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WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal providededicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

W H I T E B L A C K
L E G A L

LIMITED ACCESS TO SAFE AND LEGAL ABORTION SERVICES IN RURAL AREAS

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ABSTRACT

Safe and legal abortion in rural areas in India is an important component of reproductive health for women. This paper examines the obstacles confronting rural women's access to abortion services, including socio-cultural, economic and geographical factors. With limited knowledge, insufficient infrastructure, inadequate skilled medical personnel as well as legal barriers limiting access. In addition, it appraises current laws and legislations assessing their viability while highlighting gaps that need to be filled. It offers suggestions on how to improve accessibility and quality of abortion services in rural areas through proposals, community education initiatives or better health facilities located in villages across India. Moreover, the article analyzes existing policies and programs aimed at tackling these challenges while providing possible approaches to improving the situation of abortion.

KEYWORDS: Rural areas, Safe and Legal Abortion, Healthcare Infrastructure, Medical Termination of Pregnancy Act, Reproductive health.

INTRODUCTION

Limited access to safe and legal abortion services in rural areas in India is a significant issue, as highlighted by several studies that found that only 48% of facilities in rural Madhya Pradesh¹ were able to provide safe surgical abortion services, with a higher availability in urban areas and private facilities demonstrated the feasibility and potential of integrating medical abortion into primary care

¹ Chaturvedi, S., Ali, S., Randive, B., Sabde, Y., Diwan, V., & De Costa, A. (2015). Availability and distribution of safe abortion services in rural areas: a facility assessment study in Madhya Pradesh, India. *Global Health Action*, 8. <https://doi.org/10.3402/gha.v8.26346>

settings to improve access noted that despite the legalization of abortion in 1972, access to safe services remains limited, with the majority of abortions being performed under potentially unsafe conditions emphasized the need for safe and humane abortion services, particularly in rural areas, to reduce the prevalence of illegal abortions and improve women's health.²

It's shocking that despite the legalisation of the MTP Act³, its access and availability remain very limited in rural areas. However, there is now a growing recognition and a need to expand and amend safe Medical Termination Facilities in rural areas, giving women access to safe and hygienic abortion services⁴ if they choose to terminate their pregnancy. The necessity for these facilities is crucial not only from a family planning perspective but also as a means of ensuring safe motherhood.⁵ There exists a large gap between the demand for abortion services and the available facilities. Women without access to safe abortion services risk their lives with unsafe procedures, leading to complications such as incomplete abortion, infection and bleeding. This can result in long-term health issues like chronic pain, pelvic inflammatory disease and infertility⁶. The Indian Constitution does not explicitly acknowledge the fundamental rights of 'reproductive autonomy'.

RESEARCH PROBLEMS

1. What do rural women in India face the challenges in accessing safe and legal abortion services?
2. How does the lack of healthcare infrastructure in rural areas exacerbate the accessibility of safe and legal abortion services for women?

Research Objectives

1. To identify the specific barriers and challenges that rural women in India face in accessing safe and legal abortion.

² Hirve, S. S. (2004) 'Abortion Law, Policy and Services in India: A Critical Review', *Reproductive Health Matters*, 12(sup24), pp. 114–121. doi: 10.1016/S0968-8080(04)24017-4.

³ The Medical Termination of Pregnancy Act, 1971. <https://main.mohfw.gov.in/?q=acts-rules-and-standards-health-sector/acts/mtp-act-1971>

⁴ Hirve, S. (2004, January 1). Abortion Law, Policy and Services in India: A Critical Review. *Reproductive health matters* (Print), 12(sup24), 114-121. [https://doi.org/10.1016/s0968-8080\(04\)24017-4](https://doi.org/10.1016/s0968-8080(04)24017-4)

⁵ Ravindran, T K S. (2014, December 5). Safe, accessible medical abortion in a rural Tamil Nadu clinic, India, but what about sexual and reproductive rights?. <https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2814%2943789-3>

⁶ Mishra S , Rath S K, Unsafe abortion: Combating the silent menace. *Indian J Obstet Gynecol Res* 2021;8(2):146-149 <https://doi.org/10.18231/j.ijogr.2021.032>

2. To understand the specific deficiencies in healthcare infrastructure in rural areas of India and their impact on the availability and accessibility of safe and legal abortion services for women.

THE MEDICAL TERMINATION OF PREGNANCY ACT, 1971 (MTP ACT)

India's National Population Policy of 2000 promotes family planning to avoid unintended pregnancies and also emphasizes the need for safe abortion services that are affordable, accessible and sustainable for those seeking to terminate a pregnancy. While Indian law permits abortion under various conditions, the decision ultimately lies with the physician. The Act has a strong medical focus which only allows physicians to provide abortions, excluding mid-level healthcare providers and those from alternative medicine practices. The added requirement of obtaining a second medical opinion for abortions in the second trimester further hinders access, especially in rural areas where medical professionals are fewer in number.

