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Abortion care seeking and reproductive rights violation in health facilities: Evidence from six states of India

Authors
Manas Ranjan Pradhan[1], C. Shekhar, M. Alagarajan and H. Sahoo

Introduction

Right to legal and safe abortion has been recognized and ratified as reproductive rights of women, which need emphasis from a broader perspective of individual freedom and human right (ICPD, 1994; Cook & Mahmoud, 1996; Amnesty International, 2007; UN, 2014). Unsafe abortion continues to draw the researcher's attention due to its close association with maternal morbidity and mortality. Of 56 million induced abortions occurred worldwide during 2012-14, 45% were unsafe, and 97% of these unsafe abortions occurred in developing countries (Ganatra et al. 2017). The abortion rate declined markedly in developed regions, from 46 to 27 per 1,000, but remained roughly the same (36 per 1000) in developing regions between 1990–1994 and 2010-2014 (Sedgh et al. 2016). In India; 15·6 million abortions took place in 2015, giving an abortion rate of 47 per 1000 women aged 15-49 years (Singh et al. 2018). About 3·4 million abortions (22%) of those 15.6 million were provided in health facilities.

The majority of women in India still lack access to safe abortion care, despite legalizing abortion through MTP act of 1971. Weak regulation of public and private sector services, a physician-only policy that excludes mid-level providers and low registration of rural compared to urban clinics are the barriers (Hirve, 2004). Stillman et al. (2014) further highlighted limited access to both public and private sector facilities, financial barriers to safe services, regulatory factors affecting access to medical abortion, providers' knowledge and attitudes, lack of awareness of abortion laws, and stigma surrounding abortion affects women's abortion-seeking behavior. Unsafe abortion continues to contribute to morbidity and mortality in India, and the morbidity from unsafe abortion is considered a severe problem (Duggal & Ramachandran, 2004; Creanga, Roy & Tsui, 2008). Unsafe abortions are strongly associated with maternal morbidity from complications such as hemorrhage, sepsis, peritonitis, and trauma to the cervix, vagina, uterus, and abdominal organs (Grimes et al. 2006). The contribution of unsafe abortions to maternal death in India varies from 8-20% (Registrar General India, 2006; Duggal & Ramachandran, 2004; Coyaji, 2000; Sood, Juneja & Goyal, 1995; Chhabra & Nuna, 1993; Duggal, 2004). Banerjee (2007) reveal that 12,000 deaths each year result from abortion-related complications in India. The literature further suggests the reproductive rights of women are considered a collective decision of the Indian family, not the decision of the individual women it affects (Kosgi et al. 2011).

A significant proportion of Indian women obtain illegal and potentially unsafe abortion often exposing themselves to adverse health outcomes including death. Empirical studies on the role of health facilities in providing safe abortion care ensuring the reproductive rights of women

[1] International Institute for Population Sciences, Mumbai, India. Email: manasiips@gmail.com

are rare. The present study is an effort to shed light on the reproductive rights violation of women seeking abortion services in health facilities across six states. Specifically, the study aims to understand the responsiveness of the health facilities/providers and identifying the opportunities (stage of abortion-seeking/location of facility/ ownership of facility/areas to focus) for intervention at the health facilities to address reproductive rights of women. The findings are of use for policy and programme aimed at enhanced access to safe abortion care under the broader framework of reproductive rights of women.

Data and Methods

This paper used data from the 'Unintended Pregnancy, and Abortion in India'(UPAI) study carried out by the International Institute for Population Sciences (IIPS), Mumbai, Population Council, New Delhi and Guttmacher Institute, New York, in 2015. The UPAI study aims to provide quality data on the availability and use of abortion care and generate new estimates of the incidence of abortion and unintended pregnancy in India. The study was carried out in six selected states, i.e., Assam, Bihar, Gujarat, Madhya Pradesh, Tamil Nadu and Uttar Pradesh addressing regional representation and together accounts for 45% of all women of reproductive age in India. The UPAI study comprises two surveys, i.e., Health Facilities Survey (HFS) and Health Professional Survey (HPS). The facilities in the HFS were sampled using a stratified random sampling strategy. Data for this analysis come from specific questions on the provision of induced abortion and post-abortion complication care (PAC) services gathered through the HFS. Data were collected using face-to-face structured interviews with senior staffs who had worked in the facility for at least six months and who were identified as most knowledgeable about abortion provision at their facility. Informed consent procedures were followed, and only those respondents who voluntarily consented to participate in the survey were included. The detailed study design, data collection procedure, sampling and sample size has been published in the Lancet Global Health (Singh et al. 2018).

The present analysis is based on a sample of 19634 public and private healthcare facilities providing any abortion care across six surveyed states. Univariate and bivariate analysis has been carried out using SPSS (V 25), on cleaned and weighted data. In the analysis, facilities have been categorized by ownership, i.e., public and private, and by location, i.e., rural and urban.

Results

Inadequate provision of abortion care services:

Eighty-five percent of the surveyed health facilities in the state of Madhya Pradesh provide any abortion care. The corresponding figures are 60% in Gujarat, 56% in Bihar, 53% in Tamil Nadu, 45% in Uttar Pradesh and only 35% in Assam (Figure 1). There is a wide variation in the provision of any abortion care by ownership of the health facilities- a higher percentage of the private health facilities provide any abortion care in all the states under study. Except for Madhya Pradesh (71%), less than one-third of the public facilities in other states offer any abortion-related care. This includes the majority of the higher level facilities- hospitals and

Community Health Centers (CHCs). Less than a quarter of the Primary Health Center (PHCs) provide any abortion-related care in the surveyed states with an exception to Madhya Pradesh where half of the PHCs found to provide abortion-related care.

