

Whose crime is it anyway?

Mainstream newspapers published the news on 12th May 2020 that an abortion pill overdose allegedly resulted in a woman's death in Mumbai and her husband, in-laws, family doctor, her husband's friend and the medical representative who supplied the pills have been booked under the Indian Penal Code. The full article can be read [here](#).

While the police were prompt in responding to the complaint of foul play, the case reports in the paper do raise some questions about the process of investigation, reporting as well as the access of women to services they need, especially in the context of the current pandemic crisis.

To begin with, it is not clear from the report how the conclusion about "overdose" of medical abortion pills was reached. Autopsy reports usually report the cause of death in terms of the complication or physical condition which led to death, in this case excessive bleeding. Whether the autopsy was followed by further investigations that suggested drug overdose is not mentioned. Further, there is no mention of whether the woman's medical history was explored to rule out any other contributing cause or complication.

The newspapers report the pregnancy to be between 6 to 8 weeks, well within the gestational period for use of medical abortion pills as approved by the Drug Controller General of India as well as the World Health Organisation. Some reports also say that the medical practitioner as well as the medical representative were well informed about the pills and the pills were identified by a third party medical facility, Tembha hospital, as those used for medical abortion. The commercially available combipack of pills for medical abortion has the exact number of pills that are recognised as necessary and safe for termination of pregnancy and the potential for overdose through a single pack is highly unlikely.

However, these details are still overlooking the real big question - what recourse did the woman have in the current pandemic and consequent lockdown to be able to obtain a safe abortion?

Women's access to safe and confidential abortion services is a challenge even under normal circumstances, with unsafe abortion still being among the leading causes of maternal mortality in India. In the current health crisis situation where almost all public facilities have a Covid19 management focus, despite abortion being identified as an essential service, the reality is that there are very few facilities that are actually providing it.

There is likely to be an increase in unplanned and unwanted pregnancies at present due to a variety of reasons. Couples being stuck at home for days on end resulting in higher frequency of consensual or forced heterosexual encounters during lockdown, especially in the absence of contraception, access to safe abortion and medico-legal interventions have created unprecedented risk to the health and well-being of women and girls. While safe abortion services are hardly available or accessible during lockdown, those who realise that they are pregnant after the first trimester would also face legal barriers to pregnancy termination and /or stigma and violence, especially if the pregnancy is not a socially acceptable one. People who are disabled or under the constant vigilance of the family during lockdown would suffer the most in these difficult times. There are many women who will find themselves to be pregnant during the lockdown period or immediately after. For these women, there will be an

urgent need to terminate such unwanted pregnancies well in time, before they become physically evident or reach a length of gestation where access to services is not possible.

So where can these persons go for a safe abortion as time is of the greatest essence?

Medical abortion pills have been used by millions of women the world over and also in India for over two decades now. These pills have been a life-saving and revolutionary advance in medical technology that has saved millions of lives globally and nationally. Yet, large majority of providers in the public sector continue to use surgical procedures even when medical abortion pills can be offered to women and girls upto 9 weeks. This news is likely to further cement misconceptions about medical abortion pills, adversely affect their availability and create difficulties for women who do not want to get admitted in hospital to access safe abortion services.

Moreover, due to the ideological and cultural norms, societies still hold on to obsolete laws that create numerous barriers to access for safe abortion services. This particular case is even more tragic because in the year 2020 a married woman with a young child and pregnant again from her husband died in a manner that was utterly unfair given that we have a safe abortion law and we have committed to international agreements such as the Convention for the Elimination of Discrimination Against Women and ICPD.

More than one judgement from the courts in recent years have reiterated that if a woman in our country does not want to continue her pregnancy, then the woman alone should have the right to control her own body, fertility and motherhood choices. This means that the government needs to create a legal environment within which she can do this and also create health care systems which can offer her those safe and effective options that she needs.

Another landmark judgement in Indian history was the ruling that the right to privacy is a fundamental right of every Indian citizen. A woman's freedom of choice whether to bear a child or abort her pregnancy are areas which fall in the realm of privacy.

In a world where telemedicine is a very real and practical addition to be able to reach out healthcare facilities to areas where people do not have easy access to experts and doctors, it is a crying shame that women continue to die because they are unable to benefit from scientific progress, or to control their bodies and have access to safe and efficient ways of terminating a pregnancy.

This was a woman who lived in Mumbai and should have had access to information, medication, medical advice and early help. Can we imagine the plight of the women across our country living in rural areas with hardly any access to any of these?

The current crisis has shown those of us who have always had freedom and access to resources, how vulnerable we can be when it is taken away. We can very well imagine the lives of those for whom this has been a reality day in and day out for their entire lives.

We as a country need to do much better and create laws that protect women and allow them to be more than just instruments for sexual gratification and procreation in society and whose bodies need to be controlled and monitored. We need to address myths, create awareness about medical abortion for society at large and create healthcare systems that respond to women's needs instead of forcing women to run obstacle races to reach them.

Unsafe abortion is the most easily preventable cause of deaths among women of reproductive age and we need to do whatever it takes to make sure that no other woman dies again while trying to control her own body and her own fertility.

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