MTP ACT @50- A Move on the 'Right' Track?

Spotlight Series: Webinar 3

Availability and Use of Data and Evidence for Decision-Making

28th October 2021

A Brief

Background

Family Planning Association of India (FPAI) in collaboration with twelve development partners1 convened a series of six webinars on the occasion of completion of fifty years since the enactment of the MTP Act. The webinars were conceptualized to bring into spotlight the gains so far as also, the opportunities lost and the way forward to make right based comprehensive abortion care a reality. The first two webinars in these series focused on the journey of the MTP Act from its inception in 1971 to the recent amendment notified in September 2021 and the system and provider readiness required to translate the amendment into rights-based access to safe and legal abortion services for service seekers. In the same trajectory, the third webinar in this series was themed around the availability and use of data / evidence for programmatic decision-making.

The Guttmacher report pertaining to the incidence of abortions, unintended pregnancies, and access to safe abortion services in India in 2015 has been a much sought after reference for researchers, practitioners, policymakers, program planners and academicians. The pandemic has changed all points of reference especially its impact on time sensitive comprehensive abortion services. During the pandemic period, the MTP Act has undergone amendment and expanded the gestational period upto which abortion is legally permissible.

The webinar on **"Availability and use of data and evidence for decision-making"** was meant to dig deeper in data needs and guide evidence-based discourse for realization of intent of the current amendments. Panellists in this webinar discussed research needed in the context of the amendments, uptake of research data, data on vulnerable groups, data on community practices and data needs of private commercial sector and finally funding available for research and data collection.

Priority research: To create additional knowledge

Supplementary research needs: Robust data on incidence, quality of care and access is needed on an on-going basis for adequate policy and programme response as service needs change over time.

Evolving research needs: Two high priority areas for research in the context of amendments are preparedness of facilities and the awareness of stakeholders including potential service seekers.

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[1] Ipas Development Foundation, CommonHealth, MASUM, FOGSI, Population council, Global health strategies, Love Matters, Parivar Seva Sanstha, FRSH India and Pratigya campaign

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Uptake of research: To better inform policies and programmes

Phases in uptake: Research and uptake of data on abortion for programming can be divided in three phases.

1. After enactment of the Act in 1971 till 2002 there was not much demand for abortion data. The whole transition started after 2002, when stakeholders concerned about impact of unsafe abortion started articulating the need for evidence based services.
2. Between 2010-12, in response to advocacy by programmers about urgency to address unsafe abortion specifically through facility-based services, State governments started paying closer attention to abortion related data.
3. Guttmacher study of 2015 estimates, has not only attracted global attention but also stoked the interest of policy makers, programme mangers, researchers and activists in the country.

Increasing demand for data: Today, there is both demand and use of abortion data at the level of public facilities and State and national governments. The Government of India under a new initiative has started collating quarterly data from all states. At public facility level, facility-in-charge and trained providers in these States analyse and discuss the data to streamline services. However, data from the private is still not available or used.

New indicators: With the amendments and the reworked rules in place, demand for data on new domains is expected to emerge. Changes in gestational age requirements, inclusion of 'vulnerability' categories, foetal anomalies and stress on confidentiality will lead to revision in the existing MTP registers to capture critical elements such as category of vulnerability, foetal anomalies, confidentiality.

Data on vulnerability: To frame inclusive policies and programmes

Myopic data systems: Current health data systems tends to disregard sensitive issues such as freedom, pleasure and rights which is the language of the covenants that the Government has signed.

Overlooked population: Information related to abortion needs of vulnerable populations that include unmarried women, pregnant women in humanitarian settings, trans/ intersex persons is not a part of the formal data systems as these populations find it challenging to seek services in formal settings.

Disregard for intersectionality: Experiences of vulnerabilities such as violence, abuse and sexual coercion remain unacknowledged.

Window of opportunity: Framework and data need to be rooted in the broader sexual health and wellbeing context. There is a need to collaborate with those working with vulnerable groups and design studies based on the principles of non-discrimination and inclusion to understand

"Pre-occupation with representativeness suggests that other data is not important. There may not be a perfect representative sample, yet the information may be critical for programme's reach to vulnerable populations", Senior Associate, Population Council

"Regulation and law are one and governance is another dimension. Law is precise and incremental for a specific purpose or reason. Governance in a flailing state capacity and the last mile interpretation and execution are the real determinant of ground level realization of intent or nature of thought that led to genesis of the law", MG, Population Services International, India

their issues and quantify those. Research and data collection in the current pandemic situation may require a hybrid approach that is not necessarily representative but balances non-response, fear of disclosure, privacy and confidentiality needs and yet highlights the level of vulnerability.