Provision of both induced abortion and PAC services among the health facilities providing any abortion-related care varies from 38% in Uttar Pradesh to 71% in Tamil Nadu (Table 1). Irrespective of state, a lower percentage of public facilities than those privately owned facilities provide both induced abortion and PAC services. For example in Bihar, only 31% of the public facilities offer both induced abortion and PAC services compared with 67% of the private facilities. Nearly three-fifths (59%) of the facilities providing any abortion care in Uttar Pradesh provide only PAC. The corresponding figure is 39% in Gujarat, 34% each in Madhya Pradesh and Bihar, 30% in Assam and 11% in Tamil Nadu. Eighteen percent of the facilities providing any abortion care in Tamil Nadu provide only induced abortion compared with three percent of the facilities in Uttar Pradesh. A higher percentage of the facilities providing any abortion care are located in urban areas in all the six states. In Tamil Nadu, almost all (95%) of these facilities are found in urban areas.

All health facilities providing induced abortion services do not offer both medical and surgical abortions: 37% in Uttar Pradesh, 25% in Bihar, 24% in Gujarat, 21% in Tamil Nadu, 19% in Assam and 15% in Madhya Pradesh (Table 2). A lower percentage of public facilities than those private facilities in Assam, Bihar, Gujarat and Uttar Pradesh provide both medical and surgical abortion. Even all the public hospitals providing induced abortion in the above states found not to offer both medical and surgical abortion. The percentage of PHCs providing both medical and surgical abortions varies from 38% in Uttar Pradesh to 67% in Madhya Pradesh. Eighty-four percent of facilities in Assam commonly do not use medical abortion (MA/MMA) for the gestations of less than eight completed weeks (Table 3). The corresponding figures are 44% in Bihar, 41% in Gujarat, 34% in Uttar Pradesh, 29% in Tamil Nadu, and 19% in Madhya Pradesh. About half of the facilities in Assam commonly use electric vacuum aspiration (EVA) (78% of private facilities and 29% of public facilities) for gestations of less than eight completed weeks. Use of dilatation and curettage (D&C) for less than eight weeks of pregnancy varies from 5% in Madhya Pradesh to 23% in Uttar Pradesh.

Husband's and family member's consent for abortion procedures:

Women's consent for induced abortion is required before performing an abortion and usually followed by the majority of the facilities across the state (Table 4). Nevertheless, 18% of the facilities in Bihar, 16% in Tamil Nadu and 10% in Uttar Pradesh usually do not take women's consent before performing an abortion. Legally, approval of the husband is not required. However, a sizable percentage of the facilities commonly take permission of the husband (65% in Madhya Pradesh to 92% in Tamil Nadu). About a quarter of the facilities in Bihar, Tamil Nadu, and Uttar Pradesh also found to seek in-law's consent commonly. In Bihar, 44% of the facilities routinely take the parent's permission in case of unmarried women before offering induced abortion.

Inadequate information/advice on procedure and follow-up care:

In the states of Assam, Bihar, Madhya Pradesh, and Uttar Pradesh, less than half of the health facilities providing induced abortion, inform women about the abortion procedure (Table 4). The corresponding figures are 60% in Gujarat and 63% in Tamil Nadu. A higher percentage of private facilities inform women about the abortion procedure in the states of Bihar, Gujarat and Tamil Nadu. Advice on pain management/bleeding and infection prevention is very low ranging from a mere 2% in Bihar to 17% in Madhya Pradesh. Advice on follow up visits varies between 31% in Tamil Nadu to 77% in Assam.

Turning away abortion seekers:

Eighty-seven percent of health facilities offering induced abortion in Bihar have turned away one or more women seeking an abortion in last year followed by 81% in Uttar Pradesh (Table 5). The corresponding figures are 69% in Assam, 56% in Gujarat, 54% in Madhya Pradesh and 51% in Tamil Nadu. Across states, a higher percentage of private facilities have turned away women except for Uttar Pradesh. There is no uniform pattern emerging in the association between turning away and the location of the facility. Abortion seeker being young/unmarried/have no child has been cited as the reason for turning away by a sizable percent of facilities across states (54% in Assam, 44% in Uttar Pradesh, 37% in Gujarat, 29% in Bihar, 26% in Madhya Pradesh and 22% in Tamil Nadu). A quarter of the facilities in Bihar and one-fifth of the facilities in Uttar Pradesh have cited no consent of the husband/family as the reason for refusal to provide induced abortion. Non-availability of a provider or MA/MMA drugs has further been cited as a reason for turning away abortion seekers: 79% in Bihar, 77% in Uttar Pradesh, 72% in Madhya Pradesh, 67% in Tamil Nadu, 57% in Assam and Gujarat.

Contraception as a condition to offer induced abortion:

More than a quarter (26%) of the health facilities in Madhya Pradesh put modern contraception as a condition to provide induced abortion (Table 6). Nearly one-fifth of the facilities in Gujarat and Tamil Nadu too ensure acceptance of contraception as a condition. A higher percentage of public facilities compared with private facilities in the states of Bihar, Gujarat, Tamil Nadu, and Uttar Pradesh put contraception as a condition to offer induced abortion. In Bihar, facilities usually require women with many children (69%) and women with a young child (40%) to adopt contraception as a condition for abortion. Women with many children (72%) followed by women with prior abortion (36%) were required to accept contraception in Tamil Nadu. Women with young children were mainly needed to adopt contraception in the states of Madhya Pradesh (53%) and Gujarat (50%). In Uttar Pradesh, 67% of the facilities report women with prior abortion, and 55% facilities view women with young children are required to adopt a modern contraceptive method as a condition for receiving an abortion. About half of the facilities in Bihar and Uttar Pradesh encourage abortion seekers to take female sterilization as a contraceptive method. More than a quarter of abortion seekers are also encouraged to use female sterilization in the states of Gujarat (27%) and Madhya Pradesh (31%).

The restricted timing of PAC services provision:

Among the health facilities providing PAC services, more than three-fifths (64%) in Madhya Pradesh do not offer the PAC services all days throughout the week (Figure 2). The corresponding figures are 39% in Uttar Pradesh, 27% in Bihar, 24% in Tamil Nadu, 18% in Assam and 15% in Gujarat. Except for Madhya Pradesh, a higher percentage of public facilities in other states do not provide PAC services 24/7. Among the PHCs providing PAC services, 76% in Uttar Pradesh, 64% in Madhya Pradesh, 48% in Bihar, 42% in Gujarat, 35% in Assam and 24% in Tamil Nadu do not provide 24/7 services. As against urban facilities, a higher percentage of public facilities located in rural areas do not offer PAC services 24/7 in the states of Assam, Bihar, Gujarat, and Uttar Pradesh (Not shown in the figure).

