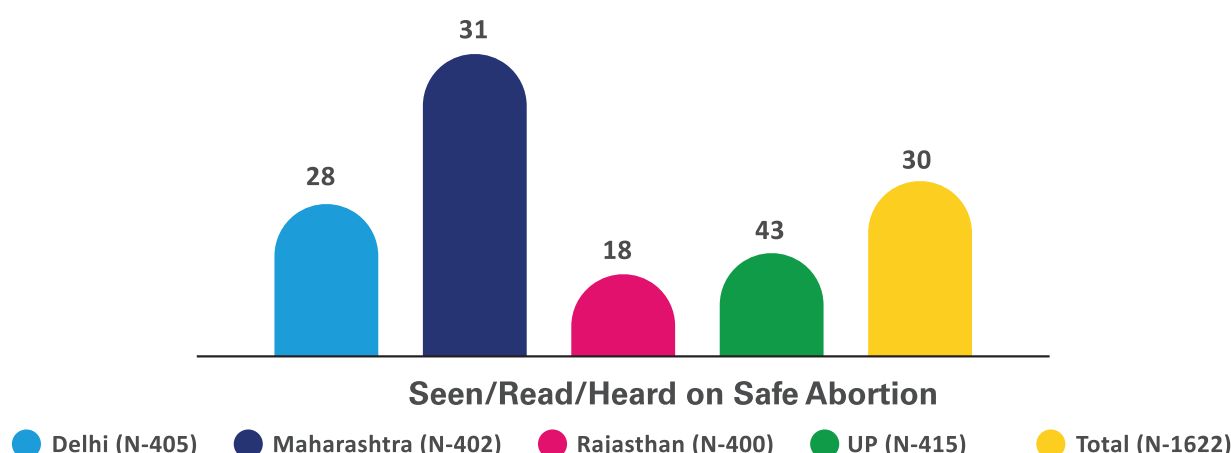
MTP as a woman's health right demands that a woman can avail the services with ease in a nearby health facility, irrespective of the marital status of the pregnant person. A majority of women (65%), a similar proportion among married and unmarried respondent groups, opined negatively i.e. it is not easy for an unmarried woman to avail the MTP service in a nearby health facility. Following the previous section, the likely reasons could be the lack of privacy and fear of being a social outcast.

Table 2.14: Ease of access to MTP services for unmarried women (in %)

Ease of access to MTP services for unmarried women	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	405	402	400	415	1622
Yes	27.4	32.1	24.0	57.3	35.4
No	52.8	33.3	30.3	34.0	37.6
Can't say	19.8	34.6	45.8	8.7	27.0

Ever Exposed to A Message on Safe Abortion

Except in Uttar Pradesh (43%), less than one-third of women in the other states had ever seen, read or heard a message on safe abortion. The high percentage of exposure among women in Uttar Pradesh could be attributed to discussions of the proposed Uttar Pradesh Population (Control, Stabilisation and Welfare) Bill, 2021 across medical channels. Overall, a similar proportion of exposure was found among married (29%) and unmarried (32%) women as well as by location—urban (32%), and rural (28%) of the women respondents.



Source of Message on Safe Abortion

Of those that had seen, read or heard messages on safe abortion, the most popular channel of media for message(s) on safe abortion was social media (56%), followed by television (52%).

Table 2.15: Sources of message(s) on safe abortion (in %)

Source	State				
	Delhi	Maharashtra	Rajasthan	Uttar Pradesh	Total
N	113	123	72	179	487
Television	35	48	74	58	52
Newspaper	10	19	19	17	16
Social Media	70	24	54	69	56
Poster/Wall Painting/Banner	46	89	4	11	38
Group/community meeting	2	-	-	6	3
One-to-one meeting with health workers	2	-	-	15	6
*Multiple responses possible; figures rounded off					



QUALITATIVE SURVEY AMONG SERVICE PROVIDERS

Along with the quantitative survey among married and unmarried women at the household level, a qualitative survey was conducted among service providers, which included both medical practitioners and frontline workers. Based on their views and opinions, the chapter provides insights on the awareness of the MTP Act, 1971, its recent amendment and the practices relating to the Act. In-depth interviews (IDIs) were carried out with Medical practitioners (Obstetricians and Gynaecologists), medical officers in-charge of health facilities and health staff selected from the public hospitals/Community Health Centres/Primary Health Centres/Urban centres and private facilities, as well as with the frontline health workers (FLWs) such as ANMs and ASHAs in the vicinity of the locations identified for the household level survey.

