

Abortion and Postabortion Care in Assam, 2015



POPULATION COUNCIL

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This fact sheet summarizes findings for Assam from a 2015 study that provides the first comprehensive estimates of the incidence of abortion and unintended pregnancy in six states in India.

Incidence of abortion and unintended pregnancy

- Induced abortion has been legal in India on a broad range of grounds since the Medical Termination of Pregnancy (MTP) Act was passed in 1971.*
- An estimated 580,100 abortions are performed in Assam annually. For 2015, this translates to 66 abortions per 1,000 women of reproductive age (15–49).
- Twenty-one percent of abortions occurring annually in the state—an estimated 122,300—are provided in health facilities. Nearly 90% of these are surgical and about 10% are performed using medical methods of abortion (MMA).† Seventy-three percent of facility-based abortions are provided in public facilities, while 27% are provided in private facilities.
- The majority of abortions in Assam (74%) are done using MMA obtained in settings other than health facilities.

Five percent are performed outside of health facilities using other, typically unsafe methods.

- An estimated 55% of all pregnancies in the state—782,100 in 2015—are unintended. Almost three-quarters (74%) of these unintended pregnancies end in abortion.

Postabortion care

- Each year in Assam, roughly 66,600 women obtain facility-based postabortion care for complications resulting from induced abortion or miscarriage.
- The majority of women receiving postabortion care are treated for minor complications, such as incomplete abortion from MMA or prolonged or abnormal bleeding, and many of these women likely seek care unnecessarily because they mistake the normal process of MMA for a complication.
- An important minority of postabortion care patients experience one or more severe complication, such as infection (4%), physical injury (2%), sepsis (3%) or shock (1%). These complications are most likely the result of nonfacility abortions using methods other than MMA.

Provision of abortion-related care in health facilities

- As of 2015, an estimated 588 facilities in Assam provide abortion-related care (induced abortion, postabortion care or both types of services); 61% of these facilities are public and 39% are private.
- Among facilities offering any abortion-related care, about 66% provide both induced abortion and postabortion care, 30% offer only postabortion care and 4% offer only abortion.
- Only 29% of public facilities offer any abortion-related care. This includes the majority of higher-level public facilities—97% of hospitals and 61% of community health centres—but only 20% of primary health centres.
- Although 85% of women in Assam reside in rural areas, just 45% of facilities offering abortion-related services are located in these areas.

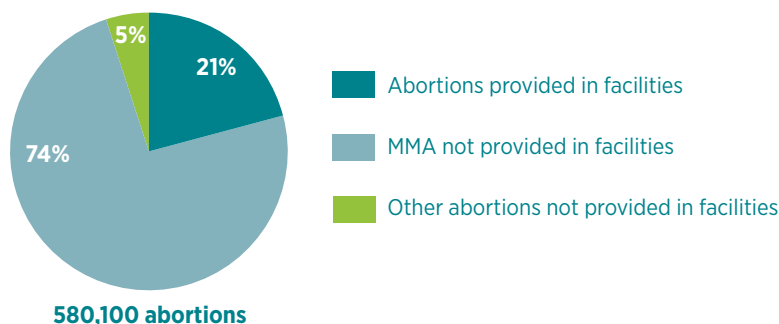
Types of abortions provided in facilities

- The vast majority (94%) of facility-based abortions take place in the first trimester of pregnancy (up to 12 weeks' gestation), and nearly two-thirds occur in the first seven weeks of pregnancy.
- More than two-thirds of facility-based abortions are performed using the

*Abortion is permitted up to 20 weeks' gestation when it is necessary to save a woman's life or protect her physical or mental health, and in cases of economic or social necessity, rape, contraceptive failure among married couples and fetal anomaly. †In this study, MMA refers to the combined use of misoprostol and mifepristone; tablets may be packaged separately or together in a "combi-pack."

ABORTION PROVISION

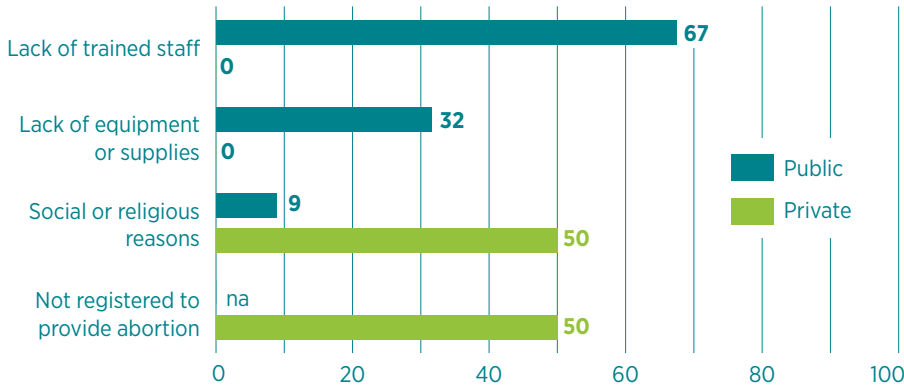
The majority of abortions in Assam are done using medical methods of abortion (MMA) provided in nonfacility settings.



REASONS FOR NOT OFFERING ABORTION

Many health facilities do not provide abortion because they lack trained staff or because they are not registered to do so.

% of facilities* reporting each reason for not offering abortion



*Among those offering postabortion care but not abortion. NOTE: na=not applicable.

techniques recommended for early termination: manual or electric aspiration (57%) and MMA (13%). Although only 6% of facility-based abortions occur after the first trimester, nearly one-third (30%) are performed using more invasive surgical procedures not recommended in the first trimester (dilatation and evacuation or dilatation and curettage).

Barriers to obtaining facility-based abortion

- In Assam, 37% of public facilities that offer any abortion-related services provide only postabortion care. Among these facilities, the most common reasons reported for not offering induced abortion are lack of trained staff and lack of equipment or supplies.
- Unlike public facilities, which are automatically approved to provide induced abortion if they have a certified provider, private facilities must obtain registration before offering that service. Among private facilities offering any abortion-related care, 20% offer only post-abortion care; for them, the most common reasons for not providing abortion

are lack of registration and social or religious concerns.

- Staff at health facilities cite cost as a key barrier preventing women from obtaining safe abortion care. Other such barriers include fear of social stigma and distance or transportation issues.
- Moreover, some abortion providers deny women services for reasons that are not in keeping with national abortion guidelines, including because the women are perceived to be too young, are unmarried, do not have children or do not have consent from a family member.

Recommendations

- 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.
- Expand the number of providers trained in abortion-related services, for example, by offering MMA training for current and new providers and by amending the MTP Act to allow nurses, auxiliary nurse midwives and practitioners trained in Indian

systems of medicine to provide MMA and post-abortion care.

- Streamline the process for registering private facilities to offer abortion services by ensuring that District Level Committees are functional, and expand the registration process to include those facilities that are providing MMA only.
- Ensure high-quality abortion care that adheres to national guidelines by training providers in current abortion techniques and best practices, in national abortion laws and in nonjudgmental service provision.
- Use community-based health workers and public health campaigns to educate women about the availability of safe, legal abortion services in facilities, and inform them about the correct use of MMA and the abortion process following its use.
- Improve the quality and availability of voluntary contraceptive services for all women, including those receiving abortion and postabortion services, to help them prevent future unintended pregnancies. Services should

include provision of a wide range of methods, counseling on consistent and correct use, and facilitation of method switching.

SOURCE

The information in this fact sheet can be found in Pradhan M et al., Unintended Pregnancy, Abortion and Postabortion Care in Assam, India—2015, New York: Guttmacher Institute, 2018.

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