Non-medical reason for not providing induced abortion or PAC services:

Lack of trained staff and necessary equipment/supplies/space are cited as significant reasons for not providing MTP service, by a sizable percent of health facilities providing only PAC services across states (Figure 3). Many facilities cited lack of facility certification as a reason for not giving MTP (47% in Bihar, 40% in Uttar Pradesh, 36% in Gujarat, 28% in Assam, 25% in Madhya Pradesh and 24% in Tamil Nadu). Among the public facilities, 10% in Uttar Pradesh, 14% in Madhya Pradesh, 20% each in Assam and Gujarat and 32% in Bihar cited facility not certified for abortion provision. Religious or social reasons of the manager/doctor have also been stated as a reason by considerable percent of facilities across the states (38% in Gujarat, 30% each in Uttar Pradesh and Bihar, 25% in Tamil Nadu, 20% in Assam and 14% in Madhya Pradesh. Among the facilities providing only MTP services, lack of trained staff and necessary equipment/supplies/space are cited as significant reasons for not providing PAC service, by a sizable percent of facilities irrespective of state (Figure 4). Lack of trained staff as a reason varies from 55% in Tamil Nadu to 96% in Assam. Again, a higher percentage of public facilities cited this reason except in Bihar. All the facilities in Assam compared with 32% of the facilities in Gujarat cited a lack of necessary equipment/ supplies/space as the reason.

Discussion and Conclusions

The study found access to safe abortion services remains inadequate, especially in rural areas and the finding is in conformity with earlier studies (Jejeebhoy et al. 2012; Ipas, 2018). The insufficient facility capacity, misconceptions about facility certification, and religious or social beliefs of the manager or doctors are found to curtail access to safe abortion services further. A considerable size of PHCs does not provide both medical and surgical abortion services due to poor infrastructure and lack of trained staff, despite being the first level of public health facilities accessible to rural women. Government statistics confirm the shortage of PHCs besides poor infrastructure and shortfall of providers in the studied states (MoHFW, 2016). We found misconceptions among providers about which facilities are legally approved to offer abortion services preventing women from safe abortion seeking. Many past studies also report trained providers at public health facilities do not provide abortion services due to unawareness of the legality of abortion or a wrong impression that their facility is not legally approved to

offer abortion services (Patel et al. 2009; Navin et al. 2010; Jejeebhoy et al. 2011). A study in the state of Maharashtra found that a sizable number of medical students consider abortion to be morally wrong, and their attitudes toward abortion were associated with religious beliefs besides many other variables (Sjöström et al. 2014).

Medical abortion is easy to administer and reduces the chance of complications arising from other procedures, and often preferred by women (Sri & Ravindran, 2012; Mundle et al. 2008; Ganatra et al. 2009). The WHO recommends the use of MMA along with manual vacuum aspiration (MVA) during the first trimester as the preferred abortion method (WHO, 2012). Nevertheless, many facilities found not using MA/MMA for gestations of less than eight completed weeks. Facilities continue to provide D&C, which is an obsolete method of surgical abortion and is suggested to be replaced by vacuum aspiration and or medical methods. D&C is considerably more painful for women (Grimes et al. 1977) and less safe than vacuum aspiration (Cates et al. 2000). Islam et al. (2016) in their study on the management of early pregnancy failure in Bangladesh found that MVA is safe, effective, cheaper, and complication is also less than D&C. Cochrane systematic review by Tuncalp et al. (2010) too found MVA is faster, less painful, and is associated with less blood loss and fewer complications than D&C in the management of incomplete miscarriage.

Clinical practice handbook for Safe abortion by WHO (2014) reemphasizes that within the framework of national laws, providers should promote and protect: women's and adolescents' health and their human rights; informed and voluntary decision-making; and autonomy in decision-making. Contrary to the existing law, many facilities across states commonly take consent of the husband, in-laws, and parents in case of unmarried women before offering induced abortion. This may be due to incorrect knowledge about abortion laws or to protect themselves (Gupte et al. 1999; Ganatra, 2000; Visaria et al. 2004). Evidence reveals that providers were more likely to insist on spousal consent from adolescent women than from adult women (Ganatra & Hirve, 2002). On the other hand, some facilities mainly in the states of Bihar, Tamil Nadu and Uttar Pradesh usually do not take women's consent before performing an abortion violating the basic medical ethics and rights of women.

Information about the abortion procedure is integral to informed consent and providers are expected to inform the women about this before performing an abortion. We, however, found more than half of the facilities providing induced abortion in the states of Assam, Bihar, Madhya Pradesh, and Uttar Pradesh fail to do so. Ganatra and Hirve (2002) found that fewer provider in the state of Maharashtra had explained to women the abortion procedure they were about to undergo and situation worsen in case of adolescent women. Another study in the state of Jharkhand too reveal women were rarely informed about alternative methods of abortion, possible complications, and counseled about post-abortion contraception (Barua & Apte 2007). Alike earlier studies (Barua & Apte 2007; Duggal & Ramachandran, 2004; Ganatra & Hirve, 2002), we also found minimal advice on pain management/bleeding and infection prevention both in public and private health facilities.

Health facilities found to have turned away women seeking an abortion- majority citing non-medical reasons such as the women is too young, unmarried, have no child. No consent of the husband or family was also cited as the reason for refusal to offer induced abortion services, and the finding concurs with a past study by Duggal & Ramachandran (2004). Turning-away abortion seekers due to non-medical reasons compel women to avail the services from unsafe providers often endangering their health. The cited reasons are beyond the guidelines under the MTP act and violation of women's right to life. Voluntary counseling and the provision of contraceptive methods are essential elements of high-quality abortion care. We, however, found contraception as a condition to offer abortion is common except in Assam, and public facilities found to have stronger adherence. Insisting contraceptive acceptance to women with many or with young children, and women with prior abortion disregard women's right to whether, when and how many children to have. Evidence from small-scale studies on contraceptive use among abortion clients in India suggest many women do not receive the services they need; and among those who choose to adopt a method, many do not receive adequate counseling (Ganatra & Hirve, 2002; Zavier & Padmadas, 2012; Benson et al. 2018). Additionally encouraging women to adopt female sterilization in an unconducive situation for informed choice might result in sterilization regret. Past studies on sterilization acceptance found many women having post-sterilization health problems (Pradhan & Ram, 2009) and often regret due to child loss experience and poor quality of services (Ramanathan & Mishra, 2000; Singh et al. 2012).

