



# Provision of Abortion and Postabortion Services in Uttar Pradesh, 2015

In India, induced abortion is legal up to 20 weeks' gestation, yet there are no state-level representative data on the health care services available to women seeking an abortion or care for complications following an abortion. This fact sheet examines the provision of these vital services in Uttar Pradesh.

- An estimated 6,252 facilities in Uttar Pradesh provide abortion-related services (induced abortion, postabortion care or both; Table 1). Of these, 1,569 are public and 4,682 are private (including NGOs).
- Private maternity and nursing homes make up the largest share of all facilities offering abortion-related services, accounting for 35%, followed by private clinics (29%; Figure 1).
- Among facilities offering any such services, 59% offer only postabortion care, and 38% offer both abortion and postabortion care.
- Eighty-five percent of public hospitals, 50% of private maternity and nursing homes, and 49% of private hospitals that offer any abortion-related services provide both types.
- In contrast, most primary health centers (PHCs; 81%) and the large majority of community health centers (CHCs) and private clinics (57–71%) that offer any such services provide only postabortion care.
- Sixty-one percent of all facilities offering abortion or postabortion care are located in urban areas. Most (88%) of these urban facilities are privately owned.
- In contrast, in rural areas, the facilities offering abortion-related services are split with 46% public and 54% private ownership.
- Among private facilities offering induced abortion, 55% report that they are certified under the Medical Termination of Pregnancy Act to provide this service.

TABLE 1: ABORTION-RELATED SERVICES

## Facilities providing abortion-related services, by type of service offered and urban or rural location

FACILITY TYPE	No. of facilities offering any abortion-related services		% distribution by services offered				% of facilities by location		
	Unweighted	Weighted	Abortion and postabortion care	Abortion only	Postabortion care only	All	Urban	Rural	All
<b>All</b>	<b>619</b>	<b>6,252</b>	<b>38</b>	<b>3</b>	<b>59</b>	<b>100</b>	<b>61</b>	<b>39</b>	<b>100</b>
<b>Public</b>	<b>233</b>	<b>1,569</b>	<b>32</b>	<b>3</b>	<b>65</b>	<b>100</b>	<b>30</b>	<b>70</b>	<b>100</b>
Hospitals	76	166	85	0	15	100	97	3	100
CHCs	81	471	40	3	57	100	31	69	100
PHCs	67	854	15	4	81	100	10	90	100
Urban public	9	78	58	0	42	100	100	0	100
<b>Private</b>	<b>386</b>	<b>4,682</b>	<b>40</b>	<b>3</b>	<b>57</b>	<b>100</b>	<b>72</b>	<b>28</b>	<b>100</b>
Hospitals	58	645	49	2	49	100	85	15	100
Maternity/nursing homes	171	2,211	50	3	47	100	69	31	100
Clinics	157	1,826	25	4	71	100	70	30	100

NOTES: CHC=community health center. PHC=primary health center

## Availability of services in the public sector

■ Thirty-one percent of all public facilities in Uttar Pradesh offer some type of abortion-related services (Figure 2). Eleven percent offer both induced abortion and postabortion care

(including 1% that offer abortion only), while 20% offer only postabortion care. Sixty-nine percent of public facilities offer neither service.

■ Public provision of any abortion-related services varies by facility type: A

majority of hospitals (66%) and CHCs (55%) offer induced abortion, postabortion care or both, while 25% of urban public facilities and 24% of PHCs do so.

■ Eleven percent of public facilities in Uttar Pradesh provide induced abortion—55% of hospitals, 23% of CHCs, 4% of PHCs and 15% of urban public facilities—and almost all of these facilities also offer postabortion care.

■ Overall, 30% of public facilities provide postabortion care, and many offer only postabortion care: 10% of hospitals, 31% of CHCs, 19% of PHCs and 11% of urban public facilities.

■ Viewed another way, the data show a large majority (89%) of public facilities—45% of hospitals, 85% of urban public facilities, 77% of CHCs and 96% of PHCs—do not offer abortion.

## Reasons for not offering abortion

■ Among facilities whose abortion-related services are restricted to postabortion care, the reasons reported for not offering induced abortion vary according to whether facilities are public or private.

