

Usage and Perception Study on Medical Abortions in India

RESEARCH FINDINGS | JULY 2018



Executive Summary



FSG conducted a qualitative research study using human-centered design (HCD) principles to explore the journeys and experiences of couples in Uttar Pradesh and Bihar, who terminated a pregnancy using medical abortion pills or surgical abortion

- The study **identifies four use cases of abortion** and uses a common frame to map the journey for each use case
 - The uses cases are Voluntary Medical Abortion (Success); Voluntary Medical Abortion (Failure) & Surgical Abortion; Voluntary Surgical Abortion; and Involuntary Surgical Abortion
 - The frame for a couple’s **journey consists of 3 distinct phases**: the period before, during, and after an abortion
- The period before an abortion covers the impact of certain ‘entry’ variables on a couple’s abortion journey and experience, and identifies reasons for an unplanned pregnancy
 - **The key ‘entry’ variables** are location; user’s level of education, combined with freedom of movement; openness to use smartphone to gather information on RSH; prior use of medical abortion pills (MAP); and household/ family structure
- The period during an abortion covers different journey stages, key decision points, and influencers, across use cases
 - The hardest journey stage for a user is typically associated with the period of highest physical stress
 - A user often decides to seek emergency consultation, if their experience is significantly different from benchmark experiences such as menstruation and post-partum bleeding
 - **Partners/ “Mother Figures” are key influencers** on a user’s decisions, and in some cases, take decisions for them
- The period after an abortion covers a couple’s emotional, functional, and physical needs, across use cases
 - A surgical abortion user typically has greater emotional and physical needs, than one that adopted MAP
 - A couple’s **intention to use family planning (FP) methods increases after an abortion**, especially in voluntary cases
- Across all three journey phases, a user and/ or their partner seek different types of information
 - A user and/ or their partner do not always get the desired information, and in some cases, receive inaccurate information
 - **Information sharing** with stakeholders, outside of the couple, **occurs in gender-segregated silos**
 - In voluntary cases, a couple receives information from fewer sources, typically from only a pharmacist/ medical practitioner, and at most, a close female relative/ friend

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3	Overview of the abortion journey	<i>Distilled journey maps of 4 distinct use cases with key descriptors and insights, across entry, during, and exit phases of the abortion journey</i>	Page <u>13</u> <u>onwards</u>
4	Key barriers & motivators	<i>Key barriers to a couple's objectives and drop-offs from medical abortion use, mapped across entry, during, and exit phases of abortion journey</i>	Page <u>37</u> <u>onwards</u>
5	Areas for further exploration	<i>Broad areas of intervention, and research learnings, for practitioners to explore further</i>	Page <u>49</u> <u>onwards</u>
6	Appendix	<i>Detailed journey maps across 4 use cases in narrative form, with stage-by-stage detail across emotional, functional, and physical dimensions</i>	Page <u>56</u> <u>onwards</u>

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Introduction

Overview of abortion in India

15.6 million abortions are performed annually in India

Medical abortions represent for **81% of total abortions**; the rest are performed using surgical and other methods

56% of abortions are estimated to be **unsafe**

Unsafe abortions contribute to **8-20% of maternal deaths**

Introduction

Research study and objectives

FSG conducted a qualitative research study to explore the journeys and experiences of users (and their partners) of medical abortion pills (MAP) and surgical abortion (SA) in Uttar Pradesh (UP) and Bihar. The insights are intended to **help PSI IPL and other partners design innovative solutions to improve quality and correct use of these methods**

Scope of the research study

Journey

Illustrate the path-to-use journey for users and their partners, covering emotional, functional, and physical behavior

Barriers

Understand the experience of users and their partners, identifying barriers faced across different stages of the abortion journey

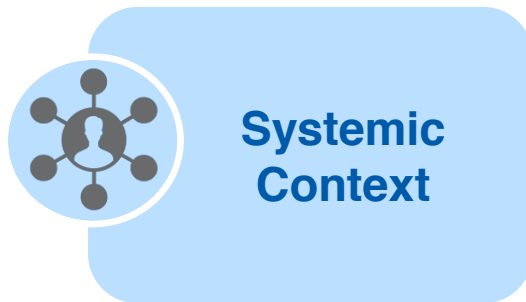
Introduction

Context for the reader

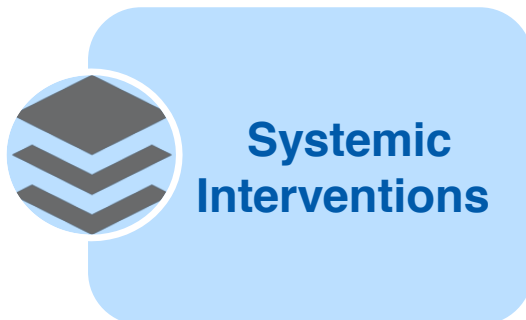
*It is important for the reader to **consider these primers before going through the document** in order to accurately interpret findings, given the broader social norms, biases, and context on abortion in India*



- This study is designed using HCD principles, and is intended to be an exercise in listening to users and partners, so as to be able to understand and map their abortion journeys and experiences. The study leverages primary data from in-depth user and partner interviews, as there is limited information on this topic in the Indian context
 - ***The goal of this study is not solution or intervention design***



- The abortion journey occurs in a broader systemic context, consisting of gender norms; social norms and stigma around family size, family structure, family planning (FP), and abortion. These factors influence motivations and decisions of users and partners, and guide the role of potential influencers
 - ***It would be fallacious to paint users with a single-toned brush as “Victims”, and partners/ family as “Oppressors” given this systemic context***



- For any eventual intervention design process, it is important to acknowledge that some key barriers and interventions may not lie within the abortion journey, but outside it. Solutions may lie within (but not limited to) broader areas such as:
 - Changing social norms over time
 - Improving FP awareness or access
 - Improving FP experience

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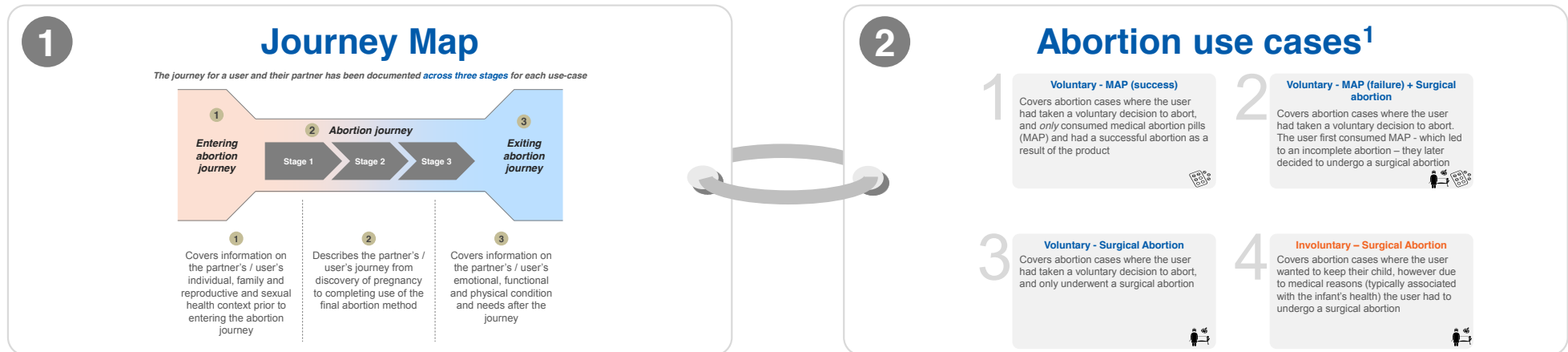
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Research design

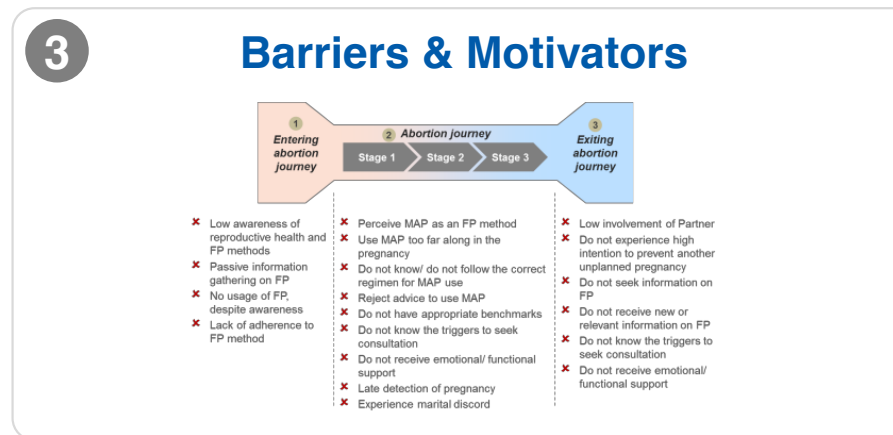
Analysis Construct

The insights on couples' abortion journey and experience are organized using three key frames



The abortion journey of couples documented before, during, and after the abortion...

... covering four distinct use cases observed in the field...



...which led us to understand the barriers and motivators relevant to different use cases and journey stages

Research design

Sampling methodology and its limitations



- The sample **covered two categories** of respondents:
 - **User:** A woman who either consumed MAP or underwent a surgical abortion
 - **Partner:** Husband of a user (in case of married respondents), as defined above
- A set of **selection criteria** were applied to recruit respondents from the two categories (mentioned above), so as to meet regulatory requirements, explore implications for FP, and ensure high recall of abortion experience. The selection criteria is as follows:
 - User/ partner should be above the age of 18 years;
 - User/ partner should currently be sexually active;
 - User should have used an abortion method in the recent past (ideally 6 months)
- Recruitment was designed to **gather perspectives of both rural and urban** respondents, as well as those who adopted **surgical abortion and/ or MAP**

This study has the following limitations:

- Does **not cover MAP users/ partners, who did not consult a health worker/ medical practitioner** at any point in the abortion journey, as recruitment was largely conducted via clinics/ health workers (not randomly sampled from the population)
- Does **not provide quantitative data** on breakdown of different abortion methods within UP and Bihar, as the methodology used only in-depth qualitative interviews
- **Covers only 1 unmarried user**, due to difficulty in recruiting this segment under the research ethics code for the study
- Contains **limited information on the role of sex-selection** in abortions, as respondents would not openly admit to engaging in the practice, as sex-selective abortions are illegal in India
- Does **not draw conclusions on behaviors of sub-segments** (e.g., rural MAP users) where sample sizes interviewed are small ($n < 3$)

Research design

Sampling plan

The study gathered data from **57 respondents (39 abortion cases)** across **UP and Bihar**, exceeding the total sample size planned at the beginning of the study

Districts in UP

Agra

- Gahara Village
- Agra City



Varanasi

- Murtaza Khurd Village
- Varanasi City

Districts in Bihar

Patna

- Koriya Pali Village
- Patna City



Sample size (# of individuals interviewed)