Data on community level practices: To translate policies into ground realities

3-Delays: The 3D model used for maternal mortality is equally relevant for abortion service seeking in the community. The extent of these three delays needs to be explored as these are likely to be compounded especially in distant rural areas and in the context of late second trimester abortions and mandates of medical boards as articulated in the recent amendments.

Collecting comprehensive data: Data is either missing or weak on proportion of service seekers with unwanted pregnancy coming after pregnancy test or confirmation; coming alone; from distant locations; with history of using contraception; referred to other facilities; coming after legally permitted gestation period; coming for the first time; opting for surgical or home use of medical method; with post-abortion complications; opting voluntarily for post-abortion contraception; complying with follow up protocols and even deciding to continue the pregnancy. Instead of modification of government registers and data system that requires intense advocacy and more time, a sentinel surveillance system in select areas with ethical oversight and de-identified data should serve the purpose. This data collected using a key matrix that includes the above indicators would be more helpful in reflecting the need, the decision making process, the points of delays and the health system response.

Private sector data needs: To make initiatives viable

Data is also needed on sales, distribution and marketing of medical abortion pills. Vast majority of medical abortions (>80%) are self managed and through chemists' counters. Data on user knowledge, attitude, practices, purchase interactions, experiences of use in terms of completion of abortion and places where unsafe abortions or harm is happening is currently fragmented and somewhat undependable. Industry needs data to reduce risk of investment, to plan expansion of medicine reach and assess net positive effect of policy change or amendments for the industry as well as to those in need.

"Private sector is driven by convergence of economic interests and moral imperative. Data should follow explicit frameworks that stress on doing good rather than merely collecting data", Public Health Professional

Funding of research: To realize the intent

Areas that need exploration: Data on legality of abortion from the service seeker's perspective is needed. Whether listed conditionalities which have been further expanded in the amended Act lead to confusion in the minds of service seekers in terms of legality of abortion, needs to be explored. Further, a significant proportion of those opting for self care end up seeking for services for complications. The nature of these complications needs to be understood.

Timing: There is a need to understand areas unexplored till date or that which may emerge in the context of the new amendments. Research on these would be timely and much needed and funding sources both within and from outside the country should to be sought for the purpose.

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Webinar 3

Date: Thursday, October 28, 2021

Time: 06.00 – 07.30 PM

MTP ACT @50 – Availability and Use of Data and Evidence for Decision-Making

INAUGURAL ADDRESS

Welcome: Prof. Chander Shekhar, IIPS, Mumbai

Opening Remarks: Prof. K S James, Director and Senior Professor, IIPS, Mumbai

SETTING THE CONTEXT

Dr. Rathnamala Desai, President**, FPA India**

EXPERT PANEL

Safe Abortion in India - Data Gaps and Need for Updated Evidence

Relevance of abortion data in view of MTP Amendments, 2021

Dr. Susheela Singh, VP for Global Science and Policy Integration, Guttmacher Institute, New York

Data driven policy and programmes- Where are we?

Dr. Sushanta K Banerjee, Chief Technical Officer (Research & Evaluation), IDF, New Delhi

Abortion data needs for vulnerable population groups

Dr. Priya Nanda, Senior Program Officer, Bill and Melinda Gates Foundation, New Delhi

Syncing ground reality with large-scale national level data

Dr. Sharad Iyengar, Chief Executive, ARTH Society, Udaipur

A view from the Industry

Mr. Shankar Narayanan, Managing Director, PSI India Pvt Ltd, New Delhi

Evidence-based programming- emerging questions

Mr. Anand Sinha, Country Advisor, The David and Lucile Packard Foundation, New Delhi

HOST AND MODERATOR

Dr. Rajib Acharya, Population Council, New Delhi

VOTE OF THANKS

Dr. Harihar Sahoo, IIPS, Mumbai