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BEHIND CLOSED DOORS: WHY MEDICAL ABORTION PILLS IN INDIA REQUIRE STRICTER REGULATION

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India's Medical Termination of Pregnancy Act, 1971 (MTP Act) marked a progressive shift in recognizing reproductive autonomy, but the liberalization of abortion access has brought with it a dangerous unintended consequence: unregulated over-the-counter (OTC) sale of abortion pills.^[1] While the intention behind easing access was to empower women, especially in rural and underserved areas, the lack of oversight surrounding medical abortion pills has become a silent public health crisis.

MTP pills, primarily Mifepristone and Misoprostol, were meant to be dispensed only by registered medical practitioners under specific conditions outlined in Section 3 of the MTP Act^{[1][2][3]}. Mifepristone and misoprostol are categorized as Schedule H drugs under the Drugs and Cosmetics Rules, meaning they require a valid prescription and are not legally available OTC.^[3] However, field studies and investigative reports have repeatedly shown that these pills are being sold freely at chemist shops without prescriptions, counselling, or follow-up care. This is not just a regulatory lapse; it is a life-threatening one. As per a 2015 report, 71% pharmacists sold medical abortion drugs without a prescription. Only 13.8% asked for a doctor's note, and fewer than 40% verified gestational timing. Advice on proper dosage or follow-up was woefully inadequate.^[4] In another study, Haemorrhagic shock was noted in 18.75% women, while 18.7% women required blood transfusion. "Easy and quick availability of these drugs OTC" was the commonest statement for not attending the hospital.^[5]

The danger of this black-market medical autonomy is twofold. First, the unmonitored consumption of abortion pills has been linked to severe complications, including incomplete abortions, sepsis, and in some tragic instances, death. Second, due to the social stigma surrounding women's sexuality and reproductive health, many of these deaths are never even identified as being

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caused by abortion pills. The families are left in the dark, often blaming vague ‘stomach illnesses’ or other unrelated conditions.

In *X v. Health and Family Welfare Department* (2022), the Supreme Court of India reiterated a woman’s autonomy over reproductive decisions. But it also emphasised the need for safe access. Autonomy without regulation is anarchy, particularly in a country like India where reproductive conversations are often cloaked in shame and silence. The law does not grant *carte blanche* access to abortive care; it mandates specific safeguards, such as certified practitioners, informed consent, and follow-up.

Furthermore, Section 4 of the MTP Act restricts termination procedures to government-approved facilities.^[1] OTC pill use often circumvents this entirely, placing women in environments that are neither sterile nor medically equipped. The Drugs and Cosmetics Act, 1940 and the MTP Rules prescribe penalties for unauthorized distribution, but these provisions are seldom enforced.

It is commendable that the Karnataka Government banned the OTC sale of MTP pills in July 2024, but whether this can be enforced effectively is a question that remains to be answered. India must move beyond notification to implementation. This involves mandatory digital prescription tracking, pharmacist training, and better public awareness campaigns on reproductive health.

We must also reframe the conversation around abortion from moral to medico-legal. Until we address the deep-rooted stigma around female sexuality and recognize that reproductive rights come with the duty of regulatory responsibility, MTP pills will continue to be both a tool of liberation and a potential cause of silent death.

In conclusion, stricter control over the sale of abortion pills is not an infringement of reproductive rights, it is a reinforcement of them. Rights, when exercised in unsafe, unregulated environments, can transform into risks. And in the case of MTP pills, those risks are often paid for in women’s lives.

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