	Voluntary Abortion			Involuntary Abortion	Total
	Only MAP	Only surgical abortion	MAP & surgical abortion	Only surgical abortion	
Agra	3 (1+2)	4 (2+2)	6 (2+4)	7 (2+5)	20 (7+13)
Varanasi	3 (1+2)	1 (0+1)	11 (3+8)	5 (2+3)	20(6+14)
Patna	3 (0+3)	5 (1+4)	2 (1+1)	7 (3+4)	17(5+13)
Total	9 (2+7)	10 (3+7)	19 (6+13)	19 (7+12)	57(18+39)

Text in orange refers to # of interviews conducted with male respondents

Text in blue refers to # of interviews conducted with female respondents

Source: FSG primary research and analysis

Note: In some cases, traditional methods were used in addition to MAP/ surgical abortion; however this segment constitutes a small proportion of the overall sample across the three districts (n<3), and has not been called out separately

Research design

Field materials

Three type of materials were used during field interviews to capture data using HCD principles

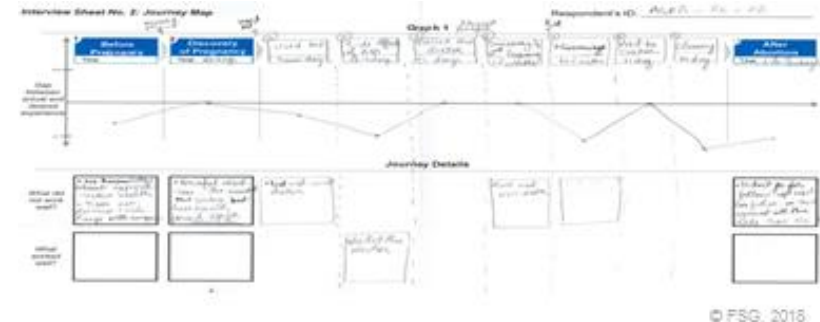
1

Respondent Profile

A one-page summary of the respondent's demographic attributes, empowerment level, and RSH behaviours

2

Journey Map



An illustration to capture a rough journey of each user/partner and record key experiences

3

Key Quotes

My mother-in-law doesn't want me. She doesn't look after me. I keep crying but she doesn't bother. Only my husband takes care of me. We both look after each other.

I got pregnant 2 months after my marriage. My husband asked that do someone else did and made me have the abortion pill.

I was scared of visiting the doctor. I was worried about what she will do. She doesn't even let my husband come inside the room. So I had to tell my mother-in-law and let her with me for the cleaning.

My father-in-law didn't let me go to the doctor. He says that I have been having miscarriages from the last 1 year.

I can't have abortion. I don't want to go to the doctor. It's better to consult the doctor and take the abortion pill. I don't want to take any medicine because it is very harmful to health.

My doctor told me to stop taking from my husband for 10 months after abortion or my condition will be bad for my recommendation. She told me to stop. I didn't really get her. I was confused.

After my husband didn't get pregnant. He said 'okay, but we have to see when we will visit the doctor'. So he says to 'okay' and then we would go to see the doctor.

At the time my husband was there, I couldn't really feel the pain. But when he left, I felt very uncomfortable. I was very thinking. Why did he leave?

Evocative statements from users/partners that capture thoughts and feelings about the abortion experience

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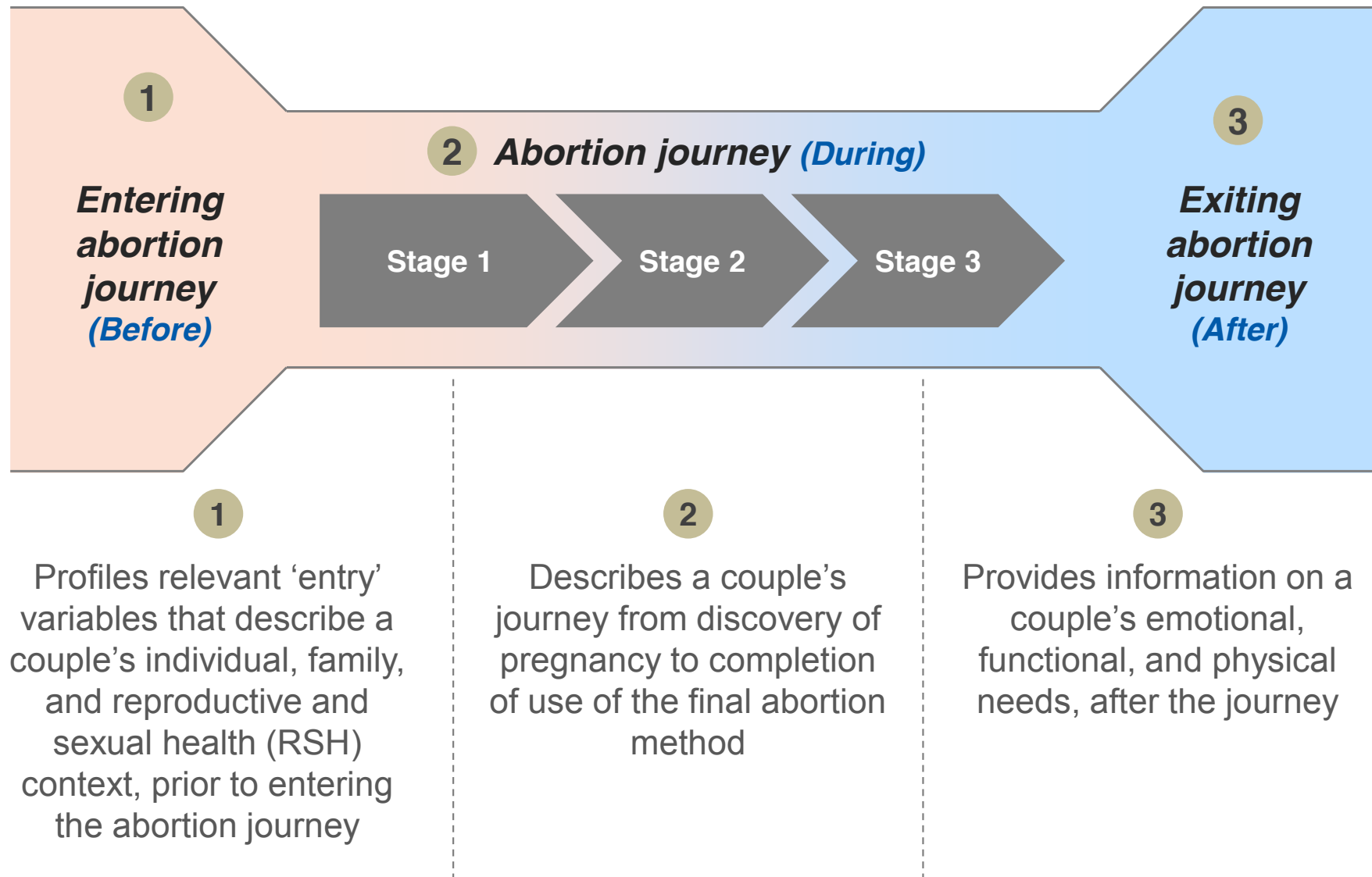
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Overview of the abortion journey

Journey Map construct

The Journey Map for a couple consists of **three phases**, covering the period before, during, and after an abortion



Overview of the abortion journey

Abortion use cases

Four distinct use cases of voluntary and involuntary abortions emerged from the field

1

Voluntary – MAP (success)

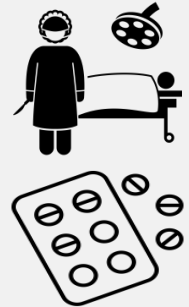
Covers abortion cases where a user took a voluntary decision (in most cases along with their partner) to abort. The user *only* consumed medical abortion pills (MAP) and had a successful abortion



2

Voluntary – MAP (failure) & Surgical Abortion

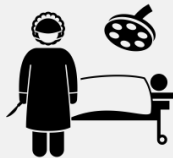
Covers abortion cases where a user took a voluntary decision (in most cases along with their partner) to abort. The user first consumed MAP, which led to an incomplete abortion. They later underwent a surgical abortion



3

Voluntary – Surgical Abortion

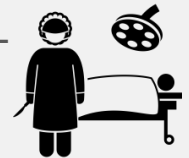
Covers abortion cases where a user took a voluntary decision (in most cases along with their partner) to abort. The user *only* underwent a surgical abortion



4

Involuntary – Surgical Abortion

Covers abortion cases where a user (and their partner) wanted to continue with the pregnancy; however due to medical reasons – typically associated with the fetus's survival or user's health – the user underwent a surgical abortion



Note: MAP success is defined as a complete abortion using Mifepristone/Misoprostol without a requirement for D&C or other surgical abortion procedures

Source: FSG primary research and analysis

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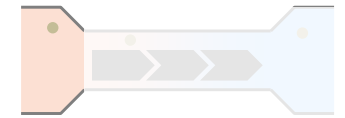
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Overview of the abortion journey

Key 'entry' variables that influence a couple's journey (1/3)



Multiple 'entry' variables can impact a couple's abortion journey path and experience

Key entry variables

Location
(Rural vs. Urban)



Level of education
(combined) with **freedom of mobility**



Openness to use smartphone
to gather information
on RSH



Prior use of MAP



Household family structure
(Nuclear vs. joint family)

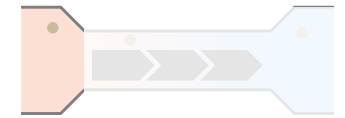


Impact of entry variables on a couple's abortion journey and experience:

- 1** Influences the **emotional and functional involvement of a partner** along the journey
- 2** Influences the **use case a couple might decide** (or be compelled) to experience
- 3** Influences the **emotional, physical, and functional experience** for a user/ partner along the journey

Overview of the abortion journey

Key 'entry' variables that influence a couple's journey (2/3)



Location (Rural vs. Urban)



Rural couples:

- Display low awareness of MAP, and typically opt for SA
- View sterilization as the eventual “solution” to FP, and users often get sterilized during the surgical abortion procedure
- **Users** have low awareness of RSH and FP methods
 - Have limited financial agency and freedom of movement
- **Users** face delay in consulting a medical practitioner or receiving care. This is due to the following reasons:
 - Lack of availability of a medical practitioner in the village, causing need to travel
 - Dependence on partner or a female relative to find time to accompany the user for a consultation or for a surgical abortion
- **Partners** are not actively involved in the journey, beyond purchasing medicines
 - Have lower awareness of RSH

Level of education (combined) with freedom of movement

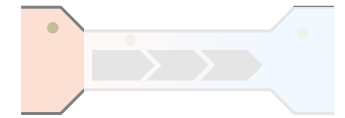


Educated users with freedom of movement:

- Display high awareness of FP methods
- Typically opt for MAP
- Exhibit high agency at key decisions points in the journey
- Their partners are more involved in the journey
- Their female relatives play a less significant role in the journey

Overview of the abortion journey

Key 'entry' variables that influence a couple's journey (3/3)



Openness to use smartphone to gather information on reproductive & sexual health



Users who own and use smartphones to seek information on RSH:

- Typically opt for MAP
- Experience less anxiety during and after MAP usage, as they have gathered information regarding side effects, using their phones

Prior use of MAP



Users who have used MAP earlier:

- Typically opt for MAP
- Display high awareness of the purchase process, regimen, and side effects
 - Experience less distress when using MAP, due to their high awareness
- Evaluate (quickly) whether MAP has been successful, using their previous experience as a benchmark

Household family structure (Nuclear vs. joint family)

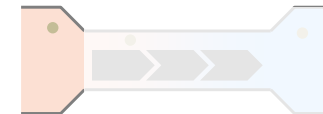


Users who live with in-laws/ in a joint family:

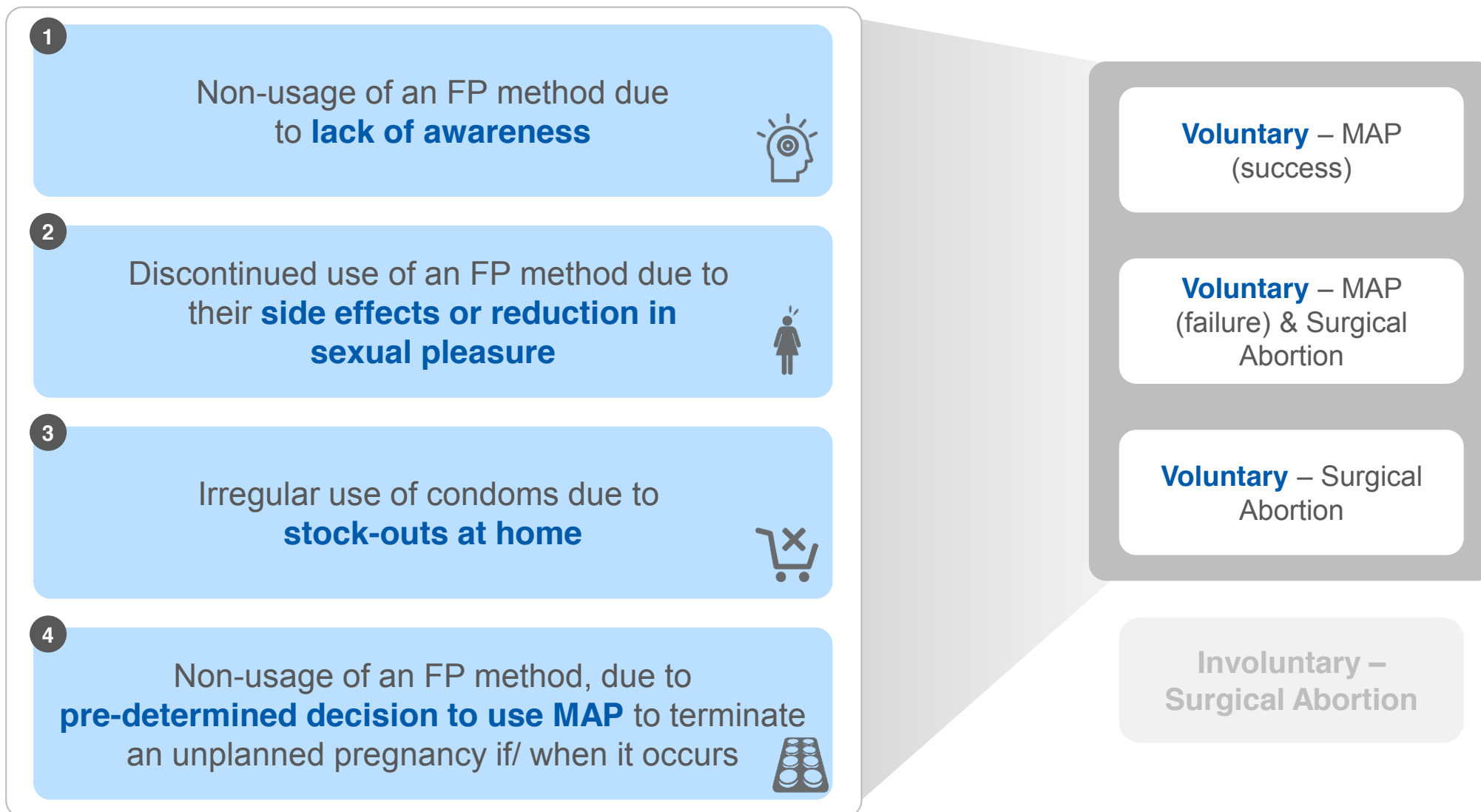
- Have limited financial agency and freedom of movement
- Receive passive advice and information on FP from older female relatives
 - Have high degree of passive exposure to the RSH experiences of older female relatives
- Rely on the opinion of older female relatives at key decisions points
- Their partners are not actively involved in the journey, beyond purchasing any medicines
- Receive significant emotional support from female relatives
 - Their female relatives also provide significant support in managing housework
- View sterilization as the eventual “solution” to FP, receive advice on adopting this method from older female relatives

Overview of the abortion journey

FP method behavior leading to unplanned pregnancy



Four key behaviors lead to an unplanned pregnancy, and subsequently to a voluntary abortion



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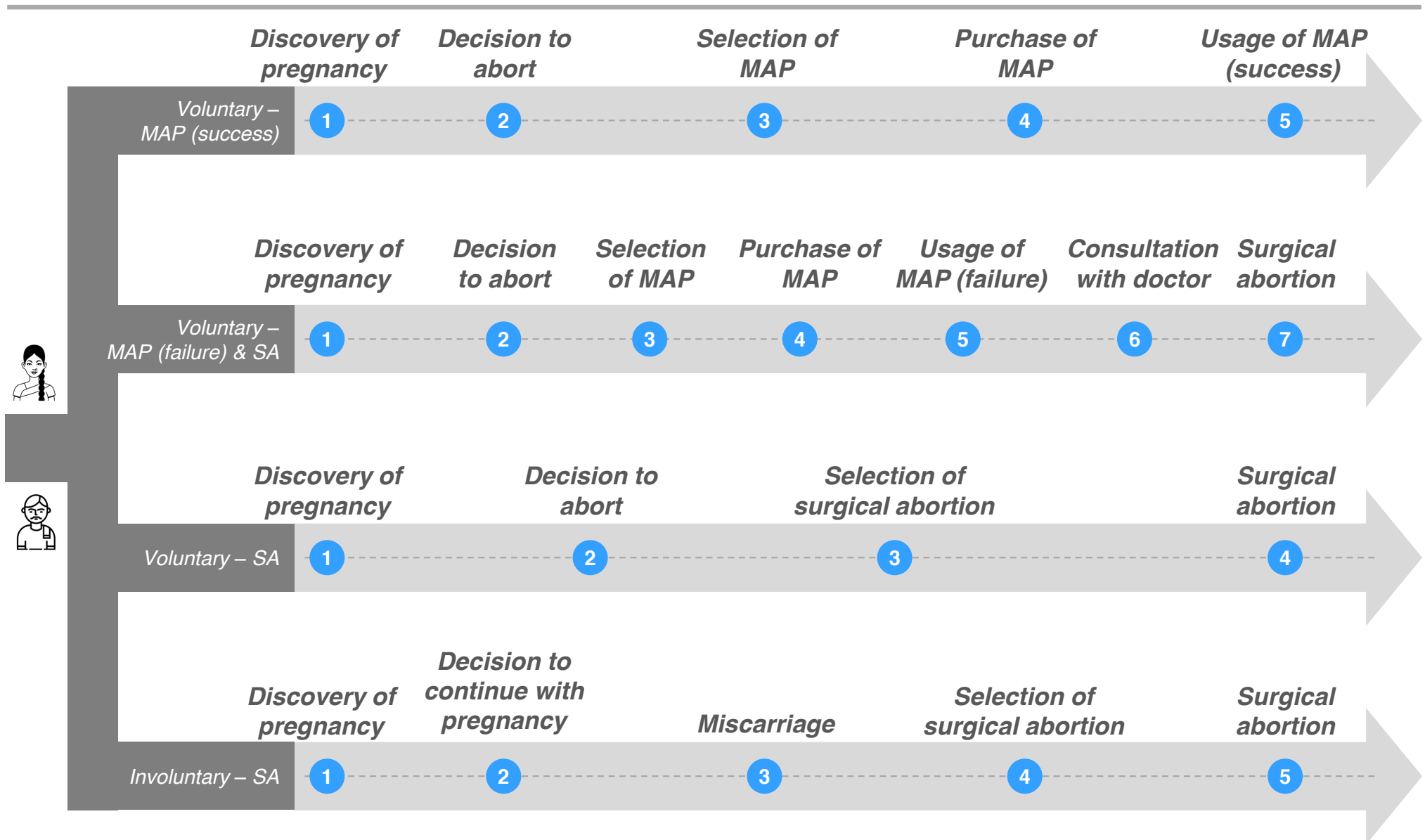
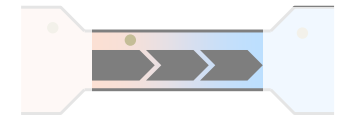
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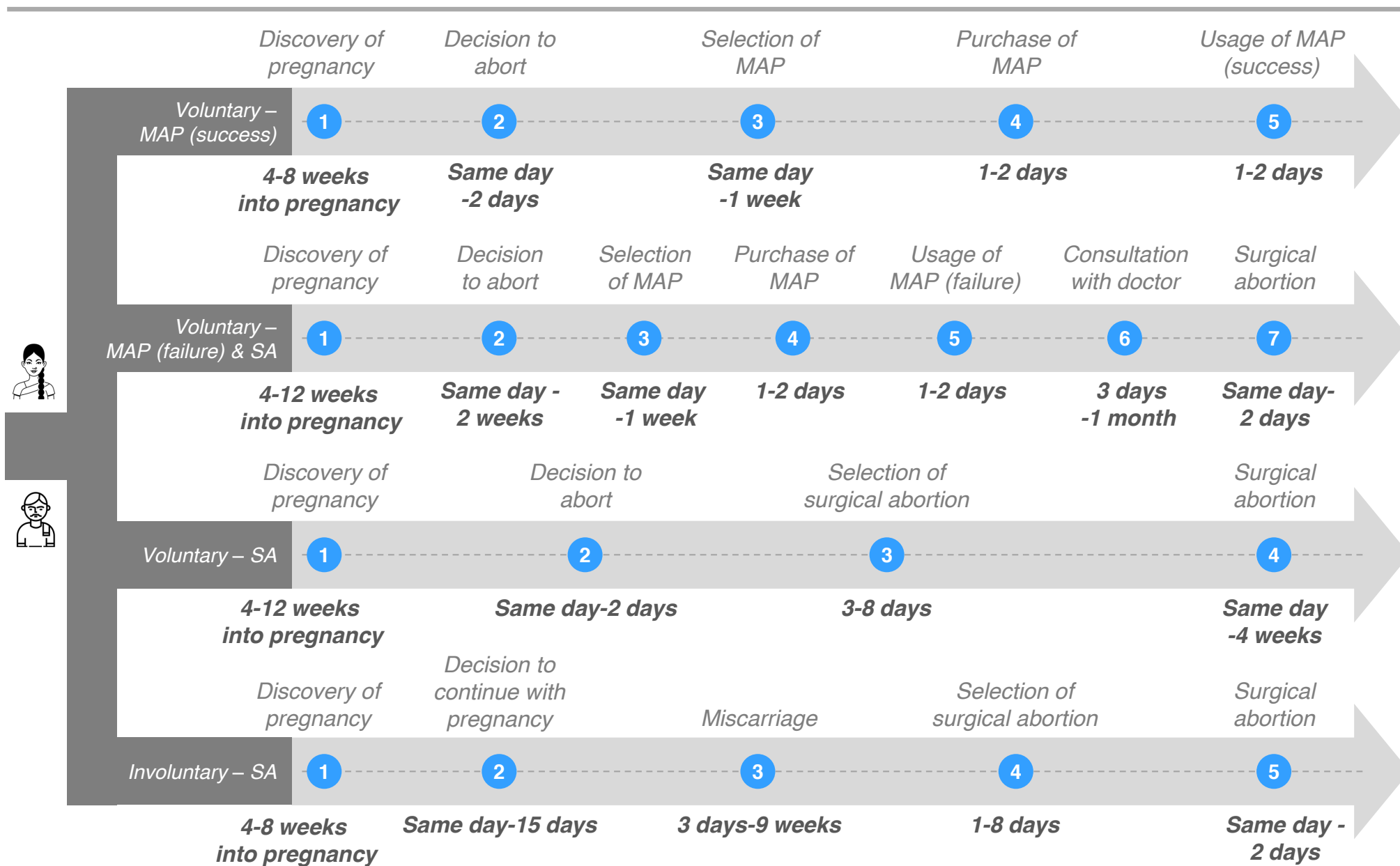
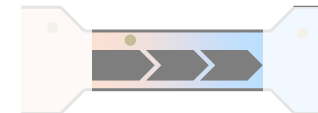
Overview of the abortion journey

