Since 1999, Pathfinder International has worked in some of India’s poorest states to advance the reproductive health needs of vulnerable and underserved populations. Recently, Pathfinder expanded these activities to include programs addressing the longstanding problem of unsafe abortion. Under India’s 1971 Medical Termination of Pregnancy (MTP) Act, a woman in India can legally obtain an abortion if her pregnancy carries the risk of grave physical injury, endangers her mental health, is the result of contraceptive failure (for married women only) or rape, or is likely to produce a child with physical or mental abnormalities. Public knowledge of the law and access to safe services are still sorely lacking.

In 2004, Pathfinder/India launched the Improving Access to Safe Abortion Care and Services (IASACS) project in selected districts of northern Karnataka. The project was designed to improve overall reproductive health among the local population and reduce maternal morbidity and mortality by enhancing access to safe abortion services and increasing the uptake of postabortion contraception. The focus was on expanding and improving safe abortion services using the safer and more appropriate technologies of Manual Vacuum Aspiration (MVA) and Medical Methods of Abortion (MMA) for early abortion. The project partnered with reputable medical colleges to train both public- and private-sector providers in MVA and MMA. Pathfinder also trained local Nongovernmental Organizations (NGOs) to undertake information, education and communication activities to promote knowledge of the importance of seeking abortion early in the pregnancy (before eight weeks) and access to safe abortion. The NGOs also worked to reduce the stigma surrounding abortion.

OBJECTIVES
Pathfinder commissioned a baseline study prior to the implementation of project activities and a midterm assessment after about a year of implementation. The study sought to:

• Understand the extent to which public- and private-sector medical providers offer abortion services and follow National Government of India standard protocols for abortion services;

• Understand the extent of community awareness regarding the prevalence of abortion, the importance of seeking an abortion early in pregnancy, methods of abortion, and location of and access to abortion services; and

• Ascertain the timing and cost of abortion, use of postabortion contraception, and complications due to abortion experienced by women who had recently undergone abortion.

STUDY AREA AND THE SAMPLE
The study was conducted in seven selected taluks¹ in the Gulbarga, Bellary, and Bagalkot districts of Northern Karnataka. Three categories of respondents were included: married women aged 15-34 years, women who had had an abortion during the past two years, and medical providers.

A sample of 581 married women aged 15-34 years from rural and urban communities was randomly selected following a two-stage sampling procedure.² A sample of 158 women who had an abortion in the last two years was selected from both rural and urban communities identified

¹ A taluk is an administrative subdivision roughly equivalent to a county.
by the local health functionaries. A sample of 118 medical providers was randomly selected from a list of all health providers in the study area. Qualitative information was collected through four focus group discussions with married women, eight in-depth interviews with women who had an abortion, and eight in-depth interviews with abortion providers. Information was collected during May and June of 2004 by trained and experienced female research investigators, using structured questionnaires in the Kannada language. Applying a sampling scheme, the midterm assessment was carried out in March and April of 2005 among 792 married women aged 15-34, 85 women who had an abortion since January 2004, and 79 abortion providers.

BACKGROUND OF RESPONDENTS

About 40 percent of respondents were from urban areas, 40 percent were from nuclear families, nearly 80 percent were Hindus, approximately 15 percent were Muslims, 25 percent were scheduled caste/scheduled tribe, 40 percent belonged to other backward castes, and one-third belonged to forward castes. Socioeconomic characteristics of women who recently had an abortion indicate that abortion was more common among nuclear families than extended families, among forward castes than backward castes, and that abortion was uncommon among scheduled castes or scheduled tribes. Of those medical providers performing abortions, 81 percent were female and 19 percent were male.

BASELINE FINDINGS

Unmet need for family planning: When asked their reasons for seeking abortion, the majority of respondents (63 percent of married women and 79 percent of all women who had an abortion) reported that they sought abortion to limit family size. Another reason commonly cited was to space births (26 percent of married women and 49 percent of all women who had an abortion). The doctors in the qualitative study confirmed these motivations as being common among their clients.

D& C is the most common abortion method. Dilation and Curettage (D&C) was used in about 73 percent of the abortions. Information from the in-depth interviews supported this finding.

Lack of appropriate training of providers in induced abortion: Of the 48 medical providers (of 118 total providers) who reported performing abortion, only 44 percent had undergone abortion training apart from what they learned in their degree courses. Fewer than half of the abortion providers were aware of the MVA and MMA methods. Of those who did know of MVA and MMA, only half could correctly describe the standard protocols. In addition, although a large majority of the abortion providers were aware of the MTP Act's existence, few could cite its provisions, including standards of care or record-keeping. A majority of the providers (69 percent) expressed their willingness to undergo training to improve their skills in safe abortion, particularly MMA and MVA methods.