In all, 96 medical practitioners who provide MTP services were interviewed:

- 55 practised in government health facilities
- 41 private practitioners, who provide MTP services

Also, 96 frontline health workers (48 ASHAs and 48 ANMs)

A. Medical Practitioners' Perspective

Professional Experience:

- The majority of the medical practitioners interviewed have rich experience in providing MTP services, ranging between two and thirty years
- However, a few private practitioners, mostly rural medical practitioners, when contacted for an interview hesitated to admit that they provide MTP services and indicated that they refer such cases to other hospitals/doctors
- In some PHCs and CHCs also, MTP cases of more than 9 weeks are referred to district hospitals
- All the medical practitioners, in public or private facilities, shared that women seeking MTP services do visit their facilities regularly, but their number varied depending on the location and size of the facility
- The average number of women visitors for MTP services is between 2-4 pregnant persons per month at the village/block level and 25-30 pregnant persons per month at the district level
- In all the study states, the medical practitioners believe that a small proportion of people are aware of the safe abortion/MTP legality in India, but they are not aware of the legally permissible length/weeks of pregnancy
- Public messages to create awareness about provisions of the amended Act are much needed so that women/families can avail MTP services when required

No, abortion seekers don't have enough knowledge about the MTP (Amendment) Act. There is no poster or pamphlet. TV ads should be there to spread awareness.
- Doctor (Urban PHC, Lucknow, Uttar Pradesh)

Benefits of the MTP Amendment Act, 2021:

- Most medical practitioners across all the study states were of the view that increasing the permissible weeks from 20 to 24 would be beneficial for the community and special categories of cases, in particular
- Many practitioners did not elaborate on how the amendment would be beneficial to service providers

- Some of the medical practitioners felt that the amendment would be helpful, because it provides clear guidance on reasons and investigations to be done for higher gestations to take the correct decision, particularly in cases of advanced pregnancy
- Some lack clarity on the gestation age, at which it was observed among medical practitioners that the medical board's opinion was generally sought
- **Medical Board:** According to the medical practitioners, the amendment would ease the process and establish a board for special cases
- Some respondents refrained from sharing an opinion on the process to be followed for the medical board's permission, as they have not received any guidelines
- The Head of Department (HoD) of a medical college in Uttar Pradesh shared about receiving a circular from the state government, directing to constitute a board at the medical college level. Similarly, in Rajasthan, medical practitioners informed that such boards will be formed at the district medical college level, but not much detail is available
- In Rajasthan, a WhatsApp group of Obstetrician-Gynecologist, where information related to the MTP (Amendment) Act, 2021 was shared, lacked clarity on the gestation age i.e. after 20-24 weeks, medical board's opinion needed to be sought was observed among some medical practitioners

Patients, who are divorced, widowed, separated, or whose mental condition is not right, rape victims, those women having more children, and those who are not having a safe pregnancy or having complications in pregnancy can now abort easily within 24 weeks of maximum duration.

—Doctor, Rural Nursing Home, Solapur, Maharashtra

Re-registration of facilities providing MTP services after the amendment in the MTP (Amendment) Act, 2021

- The medical practitioners in private facilities have not received any guidelines or instructions for the re-registration of the hospital/nursing homes for providing MTP services after the MTP (Amendment) Act, 2021 came into effect (the required status of MTP sites are in limbo because preamendment were registered for only 20 weeks. Thus, there is ambiguity whether these sites will automatically be allowed to terminate up to 24 weeks)

B. Frontline Workers

Professional Experience:

- FLWs interviewed for the study have rich experience in their professional field with experience of over 5 years
- On average, 2-3 women visit FLWs to seek advice on abortion-related issues in every three months. As a process, the FLWs refer such cases to CHCs or District hospitals. However, among the information and service seekers, there are few women who belong to the special category of cases, as per the MTP (Amendment) Act, 2021

Awareness of the legal status of MTP in India

- The majority of the FLWs are aware of MTP or safe abortion, and its legality in India, but the proportion of FLWs aware about the same varied from state to state. In Delhi, almost all FLWs mentioned that safe abortion is legal in India, while in Maharashtra, Uttar Pradesh and Rajasthan, a few mentioned abortions as illegal
- Although many FLWs were aware that MTP is legal under certain conditions, a majority could not elaborate

It is beneficial in case of physical and mental abnormalities in the foetus for unmarried girls, divorced, separated, and widowed women."

— ASHA, Maharashtra

on the legally specified conditions or circumstances

- Hardly any of them knew the MTP Act, 1971, implying that most respondents are unaware that MTP has been legal for over five decades
- The majority of FLWs were not aware of the gestation limits, when MTP is allowed in India i.e. up to 20 weeks before amendment and up to 24 weeks post-amendment, as most interviewees answered that termination of pregnancy was only legal for up to 12 weeks of pregnancy

Awareness about clauses of the MTP (Amendment) Act, 2021

- Barring Delhi and Maharashtra, the majority of FLWs were unaware of any such amendment to the Act
- The few FLWs who were aware of the amendment were not familiar with its revised clauses
- Only a few were aware that the upper limit of the length of pregnancy has been increased from 20 to 24 weeks for special categories of women



Most woman are aware of safe abortion through TV, news and doctors.

–ANM, Delhi

Initiatives to spread awareness about the MTP (Amendment) Act, 2021

- It is the state health department's responsibility to ensure that FLWs are aware of such Acts. Yet, since March 2021, when the amendment came into force, no workshop or orientation has been conducted in any of the four study states for the FLWs. The FLWs who were familiar with the amendment learned about it elsewhere
- As a result, FLWs too have not organised any meetings with women in group settings or one-to-one to discuss MTP services in light of the MTP (Amendment) Act, 2021

Awareness among community members on the legal status of MTP in India

- FLWs in Delhi and Uttar Pradesh hold the opinion that a considerable proportion of the population, where they provide professional services, are aware that safe abortion is legal
- In Maharashtra and Rajasthan, a very few number of FLWs, i.e. less than a fifth, were of the view that awareness is there

Barriers for women to avail MTP Services

- Most of the FLWs across the four study states agreed that there are several barriers for a woman seeking an MTP service. The barriers that were mostly identified include: stigmatisation of medical termination of pregnancy, cumbersome documentation, fear of breach of confidentiality, religious beliefs, and opposition from family members. For those who prefer private facilities, the cost is a key deterrent
- FLWs across all the study states had mixed views on the extent to which religion influences a woman's decision to choose MTP. A majority, however, were of the view that religious belief did have some impact or influence on the decision
- Views of FLWs varied from state to state, most FLWs felt that it is not easy for an unmarried woman to avail MTP services from nearby health facility
- **In Delhi:** FLWs generally were of the view that the seekers could easily avail the facility
- **In Uttar Pradesh:** FLWs had mixed views on the issue. Those who claimed that it is difficult for unmarried women to avail MTP services cited lack of secrecy as the reason
- **In Maharashtra:** Most FLWs opined that in such cases, the seekers would not prefer to go to the nearest facility as the secrecy may be breached and it may damage the reputation of the service seeker and her/their family
- **In Rajasthan:** Similar opinions were given by FLWs

CHAPTER-IV

KEY TAKEAWAYS AND ACTION POINTS

The study has brought out several aspects which need to be addressed at the service provider and the service seeker levels. The key takeaways emerging from the study are included in the chart below:

Lack of awareness about the amendment in the MTP (Amendment) Act, 2021, particularly among the frontline workers. It is alarming because they are the first contact points for women in rural areas as well as in low-income areas/slums in urban localities.