A couple's typical journey within each use case



Overview of the abortion journey

Typical timelines for different stages within use cases

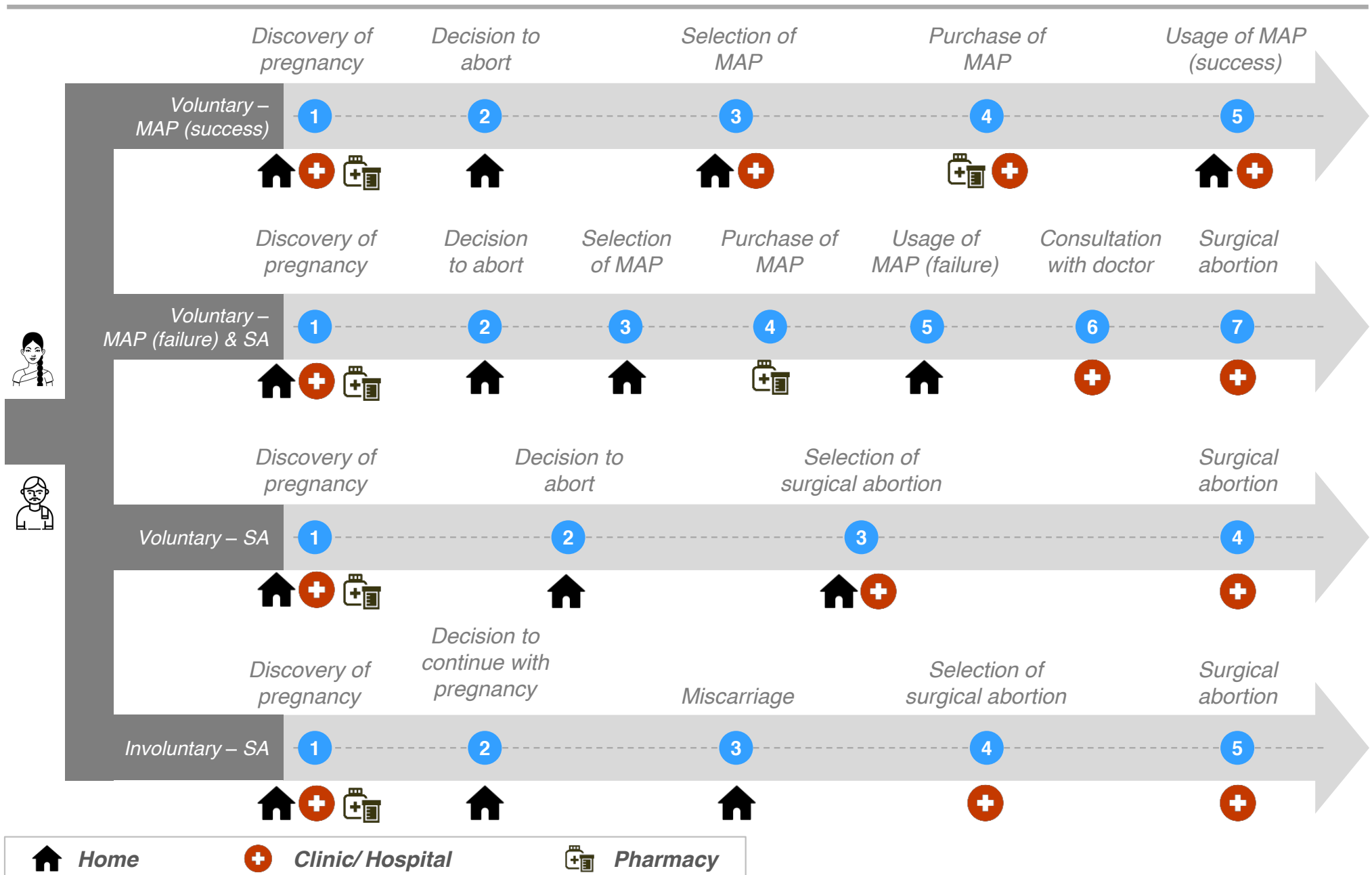
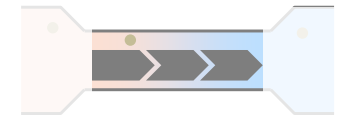


Source: FSG primary research and analysis

Note: Timeline for each stage indicates the number of days a couple spends in that particular stage, after having completed the prior stage

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Typical locations for different stages within use cases



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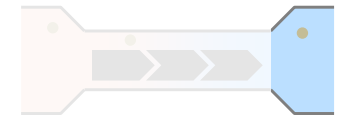
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Summary of a couple's needs once they exit the journey



A couple might have **multiple emotional, functional, and physical needs**, after the abortion journey

Emotional



- Emotional support for a user to cope with the debilitating physical impact of an abortion
 - Particularly relevant for a user undergoing surgical abortion
- Emotional support for a user/ partner to cope with the loss of a child
 - Particularly relevant for a couple undergoing an involuntary abortion or where one or both spouses have strong moral concerns related to an abortion

Functional



- Information on FP methods, especially related to their use, benefits, and side effects
 - Only relevant in case of voluntary abortions
- Follow-up visit to a medical practitioner to cope with severe side effects, or to check for the success of MAP

Physical

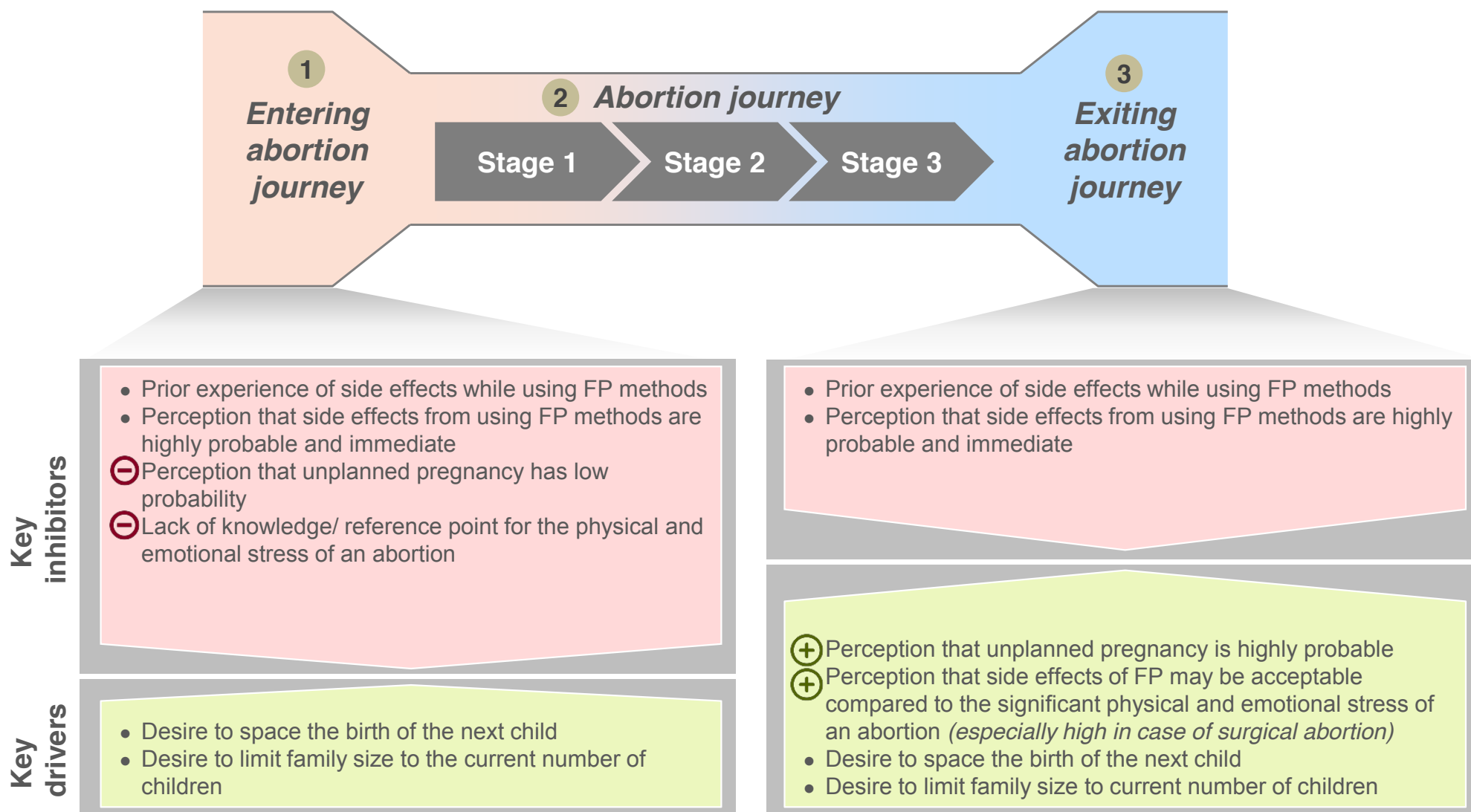


- Physical care of a user during the first few days (typically 2-3 days) after an abortion, to cope with its debilitating physical impact
 - Particularly relevant for a user undergoing surgical abortion
- Support for a user to manage housework and child-care in the weeks after an abortion
 - Particularly relevant for a user undergoing surgical abortion