■ Public facilities offering only postabortion care most commonly cite lack of trained staff (83%) and lack of equipment or supplies (63%) as reasons for not offering abortion.

■ In contrast, private facilities offering only postabortion care most commonly report lack of certification (51%) and lack of trained staff (43%) as grounds for not offering the procedure; 29% report lack of equipment or supplies.

■ Among all public facilities not offering abortion—including those that offer no abortion-related services, as well as

## Overview of the study

Between March and August of 2015, a team of researchers surveyed a sample of health facilities in six Indian states (Assam, Bihar, Gujarat, Madhya Pradesh, Tamil Nadu and Uttar Pradesh) as part of a study to generate high-quality data on the availability of induced abortion and postabortion care and the incidence of abortion and unintended pregnancy in India.

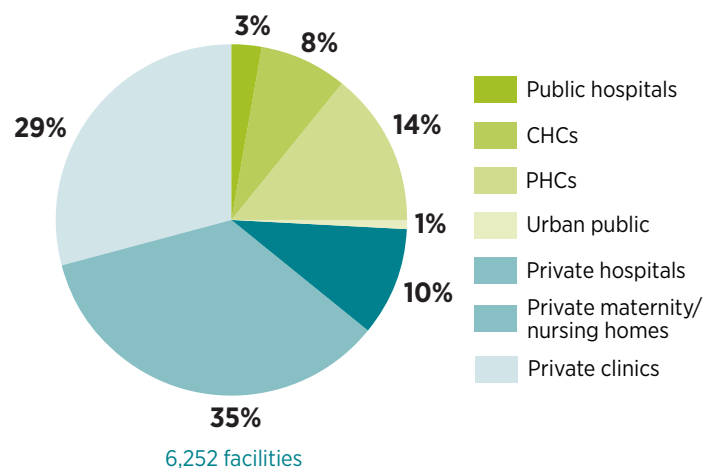
The study team randomly selected 70% of each state's districts, and identified and sampled public, private and NGO facilities within these districts. In the public sector, district hospitals, subdivisional hospitals and community health centers (CHCs) were sampled using lists obtained from the Ministry of Health and Family Welfare (MOHFW). A proportion of the primary health centers (PHCs) that are administratively linked to the sampled CHCs were also sampled. In addition, the study team listed and sampled public facilities not listed by MOHFW (urban public facilities), as well as private and NGO facilities (hospitals, medical colleges, maternity and nursing homes, and clinics) that offer induced abortion or postabortion services: In rural areas, facilities located in the catchment areas of a subsample of CHCs were listed, and in urban areas, facilities located within a sample of urban wards were listed. At each sampled facility, trained investigators conducted an in-person interview using a structured questionnaire with a senior professional knowledgeable about the provision of abortion-related services (typically the director or head of the facility or of the department responsible for obstetrics and gynecology). The study and its protocols were approved by the Institutional Review Boards of the three institutions conducting the study.

In Uttar Pradesh, 50 of 70 districts were sampled for inclusion in the study. A total of 535 public facilities (including 233 that reported providing any abortion-related service) completed the survey, as did 378 private facilities and eight NGO facilities. These represent all 5,037 public facilities operating in Uttar Pradesh (including 1,569 that provide abortion-related services), as well as the 4,682 private and NGO facilities offering abortion or postabortion care in the state. The analysis differentiates facilities according to ownership (public or private) and type (grouped into categories that generally correspond to facility capacity\*). Because NGOs make up a very small proportion of our sample, they were combined with private facilities in this analysis. Detailed distributions in tables and figures do not always sum to 100 because of rounding.

\*Public facilities are grouped into hospitals (rural, district or civil, subdivisional, municipal, tertiary and railway hospitals, and public medical colleges), CHCs (first referral units and non-first referral facilities) and PHCs (those that are and are not open 24-7, as well as block PHCs). Private facilities are grouped into hospitals (multispecialty and specialized hospitals and private medical colleges), maternity and nursing homes, and clinics.

