

Abortion, Post Abortion Complication and Treatment Seeking Behavior among Women in India: Evidence from a Recent Large Scale Survey

Introduction

Although abortion has been legal in India for more than three decades after the Medical Termination of Pregnancy Act, 1971, limited access to authorized abortion providers, the threat of forced contraceptive acceptance, the financial costs associated with legal abortion, the stigma associated with induced abortion, and low levels of awareness regarding the legality of the procedure bar women from safe abortion services. As the result, a large number of unsafe abortions performed in India. Unsafe abortion is a cause of maternal morbidity and mortality. Due to the low status of women in India women have not freedom to plan their pregnancy or take a decision about their pregnancy. Due to lack of awareness, the prevalence of unsafe abortion is very high. Unsafe abortion causes complication for future pregnancy, mortality and morbidity among women, psychological disorder etc. Women are the primary caregiver of family and also had the important role in economic productivity and development, thus it is very important to ensure good health for women. Abortion is not favorable of women health. Prevalence of abortion is not much declining since the last decade, so there is need of the identifying the risk factor associated with unsafe abortion.

Main Question

The study on abortion, post abortion complications among women and their treatment seeking behavior is limited in Indian context mainly because of the stigma and taboos associated with abortion. Therefore this study attempts to address following research questions:

- What is the pattern of non-live birth in India?
- What are the major factors associated with abortion and place of abortion in India?
- How the complication due to abortion varies by characteristics and by state in India?
- What are the possible determinants of treatment seeking behavior of postabortion complications?

Methodology

The present study used the data from the fourth round of the National Family Health Survey (NFHS) carried out in all the states and Union Territories of India during 2015-16. The survey provides crucial information on abortion-related information like pregnancy outcome, place of abortion, post-abortion complication, treatment seeking behavior of post abortion complications and also the reasons of not going for treatment. The sample size of NFHS 4 is 699,686 ever married and never married women in the age group 15-49. Descriptive statistics, bivariate, and multivariate analysis have been carried out to understand the prevalence and the various determinants of abortion in India. The multinomial logistic regression is used to find out the possible determinants of the place of abortion. The dependent variable 'place of abortion' has been recoded in 3 categories i.e., Public health facility, Private Health facility and home. The binary logistic regression is used to find out the possible determinants of post-abortion complication and treatment-seeking behavior. The predictors which have been used in this study are age group of women, children ever born, caste, religion, geographical region, place of residence, women's educational level and wealth index.

Main Findings

The result revealed that four percentages of women have had non-live births in five years preceding the survey. The prevalence of non-live birth is higher in central region followed by northeastern and northern region. Of the last pregnancy in five years preceding the survey, 10 percent ended in non-live births. Of these, 3 percent, 7 percent and 1 percent ended in abortion, miscarriage and still birth respectively. The prevalence of abortion is found to be higher among older, educated, richer women and those who reside in urban areas. More than half of the abortions (55 percent) happened in private health facilities while about one fourth of abortions happened in outside the health facility. The utilization of private health facility for the abortion is substantially higher in Western region (74 percent) followed by Southern region (69 percent). Higher percentage of educated, richer, women with low parity and those who reside in urban areas go for abortion in private health facility. Post abortion complication is to be found the substantially higher in north region followed by central region. Post abortion complication is to be found the substantially higher in illiterate, poorer and those who reside in rural areas. Seventy four percentages of women go for the treatment due to post abortion complication in private

health facilities. Fourteen percentages of women not go for treatment after post abortion complication because they can't afford the treatment and due to social stigma about the abortion.

Knowledge contribution

Abortion as a procedure for terminating an unintended pregnancy should be carried out either by persons having necessary skills or in an environment that conform to minimal medical standards. But about one fourth of abortions happen in home or other places, other than health facilities. Therefore these sections of women should be the priority from policy point of view. An unsafe abortion can lead to serious complications for the women. Therefore government should take immediate action to tackle the issue. Since more than half of the abortion performed in private health facilities, the reason behind is that the lack of access to the facility or the unavailability of the doctor or trained staff in public health facilities. So government should provide the trained and qualified person in public health facilities and easily accessible health services in the public health sector. As there are strong social stigma attached to abortion in India the reporting of abortion is a concern. To eradicate this, awareness about abortion to the people should be provided and women need to be educated on this line. One of the commonly mentioned reasons for not going for treatment for post abortion complication is that they can't afford the treatment. So government should make programme under NRHM and Reproductive and Child Health to provide free maternal health services. Women also not go for the treatment because her husband did not give permission and social stigma, so the improvement in the status of women should also be on priority.