The Act also obligates the state to offer abortion services in all government hospitals, yet these facilities are not held to the same approval and regulatory standards as the private sector. The misconception that public health institutions are inherently accountable to the public and are well-regulated without the need for explicit laws and policies is flawed. In reality, regulations that do exist are often ineffective or not transparent. Given the substandard quality of abortion care in the public sector, auditing processes as private ones as still being underregulated.

Although India has progressive abortion policies and laws, their practical application is hindered by unnecessary and misguided practices. The legislation gives state governments the authority to oversee abortion services, yet there are marked differences in how each state interprets and enforces these guidelines. In Maharashtra, it is mandated for an abortion facility to be within 5 km of a blood bank in both unrealistic and not essential for safe abortions. Whereas Delhi and Haryana have extensive floor plans and car parking provisions for facility registration, revealing a tendency to improve control abortion services instead of facilitating them. This complex and time-consuming process to obtain certification for abortion facilities also looks at the state's restrictive stance on abortion. The issue of mismanagement and bureaucracy continues to reflect the government's challenging approach to abortion services.

RESEARCH SURVEY REPORTS

Unsafe abortions present a significant public health issue and are responsible for the majority of the estimated five million hospital admissions each year due to complications arising from the

procedures.⁷ In the case of *Arusha Ravindra v. Union of India*,⁸ the court has directed a notice to the central government to establish appropriate medical-legal guidelines. These guidelines are for providing the option for abortions after 20 weeks in exceptional cases. In another case, *Swati Agarwal v. Union of India*⁹ the Supreme Court has also issued a notice to the central government. This notice asks for the decriminalization of abortion and seeks to affirm women's complete autonomy to make decisions regarding their reproductive rights.

Another study conducted the factors of unsafe abortion in both rural and urban areas in India. The research revealed that various factors such as the woman's age, the region where she lives, the sex of her living children, and her husband's education level, all play a crucial role in influencing the livelihood of unsafe abortions in both settings. These findings are in line with what Andersen has previously identified as predictable risk factors for unsafe abortion in the Indian context. The study found that the economic status of a household and a lack of access to family planning are significant factors that facilitate the occurrence of unsafe abortions, especially in India's rural areas.¹⁰

CONCLUSION AND SUGGESTION

Accessing safe and legal abortion services in rural communities presents multiple challenges that significantly impact an individual's reproductive healthcare options. The obstacles faced by people who live outside the city are very complex, therefore individuals have to travel for long distances and at a great cost in terms of money and time. Moreover, this problem is made worse due to a scarcity of healthcare givers who are trained in rural areas hence this stigma towards abortion that can be found among individuals living in rural regions hinders them from seeking the care they need thereby perpetuating a culture of silence and disgrace.

Providing resources and support services for those continuing pregnancy as well as for those who choose abortion care. By setting up community-based outreach programs that deliver education, information and support on reproductive health and abortion services. These programs can involve local healthcare providers, and community leaders and connect individuals with resources and services. Training for providers is essential to uphold the dignity autonomy and privacy of women

⁷ Armo M, Babbar K, Unsafe Second- Trimester Medical Abortion in Rural Practice: Declining Child Sex Ratio Could it be Allarming Outcome?. *Indian J Obstet Gynecol Res* 2015;2(4):206-212

⁸ *Anusha Ravindra v U.O.I, Writ Petition (Civil) No. 934/2017.*

⁹ *Swati Agarwal and others v U.O.I, Writ Petition (Civil) No. 825 of 2019.*

¹⁰ Rahaman, M., Das, P., Chouhan, P. *et al.* Examining the rural-urban divide in predisposing, enabling, and need factors of unsafe abortion in India using Andersen's behavioral model. *BMC Public Health* **22**, 1497 (2022). <https://doi.org/10.1186/s12889-022-13912-4>

seeking abortion. Women reported that government-sector abortion providers then insisted on the use of contraception including sterilization before performing the procedure. These providers must respect women's choices while also offering guidance on contraception for health protection. Individuals with disabilities remain vulnerable in India due to numerous existing barriers. India has a significant journey ahead to achieve disability-friendly status. Restricting late-stage pregnancy termination up to detecting deformities only adds to the burdens of parents. Despite several laws enacted in support of disabled individuals, the state still falls short in providing adequate security for them.



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