

Disappearing Medical Abortion Drugs: Facts and Reasons

Advocacy Research: Maharashtra

Ipas India

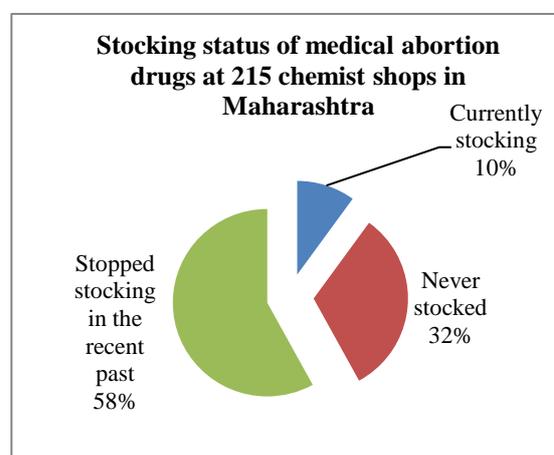
CONTEXT

The recent census results in India created a nation-wide alarm by revealing the worst-ever child sex ratio¹ and focused pressure on policy makers and implementing authorities to address the problem of gender biased sex selection. In a belief that this problem could be best addressed by curtailing availability of abortion services, some state and district authorities ratcheted up enforcement and regulation of abortion providers and chemists. Unfortunately in some instances these have exceeded the mandate of the laws governing abortion services and drug retailing. This in turn, has led to withdrawal of abortion services by some providers especially in the second trimester. Also, chemists have stopped stocking and dispensing abortion drugs severely handicapping providers from prescribing medical methods of abortions and impacting women's access to safe abortion services. Civil society organizations, professional associations, doctors and women are increasingly concerned about the unavailability of abortion drugs.

However, this information has mostly been anecdotal and therefore Ipas undertook a study to assess the reality of the situation about the availability of medical abortion drugs and whether, indeed chemists have recently stopped stocking them. We limited the first phase of this study to Maharashtra given the intensity of the perceived impact of the scenario in the state. We plan to conduct similar studies in other states.

METHODOLOGY

A multi-city study was conducted across 238 chemist shops in eight cities² in Maharashtra. Data was collected by an independent agency through interviews with chemists using a structured questionnaire which aimed to assess retail stock of selected schedule-H drugs, mainly medical abortion drugs, mifepristone and misoprostol. Chemist shops were chosen using cluster sampling with a focus on those located near hospitals, and nursing homes. Also, inquiries were made about availability of other similar drugs like Methergin, Calmpose, Novaclox etc to avoid direct focus on abortion drugs.



To enable comprehensive assessment of availability of medical abortion drugs – mifepristone and misoprostol – questions included past and current status of stock of both drugs; month and year in which the chemist stopped stocking these drugs, and reasons for the same; reasons for never stocking these drugs (as applicable).

¹ 914 girls to 1000 boys

² Mumbai, Pune, Nagpur, Dhule, Beed, Aurangabad, Nashik, and Parbhani

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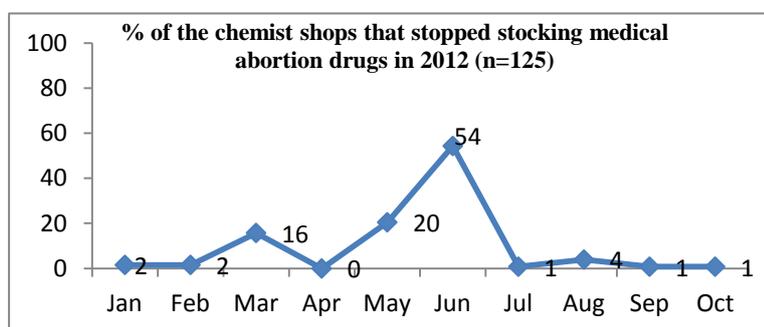
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KEY FINDINGS

Of the 238 chemist shops that were selected, 23 refused to participate in the study. Some key findings from the 215 chemist shops where the study was completed are:

- Medical abortion drugs (mifepristone and misoprostol) were available in only 10 percent of the chemist shops.
- Thirty-two percent of the chemist shops reported never stocking these drugs.
- None of the chemist shops in Mumbai reported stocking medical abortion drugs.
- Fifty-eight percent of the chemists interviewed reported that they stopped stocking medical abortion drugs in the recent past.
- The most prominent reasons quoted by chemists (multiple responses) for discontinuation of stocking these drugs were the increased burden of documentation for dispensing these drugs (91%); and threats from drug inspector or some authority against stocking them (56%).
- As can be seen in the graph below, there was a tremendous increase in the number of chemist shops that stopped stocking medical abortion drugs during the period May-June 2012.
- Newspaper reports also suggest that enforcement by drug authorities in Maharashtra intensified around the middle of the year corresponding to the same time period when chemists stopped keeping medical abortion drugs.



CONCLUSION

It is evident from the findings of this study that since mid-2012 there has been a significant decrease in access to abortion services, as can be noted from the abrupt dip in stocking of medical abortion drugs in Maharashtra. There is a need to reverse this trend and make these drugs available to enable access to safe and legal abortion services for women who need them and prevent them from resorting to illegal and life-threatening sources of abortion.