FIGURE 1: FACILITIES PROVIDING SERVICES

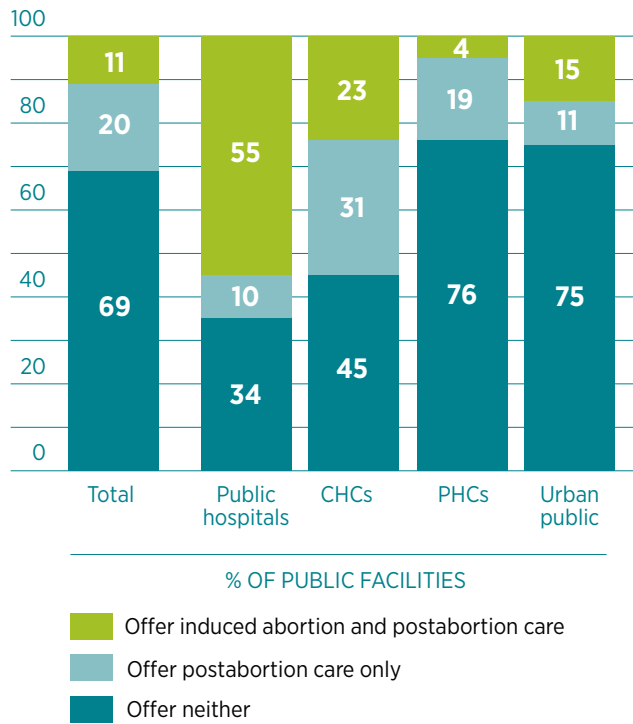
**Private maternity/nursing homes make up the largest share of all facilities offering abortion-related services in Uttar Pradesh.**



NOTES: CHC=community health center. PHC=primary health center.

FIGURE 2: PUBLIC PROVISION OF SERVICES

**Services are offered at most hospitals and CHCs, but at fewer lower-level facilities.**



\*Includes 1–2% of facilities that offer induced abortion but not postabortion care.  
 NOTES: Numbers may not add to totals because of rounding. CHC=community health center. PHC=primary health center.

those offering only post-abortion care—the most prevalent reasons reported for not doing so are the same as those reported by public facilities offering only post-abortion care: lack of trained staff (91%) and lack of equipment or supplies (60%).

- In Uttar Pradesh, reasons for not offering abortion vary little by type of public facility.

**Types of abortion procedures offered**

- Among the public and private facilities that provide induced abortion, 63% offer both medical methods of abortion (MMA)\* and surgical methods, 27% offer only MMA, and 10% offer only surgical methods.

\*MMA is also referred to as medication abortion outside of India.

- Facilities offering abortion report using the following specific methods: MMA using combipacks containing misoprostol and mifepristone (offered by 89%); MMA using only misoprostol (46%); manual vacuum aspiration (MVA) or electric vacuum aspiration (EVA) procedures (47%); and dilatation and evacuation or dilatation and curettage (71%).

- More than half of private facilities (64%) and public facilities (57%) that offer abortion use both MMA and surgical methods.
- The majority of lower-level facilities offering the procedure report that provision is limited to MMA: 56% of urban public facilities, 58% of PHCs and 50% of private clinics.

**Vacuum aspiration equipment and training**

- In Uttar Pradesh, nearly all facilities that offer abortion using MVA or EVA (95–97%) have functional equipment available at least some of the time and at least one provider trained in the procedure.
- A similar proportion (94–95%) of facilities offering these procedures have a trained provider and have functional equipment available all or most of the time when it is needed. This proportion is lowest among PHCs offering MVA (42%).

**Gestation at which abortion services are offered**

- In India, abortion is legal up to 20 weeks’ gestation; for abortions performed between 12 and 20 weeks, authorization by two doctors is required. Pregnancies beyond 20 weeks may be terminated only to save a woman’s life.

- However, a large majority of facilities providing

induced abortion in Uttar Pradesh—84%—offer procedures during the first trimester only (at or before 12 weeks); nearly half of facilities (46%) restrict provision to the first seven weeks of pregnancy. Even among hospitals that provide abortion, the majority—67% of those in the public sector and 73% of those in the private sector—offer procedures during the first trimester only.

- Among the 2,025 private facilities offering abortion, 16% provide services during the second trimester of pregnancy (Figure 3). Among the 551 public facilities offering such care, 17% provide second-trimester procedures.