At a community-level, awareness is low.

Sensitisation and capacity building is needed for service providers as well as community members.

Despite the completion of a year since the passing of the MTP (Amendment) Act, 2021, the lack of information and clarity among service providers, particularly medical doctors at the constitution, and availability of the medical board is a matter of concern. At an advanced stage of pregnancy (>24 weeks) MTP should not get embroiled in administrative delays.

Detailed guidelines/protocols for doctors will be helpful in taking quick decisions for a referral.

Even FLWs are not aware of the upper limit of pregnancy up to which MTP is legal in India. A sizeable proportion of women, especially young women are still unaware that MTP is legal in India.

Social media emerged as one of the key sources of information for women. This should be used by the respective state health authorities to share messages on different clauses/sub-clauses of the MTP (Amendment) Act, 2021 in simple languages among women via FLWs, such as using WhatsApp groups formed by FLWs, or during group meetings, among others.

Encouraging to see that a high percentage of women consider safe abortion as one of the health rights, at the same time a number of barriers were also cited by the women. The need to overcome these barriers is a must to enable women to exercise their rights and make their own choices.

A multi-pronged approach, such as engaging influencers, including opinion and religious leaders in the community to eliminate barriers to access. They could circulate short video-audio messages in local languages/dialects on MTP on social media.

ANNEXURES

State-Wise Data	(figures in %)				
Indicators	By State				
	Delhi N-405	Maharashtra N-402	Rajasthan N-400	Uttar Pradesh N-415	Total N-1622
Profile					
Educational Status of Respondents					
Secondary school completed	37.0	39.1	27.3	29.4	33.2
Upper primary, but not secondary	15.6	22.9	23.8	20.5	20.7
Some college, but not graduate	19.3	18.2	13.8	12.0	15.8
Graduate and above	17.3	8.5	16.8	20.5	15.8
Main source of Household income					
Salaried employee (Private)	44.4	17.4	20.3	23.4	26.4
Business/Shop	27.9	15.9	20.3	17.1	20.3
Non-agriculture wage labour	7.7	20.1	28.0	22.4	19.5
Key Findings					
Source of Information on sexual & reproductive health (multiple responses possible, figures rounded off)					
ASHA	47	71	78	51	62
Female member in family	64	64	51	32	52
Government doctor	52	36	53	17	39
Social Media (Facebook/WhatsApp/Instagram)	44	28	28	32	33
Private doctor	39	62	35	6	35
Neighbour/Friends	27	42	46	24	34
Safe abortion is a woman's right	69	58	73	72	68
Legal status of Medical Termination of Pregnancy (MTP) in India					
Legal	40.2	25.6	30.3	60.7	39.4
Legal with certain conditions	19.5	22.6	37.0	15.7	23.6
Illegal	31.1	37.6	15.8	17.8	25.5
No idea/ Do not know	9.1	14.2	17.0	5.8	11.5
Perception about the place a woman can seek abortion service (multiple responses possible, figures rounded off)					
Government health facilities	81	70	91	73	79
Private health facilities	87	72	91	57	76
Pharmacy/Chemist shop	24	23	54	13	28
Aware of the MTP Act, 2021	10.6	2.3	1.8	3.4	4.5
Awareness about different features of the MTP (Amendment) Act, 2021 (multiple responses possible, figures rounded off)					
Clauses of MTP (Amendment) Act, 2021	Delhi (N-43)	Maharashtra (N-9)	Rajasthan (N-7)	Uttar Pradesh (N-14)	Total (N-73)
Unmarried women can also go for MTP	29	3	3	4	39 (53%)
Increased upper gestation limit from 20 to 24 weeks for special categories of women, including survivors of rape, victims of incest, and other vulnerable women such as differently abled women and minors	29	1	2	2	34 (47%)
Upper gestation limit increased from 12 to 20 weeks	9	6	3	8	26 (36%)
Opinion of one Registered Medical Practitioner (RMP) for termination of pregnancy up to 20 weeks of gestation	9	1	1	1	12 (16%)
Opinion of two RMPs for termination of pregnancy of 20-24 weeks of gestation	5	1	2	1	9 (12%)