A sizable percentage of health facilities including a majority of the PHCs providing PAC services do not offer the services 24/7. Post-abortion complications often require emergency treatment and limited access to this emergency health requirement violates the reproductive right of women. Lack of privacy and confidentiality, cost of safe abortion, lack of knowledge about the location of safe provider and scarcity of certified provider were perceived to force women for unsafe abortion and this finding is in conformity to earlier studies (Barua & Apte 2007; Jejeebhoy et al. 2011; Elul et al. 2004; Banerjee et al. 2014). Information on the availability of safe provider and services at affordable cost besides conducive socio-cultural environment de-stigmatizing abortion would enhance access to safe, legal abortion care services.

The strengths of the study are that it highlights reproductive rights violation in health facilities using a bigger sample size from a representative survey with robust sampling method. The results are useful for the formulation of new or strengthening existing policy and programme for safe abortion. New evidence on reproductive rights violation at health facilities, is of immense use and open avenues for immediate intervention at the facility level, and further research on health providers' knowledge and attitude towards abortion care. However, the study is an analysis of secondary data gathered through interview of respondents deemed to be most knowledgeable about abortion services in the facility. There are possibilities that the respondents may not be fully aware of the abortion care procedures in the facility especially in bigger health facilities with many providers.

To conclude, we found inadequate access to safe abortion care services often due to limited facility infrastructure and lack of safe providers. The socio-religious affiliation of the providers/managers and ignorance about facility certification for MTP, further curtail the access and violates women's rights to safe abortion. More extensive use of D&C method against the WHO guideline and non-provision of MA for less than eight completed weeks of gestation questions the knowledge and attitude of the providers and is a violation of women's right to the benefit of scientific progress. Against the law, facilities continue to seek the consent of family members and found to have turned away women on this ground, violating women's right to life. Lack of informed consent on abortion procedures and minimal advice on pain management/bleeding and infection prevention, further questions the ongoing practice in the facilities which disregards women's right to information and education. Putting contraception as a condition to offer induced abortion, and more so, to women with many or with young children, and women with prior abortion; disregard women's right to whether and when to have children. Further, encouraging women to adopt female sterilization when they are not in a position to make an informed choice violates women's right to be free to choose and to use a method which is safe and acceptable to them.

Results suggest the need to improve access to facility-based abortion services, especially in underserved rural areas, by ensuring that all public-sector facilities have adequate equipment and supplies including MMA drugs and trained providers. Ensuring high-quality abortion care that adheres to international guidelines by training providers in current abortion techniques and best practices seems pertinent. Moreover, sensitization of health care providers about the importance of ethical issues and reproductive rights of women is urgently required to ensure safe, legal, and accessible abortion care, which promotes health and justice for women.

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Table 1: Among facilities offering any abortion-related care, number and percentage distributions of facilities offering induced abortion, post-abortion care or both, by ownership and location, by state, 2015

States		Number of facilities offering any abortion-related services	% distribution by type of service offered			% distribution by location	
			Abortion only	Post-abortion care only	Both	Urban	Rural
Assam	All	**588**	**3.8**	**30.3**	**65.9**	**54.9**	**45.1**
	Public	359	6.2	37.0	56.8	26.1	73.9
	Private	229	0.0	19.8	80.2	100.0	0.0
Bihar	**All**	**2,838**	**6.4**	**34.2**	**59.4**	**68.6**	**31.4**
	Public	629	4.6	63.9	31.4	40.2	59.8
	Private	2,209	6.9	25.7	67.4	76.7	23.3
Gujarat	**All**	**2,294**	**11.2**	**39.3**	**49.5**	**69.3**	**30.7**
	Public	484	7.0	46.9	46.1	26.6	73.4
	Private	1,811	12.3	37.3	50.4	80.7	19.3
Madhya Pradesh	**All**	**4,427**	**8.7**	**33.6**	**57.7**	**78.7**	**21.3**
	Public	1,302	11.5	48.5	40.0	55.2	44.8
	Private	3,125	7.6	27.3	65.1	88.5	11.5
Tamil Nadu	**All**	**3,235**	**18.1**	**10.9**	**71.0**	**95.0**	**5.0**
	Public	459	22.2	18.6	59.3	72.1	27.9
	Private	2,776	17.5	9.6	72.9	98.8	1.2
Uttar Pradesh	**All**	**6,252**	**3.1**	**58.8**	**38.1**	**61.5**	**38.5**
	Public	1,569	3.0	64.9	32.1	30.1	69.9
	Private	4,682	3.1	56.8	40.1	72.0	28.0

Table 2: Among facilities providing induced abortion services, proportion and percentage distribution offering each abortion method, by ownership and type of facility, 2015