Overview of the abortion journey

Increased intention to use FP methods in voluntary use cases

For voluntary cases, an abortion journey often increases a couple's intention to use FP methods, by reducing inhibitors and increasing drivers for adoption of these methods



⊕ Drivers added after an abortion journey ⊖ Inhibitors removed during an abortion journey

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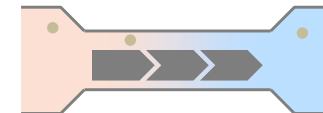
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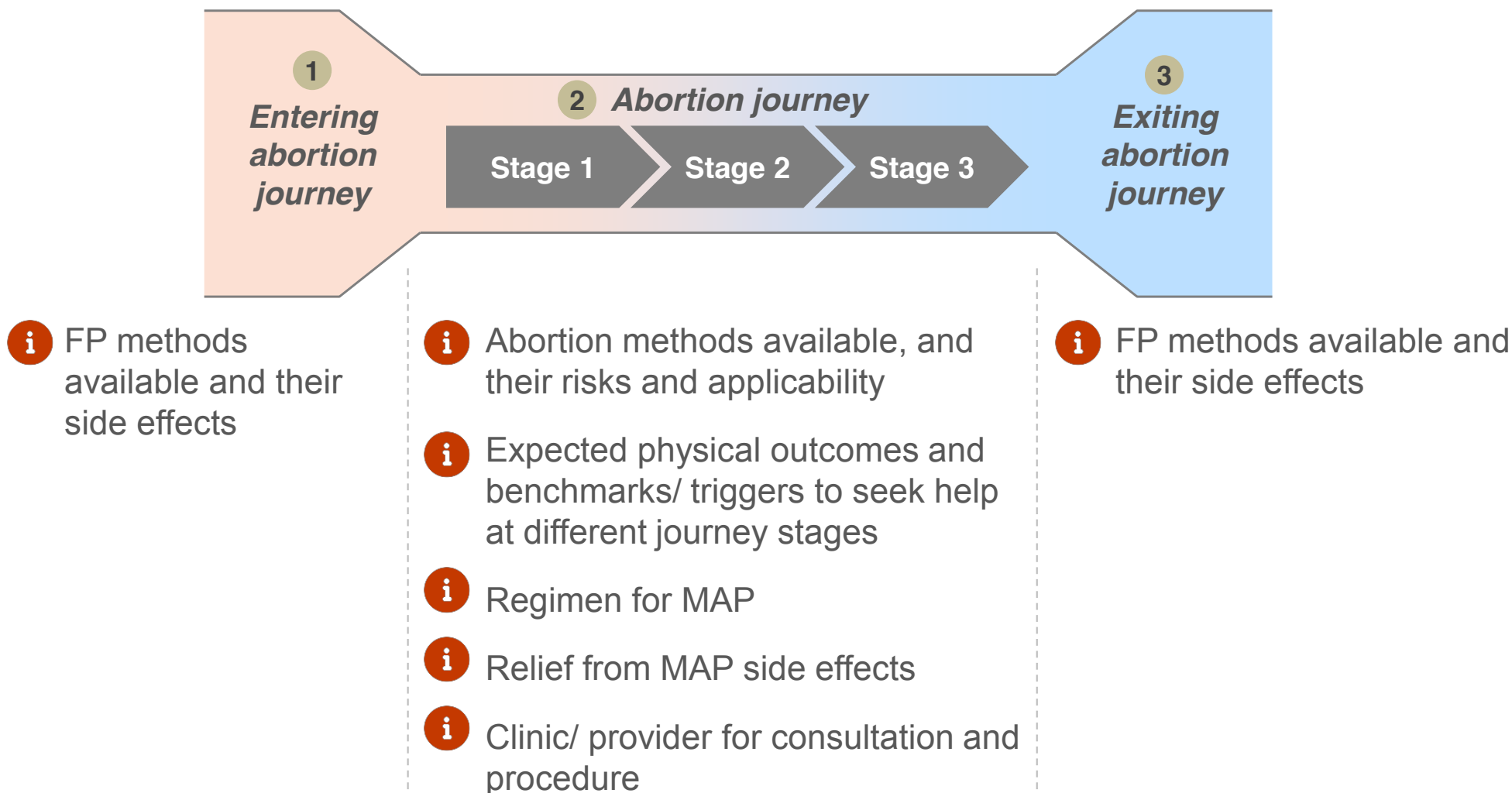
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Overview of the abortion journey

Information desired by a couple across the Journey Map

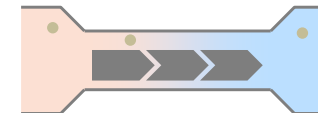


A user and/ or their partner experience a *desire (sometimes latent) to seek various types of information across each of the three journey phases*

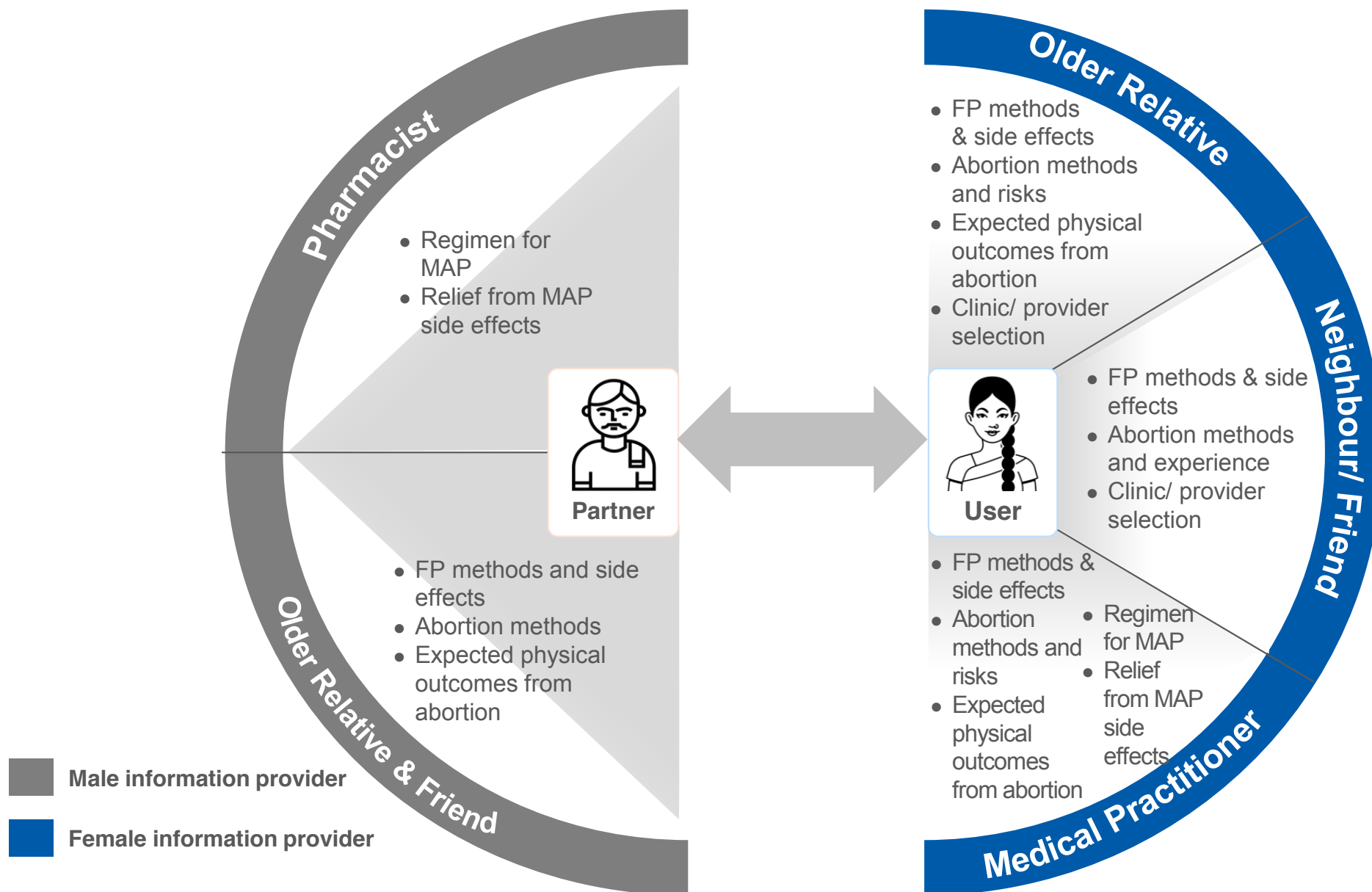


Overview of the abortion journey

Sources used by a couple to gather information



A couple gathers information from external stakeholders in gender-segregated silos



