

Situational Analysis of MTP Services in Kerala: Provider Perspectives

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EXECUTIVE SUMMARY

Introduction

As a public health issue unsafe abortion invites attention of the researchers working in the health sector. To reduce the adverse effect of the unsafe abortion it is also necessary to understand the issues related service provisions. There have been very few studies on abortion in Kerala and even less from a providers' perspective. The study formed part of a multi-centric initiative to study provider perspectives in abortion in six states of India under the aegis of the Abortion Assessment Project of India, coordinated by Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai.

Objectives

This study is an attempt to fulfill this gap in abortion research in Kerala by attempting to assess and analyse abortion services in Kerala from a providers' perspective, including organization, management, facilities, technology, registration, training certification and utilization in the public and private sector.

Methodology

This cross sectional survey was carried out in two districts of the State during 2001-2002. These two districts represent one of the relatively higher and relatively lower reproductive status within all the 14 districts of Kerala.

The survey collected information from 85-health institutions both the public and the private sector in terms of the infrastructure availability using a structured checklist and their management mechanisms using a structured interview schedule for the 85 administrators. This study also explores the practices and experiences of 21 providers from the public and 86 from the private sector. In addition some case studies were conducted to understand the quality of services and to identify problems related to abortion services.

Salient Findings

The mechanisms for monitoring MTP services in the State are inadequate. Several private health institutions provide abortion without the site certification especially in the northern part of Kerala. The State officials do not have an updated record of the number of institutions providing abortion nor do they have an idea of the number of abortions conducted in these institutions. Negligence regarding the submission of monthly reports does not lead to detail enquiry of the reasons or the cancellation of the site registration.

Some of the administrators were not aware of the requirements of site registration for the provision of MTP. Registration of MTP centers is not an issue of serious concern for the District Medical Officer who has been entrusted with the authority to register or de-register institutions within the district. The private facilities do not experience any urgency to obtain registration from the government. This could be because of the non-implementation of State regulatory mechanisms that seem to follow a laissez faire policy in this regard as long as there are no serious public health threats that result.

However, a majority of the providers working in both public and the private sector were well qualified irrespective of the site certification. Religious beliefs restrict some providers and administrators from applying registration. This is more visible in the northern parts of Kerala. However, services are being provided in these institutions with appropriately trained providers as it is remunerative.

Consent from both the woman and her husband or any other close relative is necessary for most providers as this provides them with legal and social protection. Most institutions obtain written consent before performing the procedure.

Private sector institutions provide for auditory and visual privacy compared to public sector. As a result most of the women in the community prefer the private sector even if government facilities are available free of charge. Clean toilets with running water and well furnished waiting area result in the clients perceiving the quality of services to be better in the private sector. But in the government hospitals these facilities are not available in many places and even if it is available proper maintenance is lacking.

The necessary equipments are available in the health institutions irrespective of the site registration. Private sector gives prompt maintenance for the damage of instruments compared to the public institution. Most of the private institutions keep the necessary drugs in their institutions. However, contraceptive commodities were more likely to be available in the public sector institutions. The providers working in public sector were also more likely to be trained in reproductive health and rights and universal precautions.

The informal providers were invisible and the researchers could not identify any who were willing to participate in the study. All the providers who participated in the study had basic medical qualification and majority of them had postgraduate qualifications. Such providers were more likely to be found in the public sector. The public sector also had better qualified nursing staff.

There exist no adequate disposal mechanism in both the public and private institutions. Many institutions using open pit garbage disposal and burying mechanism for waste disposal. Only very few institutions has access to incinerators. Half of the private health institutions and one-third of the public health institutions mentioned that they burn syringes and gloves.

Accessibility of services is very good in all the institutions and most of the hospitals were within a kilometer distance from public transport. The cost of abortion services varies by institution and duration of gestation in the private sector, but in public it is said to be completely free of charge. The highest number of abortions provided per month was in tertiary care public health institutions. All the providers in the study were able to communicate in the local language and a majority were women.

The private health institutions benefit from the lucrative practice of selective first trimester abortions but do not take on the burden and the associated insurance and legal costs of more difficult second trimester abortions allowed by the law. The high-risk cases are often handled by the public sector causing them a double burden as they have the mandate to take on the provision of services that are legally mandated and also that which are more difficult.

A summary composite index was constructed to understand the overall quality of services in the selected institutions. On the whole the quality of services were found to be better in the private sector. In Kollam district there was a sense of openness whereas in Malappuram district, a sense of secrecy surrounding the provision of abortion.

A few case studies were also conducted to understand the dynamics of quality of service provisions in both public and private health institutions.

Conclusion

The process of site registration needs to be streamlined in Kerala making it more transparent. The quality of infrastructure and equipments were better in the private sector and so was the maintenance. However the training and skills of staff in the public sector were better. There is a need to improve the services in the public sector by staggering the work at the tertiary care through mechanisms of referral from lower level public sector institutions and equipping these with the infrastructure and staff to deal with first trimester abortions. Such initiatives could be funded through the RCH programme or managed by the local self-governments that can decide on the mechanisms of subsidizing these necessary reproductive health services.