		% of facilities offering each method			% distribution of facilities by method category			
	Facilities	MMA (combi packs)	Vacuum aspiration	D&C or D&E	Only medical abortion	Only surgical abortion	Both medical and surgical abortion	N
Assam	**All**	**80.4**	**88.6**	**94.8**	**2.6**	**16.3**	**81.2**	**410**
	Public	**74.6**	**82.1**	**90.5**	**4.6**	**19.4**	**75.9**	**226**
	Hospitals	85.7	94.4	91.8	0.0	10.2	89.8	67
	CHCs	64.3	92.9	92.9	0.0	21.4	78.6	75
	PHCs	75.0	62.5	87.5	12.5	25.0	62.5	84
	Private	**87.6**	**96.7**	**100.0**	**0.0**	**12.4**	**87.6**	**184**
	Hospitals	100.0	93.7	100.0	0.0	0.0	100.0	51
	Nursing and maternity homes	79.7	97.4	100.0	0.0	20.3	79.7	112
	Clinics	100	100	100	0	0	100	20
Bihar	All	**86.2**	**72.0**	**85.1**	**11.0**	**13.7**	**75.3**	**1868**
	Public	68.8	53.0	76.9	18.0	30.5	51.5	227
	Hospitals	57.7	81.5	92.8	1.6	40.7	57.7	104
	CHCs	71.6	28.4	71.6	11.4	28.4	60.2	33
	PHCs	80.6	29.1	60.6	39.4	19.4	41.2	90
	Private	88.6	74.7	86.3	10.0	11.4	78.5	1641
	Hospitals	100.0	66.9	83.0	17.0	0.0	83.0	132
	Nursing and maternity homes	86.6	84.5	97.9	0.0	13.4	86.6	1047
	Clinics	89.8	54.7	60.9	30.8	10.2	59.0	462
Gujarat	All	**87.9**	**68.5**	**82.6**	**12.2**	**11.9**	**75.9**	**1392**
	Public	**82.6**	**66.9**	**56.8**	**25.4**	**15.9**	**58.7**	**257**
	Hospitals	78.8	92.9	100.0	0.0	15.6	84.4	72
	CHCs	83.6	61.7	61.7	38.3	16.4	45.3	80
	PHCs	83.3	50.0	18.3	35.0	16.7	48.3	98
	Urban Public	100.0	100.0	100.0	0.0	0.0	100.0	6
	Private	**89.1**	**68.8**	**88.5**	**9.2**	**10.9**	**79.8**	**1135**
	Hospitals	82.3	63.0	92.2	7.8	17.7	74.5	205
	Nursing and maternity homes	90.2	70.9	89.1	8.0	9.8	82.2	895
	Clinics	100.0	50.6	50.6	49.4	0.0	50.6	36
Madhya Pradesh	All	**95.0**	**81.2**	**81.8**	**10.0**	**5.0**	**85.0**	**2941**
	Public	**97.2**	**80.0**	**69.7**	**11.3**	**2.8**	**85.8**	**670**

	Hospitals	97.9	79.5	93.7	4.0	2.1	93.9	255
	CHCs	94.0	85.7	62.7	7.1	6.0	86.9	231
	PHCs	100.0	67.2	32.6	32.8	0.0	67.2	150
	Urban Public	100.0	100.0	100.0	0.0	0.0	100.0	34
	Private	**94.4**	**81.6**	**85.4**	**9.7**	**5.6**	**84.7**	**2271**
	Hospitals	94.5	93.7	92.3	1.0	5.5	93.4	822
	Nursing and maternity homes	93.4	81.8	91.8	5.6	6.6	87.8	1235
	Clinics	100.0	33.4	21.0	66.6	0.0	33.4	213
Tamil Nadu	All	**89.4**	**49.4**	**76.9**	**14.9**	**6.3**	**78.9**	**2883**
	Public	**74.8**	**84.3**	**67.3**	**4.9**	**17.1**	**78.1**	**374**
	Hospitals	82.6	78.1	81.3	5.2	4.9	89.9	208
	CHCs	61.9	100.0	57.1	0.0	33.3	66.7	94
	PHCs	66.5	85.1	24.5	14.9	33.5	51.6	50
	Urban Public	74.7	74.7	75.1	0.0	25.3	74.7	22
	Private	**91.6**	**44.2**	**78.3**	**16.3**	**4.7**	**79.0**	**2510**
	Hospitals	93.7	50.5	89.5	6.4	3.4	90.2	954
	Nursing and maternity homes	89.3	44.5	78.5	15.4	5.9	78.7	1342
	Clinics	97.3	14.2	26.8	67.0	2.7	30.3	213
Uttar Pradesh	All	**88.7**	**47.1**	**70.9**	**27.2**	**10.1**	**62.7**	**2575**
	Public	**89.0**	**41.1**	**65.5**	**33.4**	**9.5**	**57.1**	**551**
	Hospitals	91.2	63.0	81.3	18.7	6.5	74.8	141
	CHCs	78.8	45.1	81.4	18.6	18.6	62.9	202
	PHCs	96.7	16.5	38.0	58.4	3.3	38.3	162
	Urban Public	100.0	44.0	44.0	56.0	0.0	44.0	45
	Private	**88.6**	**48.7**	**72.3**	**25.5**	**10.3**	**64.2**	**2025**
	Hospitals	87.2	53.9	95.3	4.7	12.8	82.5	329
	Nursing and maternity homes	89.4	61.3	77.9	20.4	10.6	69.0	1167
	Clinics	87.6	17.3	45.7	49.9	8.1	42.0	528

Table 3: Among facilities providing abortion care, percent distribution of facilities providing different methods of abortion to less than 8 weeks gestation by ownership, 2015

States		Medical abortion	Manual vacuum aspiration	Electric vacuum aspiration	Dilatation and curettage	Dilation and evacuation	Others	N
Assam	**All**	16.3	17.3	50.7	7.8	7.1	0.7	**410**
	Public	18.5	30.0	28.6	12.8	10.1	0.0	226
	Private	13.7	1.6	78.1	1.6	3.3	1.6	184
Bihar	**All**	56.3	20.7	3.5	17.4	1.9	0.1	**1864**
	Public	48.8	23.2	5.1	21.7	0.4	0.8	254
	Private	57.5	20.3	3.3	16.7	2.2	0.0	1610
Gujarat	**All**	59.4	3.4	12.6	15.9	8.3	0.4	**1392**
	Public	67.7	4.7	9.7	12.5	3.1	2.3	257
	Private	57.5	3.2	13.2	16.6	9.5	0.0	1135
Madhya Pradesh	**All**	80.7	12.7	1.7	4.8	0.0	0.1	**2942**
	Public	81.8	11.2	4.9	1.5	0.0	0.6	671
	Private	80.3	13.1	0.7	5.8	0.0	0.0	2271
Tamil Nadu	**All**	71.3	12.3	1.6	13.4	0.6	0.9	**2884**
	Public	45.6	43.5	1.6	6.9	0.0	2.4	374
	Private	75.1	7.6	1.6	14.3	0.6	0.6	2510
Uttar Pradesh	**All**	66.3	5.1	4.6	22.6	0.8	0.7	**2576**
	Public	64.7	8.7	5.6	15.5	2.4	3.1	551
	Private	66.8	4.1	4.3	24.5	0.3	0.0	2025