Opinion of the state-level medical board is essential for a pregnancy to be terminated after 24 weeks in case of substantial foetal abnormalities	11	-	1	-	12 (16%)
Permission of medical board needed to abort the foetus of >20 weeks (incorrect)	11	3	4	1	19 (26%)

Marital Status-wise and Location-wise Data						(figures in %)
Indicators		By State				
Source of awareness on amendment of MTP Amendment Act, 2021 (Multiple responses possible, figures rounded off)						
Source of Information	Delhi N-43	Maharashtra N-9	Rajasthan N-7	Uttar Pradesh N-14	Total N-73	
Social Media	39	6	6	8	59 (81%)	
Television	3	4	3	8	18 (25%)	
Newspaper	5	1	-	4	10 (14%)	
Doctor	3	1	2	2	8 (11%)	
Extent to which MTP Amendment Act, 2021 will be beneficial to women						
To a great extent	32	1	4	7	44 (60%)	
To some extent	9	3	3	5	20 (27%)	
Not at all	2	5	-	1	8 (11%)	
Family member EVER received abortion services	Delhi N-405	Maharashtra N-402	Rajasthan N-400	Uttar Pradesh N-415	Total N-1622	
No one	58.5	73.0	83.8	78.1	73.4	
Self	11.4	9.2	7.5	11.6	9.9	
Other female member of the family	21.2	5.5	1.5	7.5	8.9	
Both self and other female member of the family	6.4	0.7	0.8	1.4	2.3	
Type of facility where abortion services are availed (Multiple responses possible)						
Facilities/service points	Delhi N-158	Maharashtra N-62	Rajasthan N-39	Uttar Pradesh N-85	Total N-344	
Government facilities	32	31	41	19	29	
Private Health facilities	68	60	59	59	63	
Pharmacy/chemist shop	25	5	15	14	17	
Barriers to opting for MTP (Multiple responses possible)						
Type of barriers	Delhi N-405	Maharashtra N-402	Rajasthan N-400	Uttar Pradesh N-415	Total N-1622	
Socially unacceptable	45	54	48	70	54	
Lack of privacy	29	23	57	53	40	
Legal procedure and process	20	50	62	14	36	
Religious belief	26	29	40	31	31	
Expensive services	14	39	44	7	26	
Facility is not good	9	16	46	8	20	
Care and Treatment are not good	12	17	42	14	21	
Influence of religious belief on MTP						
To a great extent	13	19	7	16	14	
To some extent	25	37	36	46	36	
Don't think religion/faith has any role	36	10	29	10	21	
Not at all	26	12	25	27	22	
Don't know/can't say	-	21	3	2	7	