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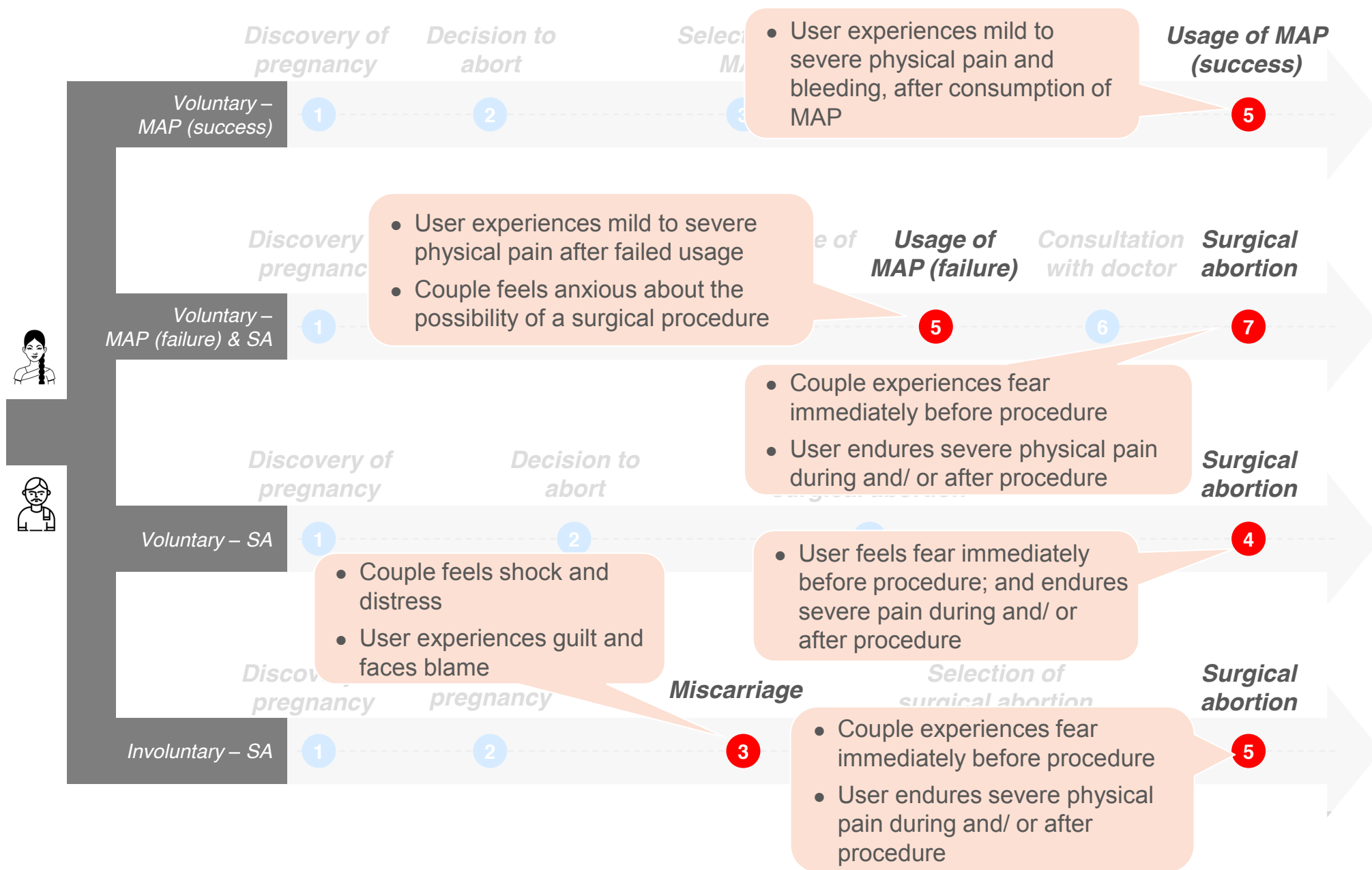
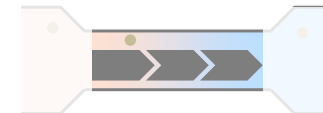
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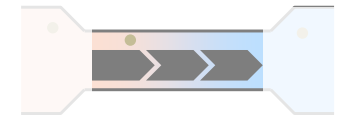
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Hardest stage(s) for couples within each use case



Overview of the abortion journey

Benchmarks/ triggers for consultation at hardest stages



A user seeks emergency consultation if their experience is significantly different from benchmarks experiences such as menstruation, previous abortion, and previous pregnancy

Voluntary – MAP (Success)

Benchmarks considered after usage of MAP:

- Level of bleeding/ flow during menstruation (guided by number of pads used in a day, hours a pad lasts)
- Maximum duration of menstruation (~5 days)
- Degree of cramping and discomfort experienced during menstruation
- Nature of side effects from prior MAP experience (if relevant)

Voluntary – MAP (Failure) & Surgical Abortion

Benchmarks considered after usage of MAP:

- Level of bleeding/ flow during menstruation (guided by number of pads used in a day, hours a pad lasts)
 - Maximum duration of menstruation (~5 days)
 - Degree of cramping and discomfort experienced during menstruation
 - Nature of side effects from prior MAP experience (if relevant)
- #### ***Benchmarks considered after usage of MAP, or SA (if user had these experiences):***
- Level of post-partum bleeding/ flow
 - Duration of post-partum bleeding (should be ~2-4 weeks)
 - Degree of pain prior to labor or after a C-section delivery



Voluntary – Surgical Abortion

Benchmarks considered after SA (if user had these experiences):

- Level of post-partum bleeding/ flow
- Duration of post-partum bleeding (should be ~2-4 weeks)
- Degree of pain prior to labor or after a C-section delivery

Involuntary – Surgical Abortion

Triggers to check for miscarriage:

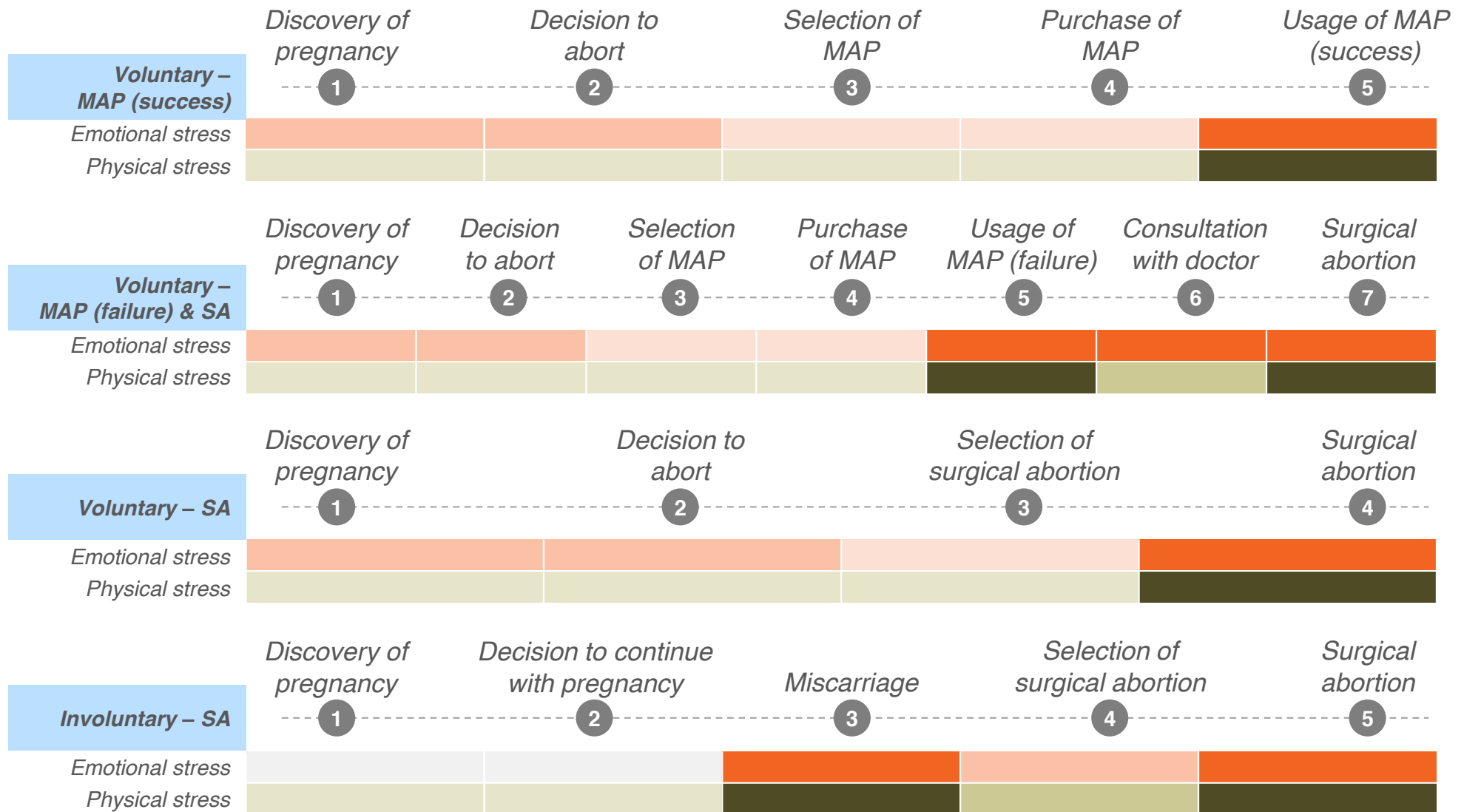
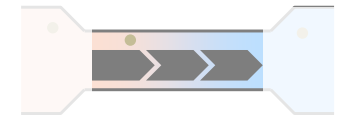
- Spotting or bleeding
 - High discharge of watery fluid from the vagina
- #### ***Benchmarks considered after SA (if user had these experiences):***
- Level of post-partum bleeding/ flow
 - Duration of post-partum bleeding (should be ~2-4 weeks)
 - Degree of pain prior to labor or after a C-section delivery

Source: FSG primary research and analysis

Note: Different users adopt different benchmarks among the ones mentioned. Some users do not use physical benchmarks, and only seek consultation when their ability to engage in housework, and childcare is impacted

Overview of the abortion journey

Emotional and physical stress levels across journey stages

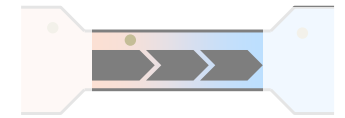


Emotional stress for couple: No (lightest), Low (light orange), Medium (medium orange), High (dark orange)

Physical stress for user: No (lightest), Low (light green), Medium (medium green), High (dark green)

Overview of the abortion journey

Key decisions for users across journey stages



Voluntary – MAP (Success)

- Timing and choice of method/ provider for pregnancy confirmation
- **Termination of pregnancy and timing**
- Choice of family members to involve in the journey
- Choice of MAP as an abortion method
- Choice of MAP brand for consumption
- Choice of retail channel to purchase MAP brand
- **Choice to seek appropriate information/ consultation on side effects and regimen of MAP**

Voluntary – MAP (Failure) & Surgical Abortion

- Timing and choice of method/ provider for pregnancy confirmation
- **Termination of pregnancy, and timing**
- Choice of family members to involve in the journey
- Choice of MAP as an abortion method
- Choice of MAP brand for consumption
- Choice of retail channel to purchase MAP brand
- **Choice to seek appropriate information/ consultation on side effects and regimen**
- **Timing and choice of provider for SA consultation**
- Choice of person(s) accompanying user for consultation/ surgery



Voluntary – Surgical Abortion

- Timing and choice of method/ provider for pregnancy confirmation
- **Termination of pregnancy, and timing (in case of sex selective abortion)**
- Choice of family members to involve in the journey
- Choice of surgical abortion as an abortion method
- **Choice of provider for consultation/ surgery**
- Decision to get sterilized
- Choice of person(s) accompanying user for consultation/ surgery

Involuntary – Surgical Abortion

- Timing and choice of method/ provider for pregnancy confirmation
- Decision to continue pregnancy
- **Choice to seek help/ consultation at signs of miscarriage**
- **Choice of provider for consultation/ surgery**
- **Choice of family members to inform/ involve**
- Choice of surgical abortion as an abortion method
- Choice of person(s) accompanying user for consultation/ surgery