Table 4: Among facilities providing induced abortion services, proportion and percentage distribution of consent usually taken before offering abortion, and advice given while offering abortion, by ownership and location of facility, 2015

States		% reporting consent				% reporting type of advice			N
		Women's consent	Husband's consent	In-law's consent	Parent's consent	What the procedure does	Pain management/information on bleeding/infection prevention	Follow up visit	
Assam	**All**	**93.9**	**85.6**	**0.0**	**10.5**	**49.4**	**7.6**	**76.8**	**410**
	Public	90.3	76.5	0.0	7.5	44.7	4.9	80.5	226
	Private	98.4	96.7	0.0	14.1	55.2	10.9	72.3	184
	Rural	87.5	79.5	0.0	1.7	36.9	5.7	86.4	176
	Urban	98.7	89.7	0.0	17.1	58.7	9.0	69.7	234
Bihar	**All**	**82.3**	**76.9**	**26.3**	**44.0**	47.9	1.6	62.7	**1864**
	Public	64.8	69.2	18.5	45.8	65.6	7.1	53.5	254
	Private	85.1	78.2	27.5	43.7	45.1	0.7	64.1	1610
	Rural	70.7	72.5	36.4	64.2	67.7	3.4	58.0	324
	Urban	84.9	77.9	24.2	39.7	43.7	1.2	63.6	1540
Gujarat	**All**	**98.3**	**71.0**	**12.6**	**8.4**	59.6	2.7	61.1	**1392**
	Public	98.4	69.9	11.7	14.5	78.2	2.7	64.8	257
	Private	98.2	71.2	12.9	7.0	55.3	2.7	60.3	1135
	Rural	98.0	62.4	8.8	4.9	67.6	0.0	62.0	204
	Urban	98.3	72.4	13.3	9.1	58.2	3.2	60.9	1188
Madhya Pradesh	**All**	**92.0**	**64.7**	**11.0**	**6.0**	44.1	16.7	54.2	**2942**
	Public	91.5	57.8	8.1	11.0	45.0	16.9	61.6	671
	Private	93.7	66.7	11.9	4.5	43.8	16.6	52.0	2271
	Rural	98.1	56.2	5.6	1.2	36.6	16.5	32.7	322
	Urban	91.3	65.7	11.7	6.6	45.0	16.6	56.9	2620
Tamil Nadu	**All**	**84.1**	**91.5**	**23.3**	**8.1**	63.3	5.7	30.9	**2884**
	Public	83.4	87.7	18.7	10.7	67.4	5.6	22.5	374
	Private	84.2	92.1	24.0	7.8	62.7	5.7	32.2	2510
	Rural	88.4	82.3	3.4	7.5	67.3	6.8	26.7	147
	Urban	83.8	92.0	24.3	8.2	63.1	5.7	31.1	2737
Uttar Pradesh	**All**	**89.6**	**82.8**	**23.4**	**13.2**	45.8	16.0	63.2	**2576**
	Public	94.0	83.5	26.7	12.3	39.3	10.7	69.1	551
	Private	88.4	82.6	22.5	13.4	47.6	17.4	61.6	2025
	Rural	90.2	78.4	22.5	20.1	34.1	12.5	77.9	1033
	Urban	89.2	85.7	24.0	8.5	53.6	18.3	53.3	1542

Table 5: Among facilities providing induced abortion services, proportion and percentage distribution of facilities turning away abortion seekers and reasons, by ownership and location of facility, 2015

States		Reasons			Turned away any abortion seeker in last year	N
		Young/unmarried/no children	No consent husband/family	Provider/MA not available		
Assam	**All**	**54.3**	**7.8**	**56.5**	**68.9**	**410**
	Public	52.8	11.9	73.8	29.6	226
	Private	56.1	2.4	34.1	32.8	184
	Rural	67.2	9.5	71.5	78.3	176
	Urban	41.8	6.2	42.1	62.0	234
Bihar	**All**	**28.5**	**24.5**	**79.1**	**86.8**	**1864**
	Public	32.2	23.5	88.8	84.6	254
	Private	27.9	30.8	77.6	87.2	1610
	Rural	42.3	28.7	76.1	95.4	324
	Urban	25.3	23.5	79.9	84.9	1540
Gujarat	**All**	**37.1**	**17.9**	**56.6**	**56.1**	**1392**
	Public	22.2	6.7	59.6	35.0	257
	Private	39.1	19.4	56.2	60.9	1135
	Rural	13.2	5.5	44.0	44.6	204
	Urban	40.2	19.4	58.3	58.1	1188
Madhya Pradesh	**All**	**26.1**	**12.6**	**71.5**	**54.3**	**2942**
	Public	17.6	15.5	74.6	36.4	671
	Private	27.7	12.0	71.0	59.6	2271
	Rural	13.7	0.5	74.7	59.2	322
	Urban	27.8	14.2	71.1	53.7	2620
Tamil Nadu	**All**	**22.4**	**9.2**	**66.5**	**51.4**	**2884**
	Public	12.6	1.1	64.8	46.9	374
	Private	23.7	10.3	66.7	52.1	2510
	Rural	10.0	24.6	82.9	47.6	147
	Urban	23.1	8.5	65.7	51.6	2737
Uttar Pradesh	**All**	**44.1**	**21.2**	**77.2**	**81.0**	**2576**
	Public	48.5	17.4	86.9	88.9	551
	Private	42.8	22.4	74.2	78.8	2025
	Rural	54.9	19.5	79.9	77.4	1033
	Urban	37.4	22.3	75.6	83.3	1542