Marital Status-wise and Location-wise Data (figures in %)					
Indicators	By marital status		By location		Combined
	Married (N-1109)	Unmarried (N-513)	Rural (N-978)	Urban (N- 644)	Total (N-1622)
Profile					
Educational Status of Respondents					
Secondary school completed	32.2	35.3	35.2	30.1	33.2
Upper primary, but not secondary	26.1	9.0	20.9	20.3	20.7
Some college, but not graduate	8.2	32.2	15.7	15.8	15.8
Graduate and above	13.3	21.2	14.6	17.5	15.8
Main source of Household income					
Salaried employee (Private)	27.4	24.2	23.2	31.2	26.4
Business/Shop	20.5	19.9	18.0	23.8	20.3
Non-agriculture wage labour	19.8	18.9	17.4	22.8	19.5
Key Findings					
Source of Information on sexual & reproductive health (multiple responses possible, figures rounded off)					
ASHA	69	54	67	53	62
Female member in family	56	45	53	52	53
Government doctor	47	22	38	41	39
Social Media (Facebook/WhatsApp/Instagram)	25	51	31	36	39
Private doctor	40	25	34	36	35
Neighbour/Friends	32	39	33	37	34
Safe abortion is a woman's right	69	65	68	67	68
Legal status of Medical Termination of Pregnancy (MTP) in India					
Legal	37.4	43.7	39.9	38.7	39.4
Legal with certain conditions	25.8	18.9	22.7	25.0	23.6
Illegal	28.0	20.1	26.2	24.5	25.5
No idea/Do not know	8.7	17.1	11.2	11.8	11.5
Perception about the place a woman can seek abortion service (multiple responses possible, figures rounded off)					
Government health facilities	82	71	79	77	79
Private health facilities	78	72	76	77	76
Pharmacy/Chemist	26	32	27	30	28
Aware about MTP Act, 2021	4.2	5.3	4.1	5.2	4.5
Awareness about different features of the MTP (Amendment) Act, 2021 (Multiple responses possible, figures rounded off)					
Features of MTP Act, 2021	Married (N-46)	Unmarried (N-27)	Rural (N-40)	Urban (N- 33)	Total (N-73)
Unmarried women can also go for MTP	54	51	60	46	53
Increased upper gestation limit from 20 to 24 weeks for special categories of women, including survivors of rape, victims of incest, and other vulnerable women such as differently abled women and minors	46	48	55	36	47
Maximum weeks increased from 20 to 24 weeks	37	33	30	42	36
One Registered Medical Practitioner (RMP) for termination of pregnancy up to 20 weeks of gestation	13	22	18	15	16

Opinion of two RMPs for termination of pregnancy of 20-24 weeks of gestation	11	15	13	12	12
Opinion of the state-level medical board is essential for a pregnancy to be terminated after 24 weeks in case of substantial fetal abnormalities	17	15	23	9	16
Permission of medical board needed to abort foetus of >20 weeks (incorrect)	33	15	25	27	26
Indicators	By marital status		By location		Combined
Source of awareness on the amendment of MTP (Amendment) Act, 2021 (multiple responses possible, figures rounded off)					
Source of Information	Married (N-46)	Unmarried (N-27)	Rural (N-40)	Urban (N- 33)	Total (N-73)
Social Media	76	89	80	82	81
Television	30	15	23	27	25
Newspaper	11	19	15	12	14
Doctor	13	7	10	12	11
Extent to which amendment of the MTP (Amendment) Act, 2021 will be beneficial to women					
To a great extent	56.5	66.7	65.0	54.5	60.3
To some extent	23.9	33.3	27.5	27.3	27.4
Not at all	17.4	-	5.0	18.2	11.0
Family member EVER received abortion services	Married (N-1109)	Unmarried (N-513)	Rural (N-978)	Urban (N-644)	Total (N-1622)
No one	71.8	76.8	74.8	71.1	73.4
Self	14.4	0.2	9.4	10.7	9.9
Other female member of the family	9.6	7.6	8.7	9.3	8.9
Both self, and other female member of the family	3.2	0.6	2.2	2.5	2.3
Type of facility where abortion services are availed					
Facilities/service points (multiple responses possible)	Married (N-301)	Unmarried (N-43)	Rural (N-199)	Urban (N-145)	Total (N-344)
Government facilities	30	28	28	31	29
Private health facilities	65	54	63	63	63
Pharmacy/chemist shop	17	23	18	17	17
Barriers to opting for MTP					
Type of barriers (Multiple responses possible)	Married (N-1109)	Unmarried (N-513)	Rural (N-978)	Urban (N-644)	Total (N-1622)
Socially unacceptable	57	48	58	49	54
Lack of privacy	41	40	44	35	40
Legal procedure and process	39	30	36	37	36
Religious belief	36	22	32	31	31
Expensive affair	28	21	24	27	26
Facility is not good	22	14	20	19	20
Care and Treatment is not good	24	16	22	20	21
Influence of religious belief on MTP					
To a great extent	15.9	8.6	14.5	12.1	13.7
To some extent	39.8	27.9	36.1	35.9	36.0
Don't think religious faith has any role	20.6	23.2	21.0	22.0	21.4
Not at all	19.6	28.7	21.8	23.4	22.4
Don't know/can't say	4.2	11.7	6.6	6.5	6.6



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