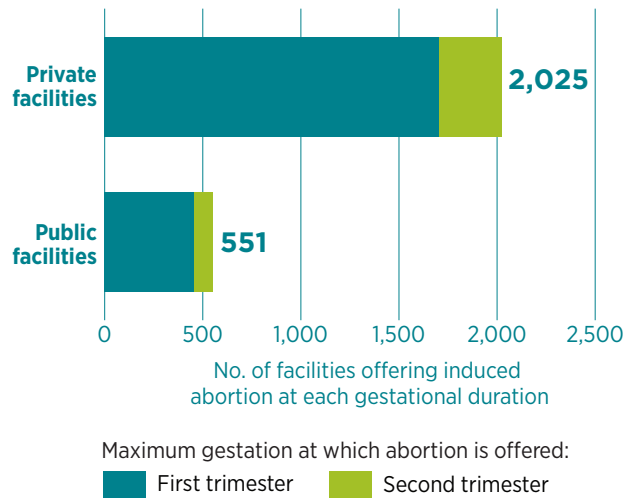
- Abortion provision beyond the first trimester is relatively inaccessible throughout the state and is similarly low in urban and rural areas.

**Consent for abortion procedures**

- Providers are required to obtain a woman’s consent before performing an

FIGURE 3: GESTATIONAL LIMITS

**A minority of facilities offering abortion in Uttar Pradesh provide it beyond the first trimester.**



Maximum gestation at which abortion is offered:  
 ■ First trimester ■ Second trimester

abortion, and the vast majority of facilities (90%) report this is commonly done.

- Consent is not legally required from anyone other than the woman obtaining the procedure, unless she has a mental illness or is a minor. However, many facilities (83%) routinely seek the consent of the woman's husband or partner. Twenty-three percent report commonly asking for consent from married women's in-laws, and 13% report commonly asking the parents of unmarried women.

### Turning away abortion seekers

- Overall, an estimated 19% of women seeking induced abortion from facilities offering abortion in Uttar Pradesh were turned away.
- Eighty-one percent of facilities offering induced abortion report having turned away one or more women seeking an abortion in the last year. Among these facilities, the most common group of reasons for turning away abortion seekers was related to capacity to provide needed abortion services—including that the pregnancy was too far along for the facility or that the facility lacked a trained provider (77% of facilities that turned away any abortion seekers reported one or both of these reasons).
- Facilities also report turning away some women who could have been served. Forty-four percent of facilities that turned away women seeking abortion did so for one or more of the following reasons: the woman was "too young," had no children or was unmarried. A small

proportion of facilities that turned away abortion seekers (13%) did so because the woman's husband or partner had not consented to the procedure.

### Accessibility of postabortion care

- Sixty-one percent of facilities providing postabortion care services (including more than 90% of public and private hospitals and CHCs) offer care 24 hours a day, seven days a week.
- Availability of around-the-clock postabortion services is greater among facilities providing this care in urban areas (66%) than among those in rural areas (53%). In rural areas, care is available 24-7 in at least 83% of public and private hospitals, CHCs, and private nursing and maternity homes, but in only 21% of the PHCs and 31% of the private clinics that provide these services.
- 53% of facilities offering postabortion care services provide both outpatient and inpatient care. Fifty-one percent of public facilities and 46% of private facilities offer only outpatient services, indicating that they may not have the capacity to treat severe complications.
- A majority of PHCs (67%), urban public facilities (75%) and private clinics (80%) offer only outpatient services.

### Contraceptive care offered

- Nearly all facilities in Uttar Pradesh that offer abortion-related care report providing information about family planning to the vast majority of women seeking induced abortion or postabortion care services.

- Although the majority of facilities cover the advantages and disadvantages of different methods (63%) and the correct use of methods (63%), only a minority provide information on what methods are available (45%) or on what to do in case of method failure or incorrect use (12%). These proportions are similar at public and private facilities.
- Nearly all facilities that offer abortion or postabortion care also provide contraceptives. However, facilities report that, on average, only about half of women seeking abortion-related services adopt a contraceptive method. Although contraceptive uptake is roughly comparable across most types of facilities (47–56%), it is somewhat higher among public hospitals (56%) and CHCs (56%).
- Eight percent of facilities (16% of those in the public sector and 6% of those in the private sector) that offer abortion-related services report that at least some women are required to adopt contraception as a condition of receiving an abortion.

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