Table 6: Among facilities providing induced abortion services, proportion and percentage distribution of facilities putting contraception as a condition to offer abortion, type of women required to adopt contraception, and proportion of facilities encourage female sterilization acceptance by ownership and location of facility, 2015

States		Encourage women to adopt female sterilization	N	Type of women required to accept contraception						Put contraception as a condition for abortion	N
				Women with many children	Women with prior abortion	history of contraceptive failure	unmarried women	women with young child	all women requesting abortion		
Bihar	**All**	48.1	240	69.0	33.9	18.8	16.0	40.2	37.9	12.9	1864
	Public	47.7	40	65.0	10.3	20.0	28.2	48.7	35.0	15.9	254
	Private	50.0	200	69.8	38.5	18.5	13.6	38.5	38.5	12.4	1610
	Rural	31.5	54	92.6	7.4	14.8	0.0	70.4	24.1	16.7	324
	Urban	53.0	185	62.2	41.6	19.9	20.5	31.4	42.2	12.0	1540
Gujarat	**All**	26.9	274	28.1	11.7	20.4	20.0	49.6	19.3	20.3	1392
	Public	51.2	80	28.8	23.8	15.0	32.5	43.8	48.8	31.2	257
	Private	16.9	194	27.8	6.7	22.7	14.9	52.1	7.2	17.7	1135
	Rural	60.3	58	17.2	22.4	15.5	22.4	34.5	60.3	28.4	204
	Urban	18.1	216	30.9	8.8	22.1	19.0	53.5	8.3	18.9	1188
Madhya Pradesh	**All**	30.5	761	42.8	48.1	23.8	16.3	53.0	20.9	25.9	2942
	Public	43.9	157	38.9	56.7	34.4	4.5	66.2	12.7	23.4	671
	Private	27.0	604	43.9	45.9	21.0	19.4	49.5	23.0	26.6	2271
	Rural	75.6	41	5.0	95.0	0.0	0.0	87.8	0.0	12.7	322
	Urban	28.0	721	44.9	45.5	25.2	17.2	50.9	22.1	27.5	2620
Tamil Nadu	**All**	16.9	532	71.8	36.2	20.1	0.0	24.0	27.8	18.5	2884
	Public	37.7	76	87.0	31.2	7.9	-	24.7	42.1	20.6	374
	Private	13.4	456	69.2	37.1	22.1	-	23.9	25.4	18.2	2510
	Rural	62.5	24	82.6	43.5	17.4	-	0.0	37.5	16.3	147
	Urban	14.9	509	71.4	36.0	20.2	-	25.1	27.3	18.6	2737
Uttar Pradesh	**All**	46.7	210	46.9	66.7	7.7	1.0	55.0	52.9	8.3	2576
	Public	43.5	85	50.0	68.2	8.2	2.4	43.5	45.9	15.9	551
	Private	48.8	125	44.8	65.6	7.3	0.0	62.9	57.6	6.3	2025
	Rural	30.8	91	47.8	69.2	0.0	0.0	45.1	61.5	9.2	1033
	Urban	58.5	117	46.2	65.3	13.7	1.7	62.7	46.2	7.8	1542

Figure 1: % of health facilities providing any abortion care by ownership and type of facility, 2015

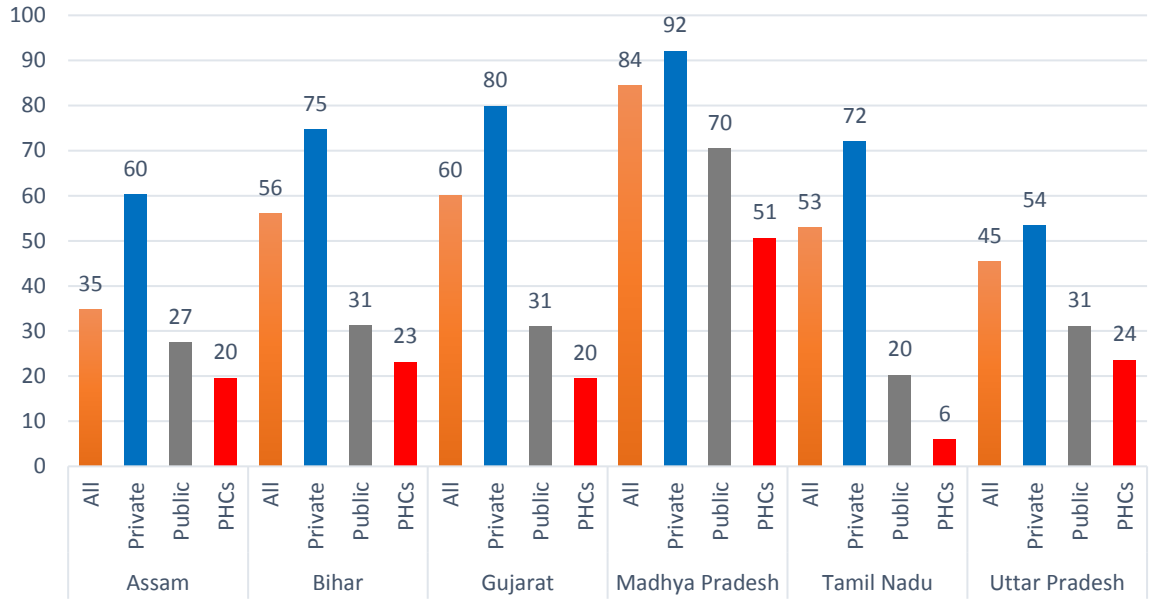


Figure 2: Among facilities providing PAC services, % distribution according to time services are available, by ownership and type of facility, 2015