➤ Decisions that have greater adverse or positive impact on a user's emotional/ physical experience

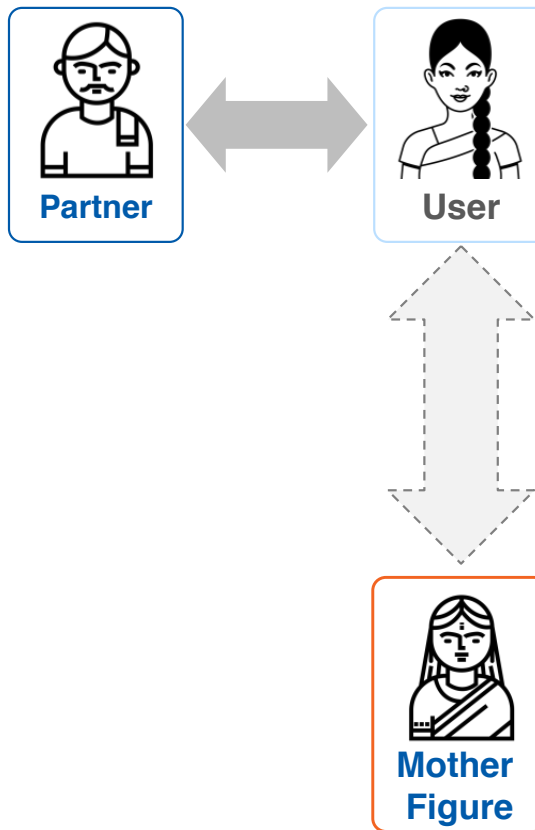
Overview of the abortion journey

Decision-making unit

A user's decisions are often influenced by their partners and “mother figures”, both of whom may take decisions for them

Gender Roles

- The **rigidity or flexibility of gender roles** of “Provider” for a partner, and “Child-bearer” for a user impacts a couple’s abortion journey
 - **Minimally-involved partner:** Partners limit their role to financial and functional support along the journey, in couples with rigid gender roles, though they might care deeply about the well-being of their spouse
 - **Highly-involved partner:** Partners act as motivators to seek improved care and minimize emotional stress, in couples with more flexibility in gender roles
 - In some cases, the user’s agency is safeguarded by the partner and is less subject to the decisions/ influences of the broader family



Maternal Influence

- A **“mother figure”** – typically a user’s mother-in-law or mother - plays a key role in a couple’s abortion journey
 - Where a user has low agency and their partner is less involved, key decisions such as usage of FP method, selection of abortion method, and selection of medical practitioner, lie with the “mother figure”
 - The “mother figure” often acts as a motivator to seek improved care for a user and minimize their emotional stress
- Where a family member is unable to play the role of a “mother figure”, other women (such as ASHAs, couple’s land-lady) often step in to provide support to a user

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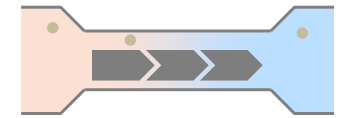
4 Key barriers & motivators

5 Areas for further exploration

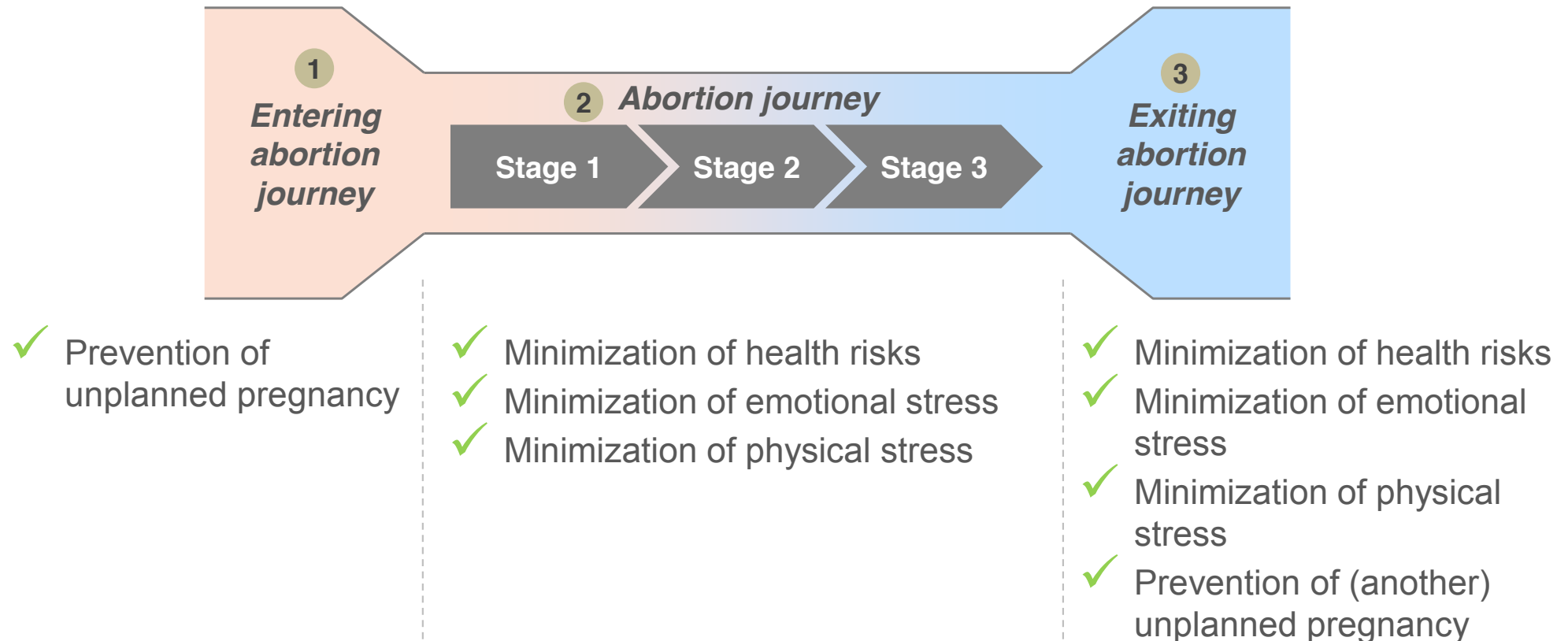
6 Appendix

Key barriers & motivators

A couple's (latent) motivators across the Journey Map



A couple's *motivators and objectives* – latent and unstated in some cases – exist across each of the three journey phases

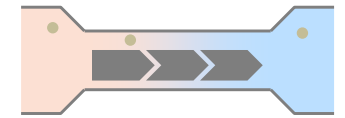


These objectives are not fully met across journey phases, in most cases, because:

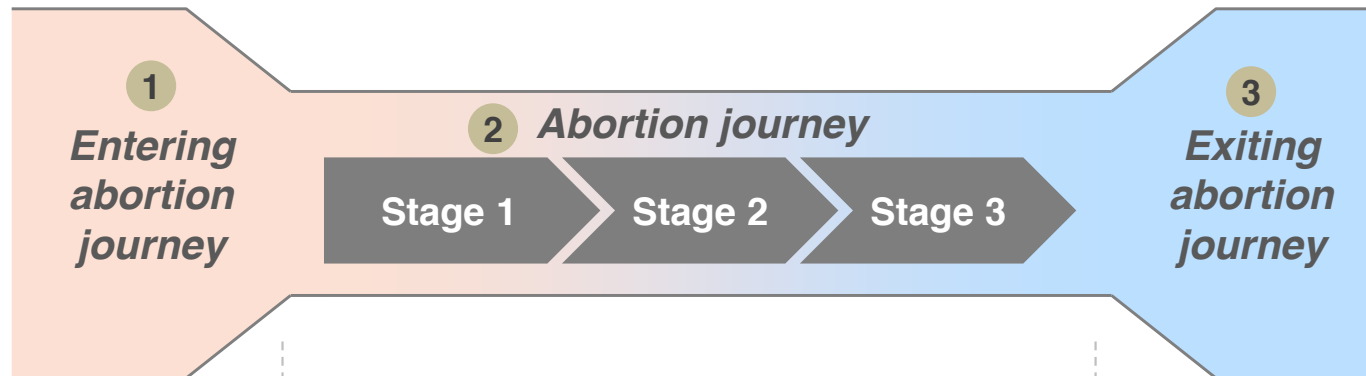
- Couples **face explicit barriers** in the system that prevent them from realizing these objectives despite their best efforts and intentions
- Couples' **behavior implicitly mismatches with the objectives** (not directly stated as a barrier by the couple but observed as a mismatch with objectives)

Key barriers & motivators

Barriers faced by users/ partners across the Journey Map



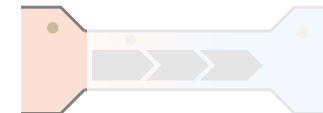
There are multiple barriers to realizing a couple's motivators and objectives across each of the three journey phases





- ✗ Low awareness of RSH and FP methods
- ✗ Passive means of gathering information on FP methods
- ✗ Non-usage of an FP method, despite awareness
- ✗ Lack of adherence to chosen FP method
- ✗ Perception of MAP as an FP method
- ✗ Untimely usage of MAP (i.e., too far along into the pregnancy)
- ✗ Lack of knowledge on accurate MAP regimen
- ✗ Rejection of advice to use MAP
- ✗ Lack of appropriate benchmarks
- ✗ Lack of knowledge on triggers to seek consultation
- ✗ Limited emotional/ functional support
- ✗ Late detection of pregnancy
- ✗ Experience of marital discord
- ✗ Limited involvement of partner
- ✗ Lack of intention to prevent another unplanned pregnancy
- ✗ Limited information gathering on FP methods
- ✗ Lack of any or relevant information on FP methods
- ✗ Lack of knowledge on triggers to seek consultation
- ✗ Limited emotional/ functional support


















Key barriers & motivators

Entering abortion journey | Barriers



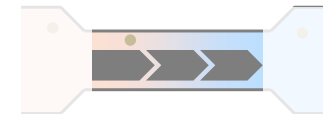
Motivation: A. Prevention of unplanned pregnancy

-  High probability of barrier occurring
-  Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
						
Couples have low awareness of FP methods (other than sterilization), as the topic is not discussed between the couple, or with influencers	Increases probability of unplanned pregnancy				N/A	Couples residing in rural areas
Couples receive information on RSH in a passive manner, primarily from informal sources such as friends/ relatives of the same gender <ul style="list-style-type: none"> • It is rare for medical practitioners to actively disseminate such information 	Increases probability of unplanned pregnancy					All
Couples do not use hormonal FP methods (e.g., OCPs) as they are concerned about side effects. The concern originates from their own past experience or perceptions developed from the experience of friends/ relatives	Increases probability of unplanned pregnancy				N/A	Couples residing in urban areas
Couples do not adhere to the regular use of condoms, driven by stock-outs at home	Increases probability of unplanned pregnancy				N/A	Couples residing in urban areas





