



Assessment of awareness and care provision in abortion

Globally unsafe abortion is one of the major preventable causes for maternal deaths. Laws protecting women's health and rights are important for decreasing the number of women undergoing unsafe abortion. In SEAR, India and Nepal has most liberal abortion laws. The quality of available services, clinical skills of the service providers, timely records, standardized reporting mechanism, use of records/ reports in decision making, and availability of services have to be tracked and researched. There is a need to find out both supply and demand side factors which is affecting the accessibility, availability and use of existing services.

SEARO, WHO has developed a tool which has two parts;

- The first part is to understand the demand side factors like capturing women's knowledge on abortion laws in the country, the services availability, their utilization and existing social norms and support.
- The second part is a service provision tool to capture the type of available abortion services, post abortion care and family planning including complications management.

Two studies were conducted by SWACH through funding from WHO from 15.11.2019 to 15.12.2019 and 25.02.20 to 25.08.20 with the following objectives:

- To conduct an assessment of the knowledge and service provisions in abortion areas by using the tools at community and facility levels.
- To identify the necessary changes and provide feedback on feasibility, duration of interviews, appropriateness of questions and any additions or deletions of interview questions.

The survey was completed within a period of 3 weeks in the community. 134 interviews were conducted with women between the age of 15-49 years. The tools were field tested in facilities also which included public as well as private facilities. A total of 10 facilities were covered (8 public and 2 private). The following conclusions were drawn from the study:

- Awareness about legal issues amongst the women who had not undergone abortion and those who experienced MTP, as well as health volunteers was poor especially related to Government recommended POG for MTP.
- A large number of women who had undergone abortion approached private health facility where they might receive variable care which can lead to higher rate of complications.
- None of the women got an over the counter MTP kit from chemist.
- Women continued to try home remedies for abortion; this can lead to delay in care seeking and occurrence of complications.



- Women were not able to differentiate between a nurse, MBBS or MD doctor. Therefore it is difficult to assess quality of care rendered.
- Majority of the women preferred medication method instead of Surgical Intervention for MTP. This may be because of fear of surgery.
- Women were not aware of their legal right to get pregnancy terminated in terms of conditions and problems. They need more information regarding safety of abortion.
- Women as well as health volunteers were aware of home remedies and they shared many methods of using home remedies for inducing abortion at home. They may be using it themselves.
- Culture of silence is prevalent among women for discussing abortion with their family members, however they are comfortable in discussing these issues with ASHA workers.
- ASHAs are involved in sharing of information but they are not updated with choices of abortion or family planning methods. Therefore their advice is similar to the beliefs in the community.
- Knowledge of women was poor regarding risks and complications after MTP. They need to be better informed so that care seeking can be done early.
- Women were not well informed about family planning, contraceptive advice and restoration of health after MTP. These are important to disseminate in order to reduce morbidity and ill health after abortion.

The following possible solutions were recommended for the identified issues:

Problem identified	Possible solution
Low awareness levels about abortion laws and legal rights amongst women	Create awareness about legalities related to abortion in the community
Practice of abortion through home remedies	Inform women about harms of home remedies and help them undergo self abortion through safe MA drugs.
Culture of silence on issues related to abortion	Easily accessible information on availability of safe abortion services
Lack of counselling services after abortion	Counselling should be an integral part of Comprehensive Abortion Care
Unavailability of over the counter MTP kits	Revise policies related to provision of over the counter MTP kits



Poor knowledge about risks and complications of MTP	Inform women about risks and complications associated with MTP and actions to be taken
Women were not well informed about family planning, contraceptive advice and restoration of health after MTP.	Counseling should be an integral part of Comprehensive Abortion Care and should include advice on family planning, complications of MTP and measures to improve health after undergoing MTP.
Confusion regarding STIs, RTIs and HIV	Creating awareness regarding RTIs including STIs.

Problems and challenges

1. Investigators faced reluctance on the part of clients to discuss abortion related issues since these were sensitive and the clients were scared of punishment. Therefore it took time (about 15-20 minutes) to explain to the clients and remove their fears. A local guide was required to allay the fears of the clients.
2. The fear amongst the married clients was related to sex related abortion care seeking which conflicts with MTP act. They were scared of punishment and legal action.
3. There was stigma around abortion due to fear of maintaining confidentiality, privacy and support from the providers.
4. While the questionnaire was administered, the clients had difficulty in deciding which question related to their knowledge and which questions were related to their experience. Most of them were handicapped since they had not gone through the experience of abortion themselves.
5. In the setting in which the study was done there was difficulty in administering the questions that have a five point scale of rating. Instead a simple strongly agree, strongly disagree and neither agree nor disagree would be sufficient. Some clients can also state don't know.
6. Awareness about legal status is mixed and it is superficial. Therefore the responses obtained about abortion were confusing.
7. Support provided to clients seeking abortion services is mixed and little support comes from the providers who are accessible. They provide support to accompany the clients but are not fully informed about the various aspects of abortion including the legal status.