Situational Analysis of MTP Services in Kerala: Community Perspectives

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EXECUTIVE SUMMARY

Introduction

A study titled "Situational Analysis of MTP Services in Kerala: Provider Perspectives" was undertaken to understand the process, facilities technology, registration and training of MTP services in Kerala. To expand this analysis further, the study was extended to include the community's perceptions of the MTP facilities in their midst. This qualitative study was designed as supplementary part of the early mentioned quantitative study.

Objectives and Methodology

The objectives of the study were to examine the community perceptions of abortion, its legality, and the utilisation of such facilities in Kerala.

Focus group discussions (FGDs) were used to obtain these perceptions from the community. Two districts, Kollam and Malappuram, in Kerala were selected to conduct the FGDs.

Major Findings

Women experienced many reproductive health problems for which they sought health care in both the private and the public sector. Morbidity experiences of women varied by age and older women were more likely to report some menopause related symptoms and younger women report needs related to pregnancy and childbirth.

In Kollam district where public facilities were better functioning, women preferred to use public facilities. In Malappuram this was not so and the private sector was more often sought and utililsed. In Kollam and sometimes in Malappuram women used a mix of public and private for reproductive health care, especially pregnancy and childbirth related needs.

In general women felt that the facilities available in government hospitals were inadequate. They were not clean and the staff had to be paid for services. Supplies that had to be used for the procedures they had to undergo had to be bought from outside and drugs were often not available and also had to be bought. This added an additional burden to the already difficult decision of abortion. The absence of a woman doctor in the government facility also seriously restricted the type of health care sought at the facility.

In spite of these limitations many women felt that the government services were safer than the private sector where the profit motive was suspected to lead to unscrupulous practices. While almost all agreed that the staff in the govt. facilities were not polite, they also thought the private institutions were expensive but the staff were at least polite. In Malappuram the private sector was more utilised but this was because these were more likely to be functioning and well equipped.

Women were aware of specific abortion services in their neighbourhood. In Kollam, abortion services were few but available in both the public and the private sector whereas in Malappuram abortion services were almost absent in the public sector. This resulted in more costly services in Malappuram than in Kollam. Nowhere was it actually free, further in Malappuram the need for confidential services was more severely felt, because of the strong perception of stigma attached to undergoing an abortion

There was serious stigma attached to undergoing abortion for both married and for single women. In Malappuram both men and women were not aware that abortions in many circumstances were legal. This meant that they looked upon abortion as a favour, not a right in health facilities. This factor also contributed to the stigma.

Conclusions

In Kerala there is stigma attached to abortion and some men and women believe it is illegal. Women were aware that the pubic sector discourages the use of abortion. The reasons for these are usually resource constraints as well as inadequate staff. The public sector's reluctance could stem from the need to cater to more essential services like pregnancy and delivery and they may therefore view abortion services as an optional that can be avoided in situations of over crowding. The lack of supplies and drugs make it all the more difficult to provide this service. It is in these circumstances that the private sector steps in to provide confidential services that respect the women's need for privacy as abortion is stigmatised in the society. If women and their families are not able to meet the costs involved they chose to have the child instead.

Public sector services need to be enhanced to improve the supplies and special efforts have to be made in Malappuram district to ensure that functional reproductive health services are available at public sector institutions. There is a stigma attached to undergoing abortion, but women felt that there are mitigating circumstances under which abortion can be allowed. There is a strong felt need for such services in both the Districts. Therefore advocacy efforts are needed to emphasise on the legal status of abortion, especially in northern Districts.