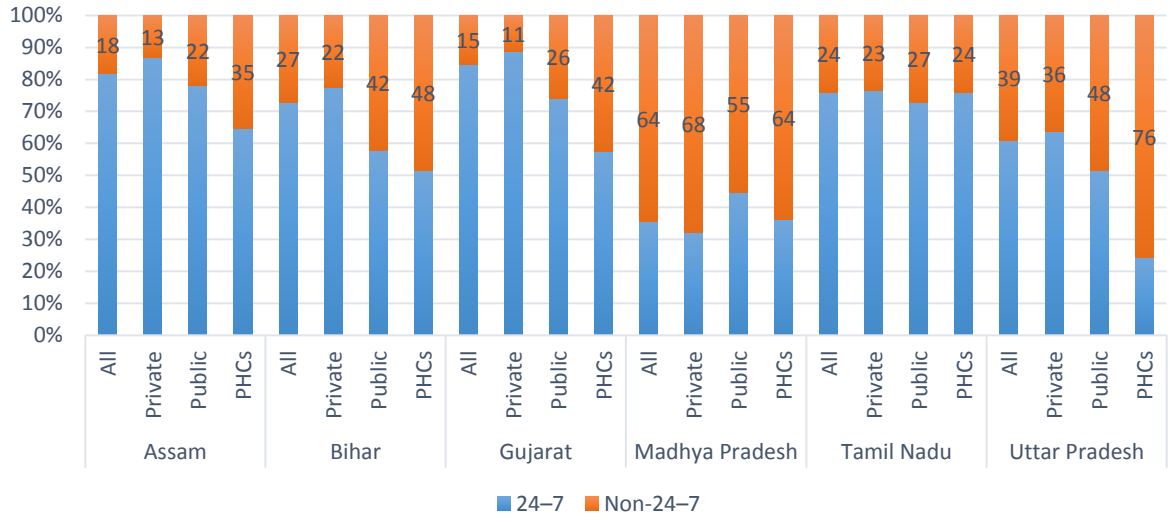


Figure 3: Among facilities offering only PAC, % reporting non-medical reasons for not providing MTP, by ownership of facility, 2015

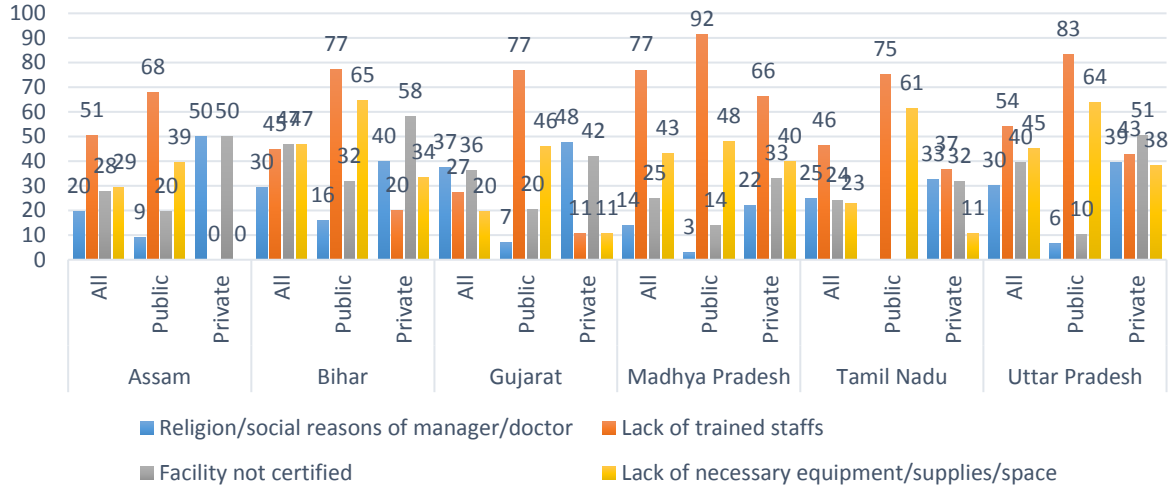
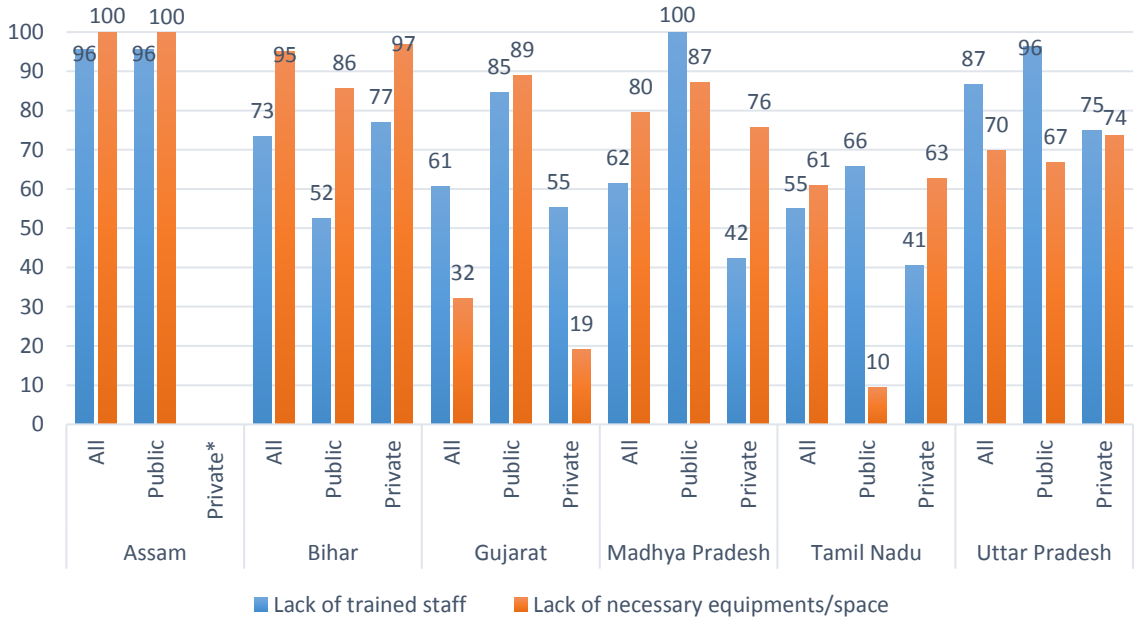


Figure 4: Among facilities providing only MTP, % reporting non-medical reason for non provision of PAC, by ownership of facility, 2015



* No such health facility