Lack of practice of infection prevention: The majority of providers reported taking infection prevention precautions such as the use of gloves (92 percent), disposable syringes and needles (63 percent), antisepsics (75 percent), and proper cleaning of instruments (38 percent). These responses rely on the practitioner's willingness to report their own behavior honestly, however, and as such may not accurately reflect actual practices. During facility assessments of both public and private clinics, infection prevention was determined to be sorely deficient and became a focus of training and subsequent supervision. Information from women who had undergone recent abortions revealed that very few knew enough about the concept of safe abortion to distinguish whether or not the services they received qualified as such.

Lack in comprehensive and consistent postabortion advice, including contraception: According to the providers, advice was given regarding contraception (83 percent) and on abstaining from sex (54 percent) following an abortion. This advice was given more often by providers who had received training in induced abortion. However, according to the women surveyed, abortion providers rarely gave postabortion advice or counseling. Two-thirds of women who had an abortion reported they did not receive any advice on contraceptive use from abortion providers. And 79 percent of women who had an abortion reported that counseling on postabortion contraceptives was not given by other health-facility staff. Advice to use spacing methods was also rarely given to the women (only three percent to seven percent). It is unsurprising, then, that nearly two-thirds of the women did not adopt a contraceptive method after the abortion.

3 Scheduled castes are those formerly known as untouchables, while "scheduled tribes" are those who did not accept the caste system; "other backward castes" refers to lower classes which are not categorized as scheduled castes or scheduled tribes; and "forward castes" refers to the upper castes.
Abortion sites: The survey revealed that women who underwent abortion were not particular about the location of the abortion, method of abortion, and cleanliness of the site. Their primary concern was that the pregnancy be terminated, and that the method be as simple and painless as possible. These women had little knowledge of what qualified as a safe abortion and therefore no means of judging the quality of services provided to them.

Stigma exists: Approximately 50 percent of women surveyed reported that people do not talk about induced abortion in their communities. In addition, roughly 50 percent of respondents were not in favor of women seeking abortion, while the remaining 50 percent were either neutral or slightly in favor of it. Even among the women who had had an abortion, a large proportion expressed opposition to women seeking an abortion in general and considered it to be a sin. The strong stigma attached to abortion, even by those women who had undergone one, may in part be attributed to a dearth of knowledge, especially with regard to the legal status of abortion in India. Only 13 percent of women and 29 percent of the women who had an abortion knew that abortion is legal.

While challenges were encountered over the course of the program, especially enforcing record-keeping among the providers and in reaching women in rural areas, the IASACS program contributed significantly to promoting safe abortion in both the medical and general communities. In considering replication, the program’s partnership with medical colleges was crucial to its sustainability.

Within a period of less than one year, significant changes have been observed. One in four abortions is now performed by MVA or MMA (midterm survey) compared to only one in forty (baseline survey) previously. Abortion is now sought earlier in the pregnancy than before. The baseline study showed that 31 percent of clients came for abortion before eight weeks of gestation (baseline). This figure improved to 45 percent at the midterm evaluation. Women who had an abortion reported that postabortion contraceptive use was 34 percent at the baseline. The midterm survey found that 46 percent of women accepted a method of contraception after their abortion. The cost of abortion also declined by 8 percent to 10 percent between the baseline and midterm surveys, as reported by both providers and users.

IMPACT OF THE IASACS PROJECT

In the partner colleges, safe abortion practices and protocols were adopted into the curriculum, providers in all affiliated hospitals were trained, and selected faculty underwent training on MMA, MVA, infection prevention, and counseling before being certified as master trainers. The master trainers in turn trained local private practitioners, especially in rural areas. As a result, over 33,000 abortions using more appropriate techniques were provided over the 28-month period. About 17 percent of the abortion providers in the IASAC project area have been trained by Pathfinder, and these providers offer about 60 percent of the abortions.

The IASACS project undertook awareness-building activities in partnership with seven local NGOs. Staff members were trained in how to introduce the importance and availability of safe abortion to women in settings where abortion is a rarely discussed and sensitive subject. The NGOs incorporated Pathfinder-designed safe abortion communication scripts into their regular health communication programs, using street plays, seminars, workshops, and theater.