Key barriers & motivators

Abortion journey | Barriers (1/4)



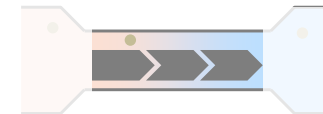
- Motivations:**
- A. Minimization of health risks
 - B. Minimization of emotional stress
 - C. Minimization of physical stress

- High probability of barrier occurring
- Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
						
Couples perceive MAP as an FP method, or as a way to correct their menstrual cycle, rather than as an abortion method	Increases probability of repeat use and method failure, leading to increased health risks, emotional and physical stress	●	●	N/A	N/A	Couples with lower levels of education
Couples use MAP too far along in their pregnancy, due to the following reasons: <ul style="list-style-type: none"> • Limited ability to accurately estimate the gestation period of their pregnancy • Not consulting a medical practitioner while deciding on an abortion method 	Increases probability of method failure, leading to increased health risks, emotional and physical stress	●	●	N/A	N/A	N/A





Key barriers & motivators

Abortion journey | Barriers (2/4)



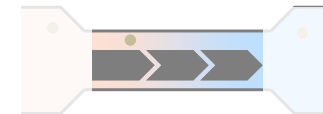
- Motivations:**
- A. Minimization of health risks
 - B. Minimization of emotional stress
 - C. Minimization of physical stress

- High probability of barrier occurring
- Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
						
<p>Couples do not know or follow the correct regimen for MAP, due to the following reasons:</p> <ul style="list-style-type: none"> • Not consulting a medical practitioner before/ during purchase • Not receiving accurate information from a pharmacist • Not reading the instruction leaflet accompanying the product 	Increases probability of method failure, which leads to increased health risks, emotional and physical stress	●	●	N/A	N/A	N/A
<p>Couples do not consider MAP or reject a medical practitioner's advice to use the method, due to the following reasons:</p> <ul style="list-style-type: none"> • Fear that MAP will lead to an incomplete abortion, influenced by friends/ relatives • Perception that MAP affects long-term fertility, influenced by friends/ relatives 	Increases likelihood of adoption of surgical abortion, for users who could have adopted MAP, and faced less emotional and physical stress	N/A	N/A	●	N/A	Couples with lower levels of education





Key barriers & motivators

Abortion journey | Barriers (3/4)



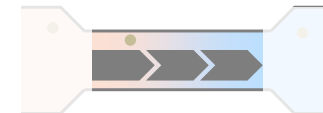
- Motivations:**
- A. Minimization of health risks
 - B. Minimization of emotional stress
 - C. Minimization of physical stress

- High probability of barrier occurring
- Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
						
Users do not have appropriate benchmarks to better prepare themselves (emotionally) for their abortion and post-abortion experience	Increases emotional stress	●	●	●	●	Users who did not consult a doctor/ were not given benchmarks by their doctor
Users are not aware of potential triggers (i.e., physical symptoms) that should prompt them to consult a medical practitioner	Increases health risks and physical stress	●	●	●	●	Users who did not consult a doctor/ were not given triggers by their doctor
Marital discord increases during the abortion journey, especially where a user and partner do not agree on the decision to abort	Increases emotional stress	●	●	●	●	N/A





Key barriers & motivators

Abortion journey | Barriers (4/4)



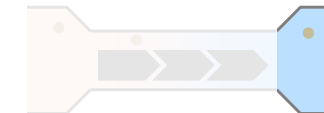
- Motivations:**
- A. Minimization of health risks
 - B. Minimization of emotional stress
 - C. Minimization of physical stress

- High probability of barrier occurring
- Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
						
One or both spouses who require emotional or functional support through the abortion journey, do not receive the necessary support from friends/ relatives	Increases emotional stress	●	●	●	●	Couples who did not involve friends or family in the abortion journey
Couples detect the pregnancy too far along in the gestation period	Increases likelihood of adoption of surgical abortion, for users who could have adopted MAP, and faced less emotional and physical stress	N/A	N/A	●	●	Users with amenorrhea

Key barriers & motivators

Exiting abortion journey | Barriers (1/2)



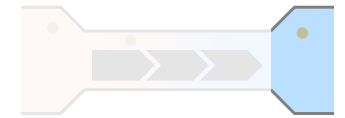
- Motivations:**
- A. Minimization of health risks
 - B. Minimization of emotional stress
 - C. Minimization of physical stress
 - D. Prevention of (another) unplanned pregnancy

- High probability of barrier occurring
- Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
Partners choose to be less involved, due to the following reasons: <ul style="list-style-type: none"> ● Belief that they should <i>not</i> be involved in “women’s health” issues ● Awkwardness in engaging with a female medical practitioner on such issues, at different points in the journey 	Increases user’s emotional stress; also increases probability of (another) unplanned pregnancy as partner’s intention is unaffected	●	●	●	●	Partners with lower levels of education
One or both spouses do not have a strong intention to avoid another unplanned pregnancy, as the abortion experience was not particularly difficult for them	Increases probability of (another) unplanned pregnancy	●	●	●	●	N/A
Couples do not seek further information on FP methods, and at best increase their adherence to current methods, despite a clear intention to prevent another unplanned pregnancy	Increases probability of (another) unplanned pregnancy	●	●	●	N/A	Couples with lower levels of education





Key barriers & motivators

Exiting abortion journey | Barriers (2/2)



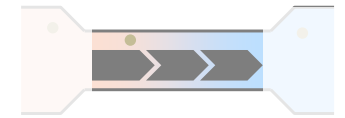
- Motivations:**
- A. Minimization of health risks
 - B. Minimization of emotional stress
 - C. Minimization of physical stress
 - D. Prevention of (another) unplanned pregnancy

- High probability of barrier occurring
- Medium probability of barrier occurring
- N/A** No/ low probability of barrier occurring

Barrier	Consequence	Voluntary	Voluntary	Voluntary	Involuntary	Primary segment impacted
						
One or both spouses who require emotional or functional support through the abortion journey, do not receive the necessary support from friends/ relatives	Increases emotional stress	●	●	●	●	Couples who did not involve friends or family in the abortion journey
Users are not aware of potential triggers (i.e. physical symptoms) that should prompt them to consult a medical practitioner	Increases health risks	●	●	●	●	Users who did not consult a doctor/ were not given triggers by their doctor
Couples do not receive improved or new information on FP methods, despite a clear intention to prevent another unplanned pregnancy and an intention to seek information	Increases probability of (another) unplanned pregnancy	●	●	●	N/A	Couples with higher levels of education

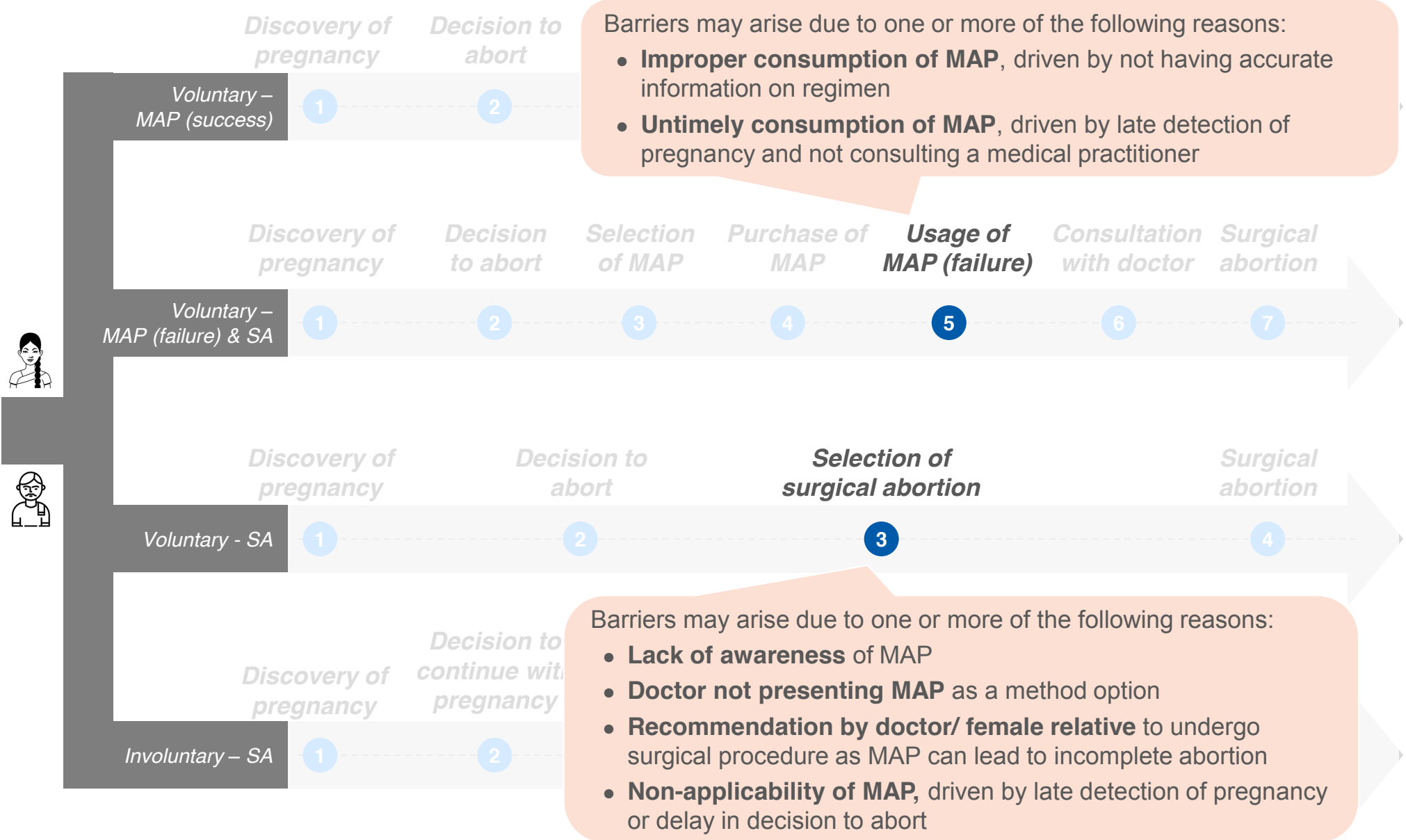
Key barriers & motivators

Barriers to successful MAP usage



Barriers may arise due to one or more of the following reasons:

- **Improper consumption of MAP**, driven by not having accurate information on regimen
- **Untimely consumption of MAP**, driven by late detection of pregnancy and not consulting a medical practitioner

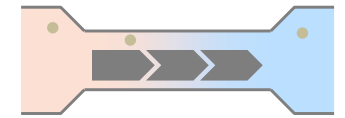


Barriers may arise due to one or more of the following reasons:

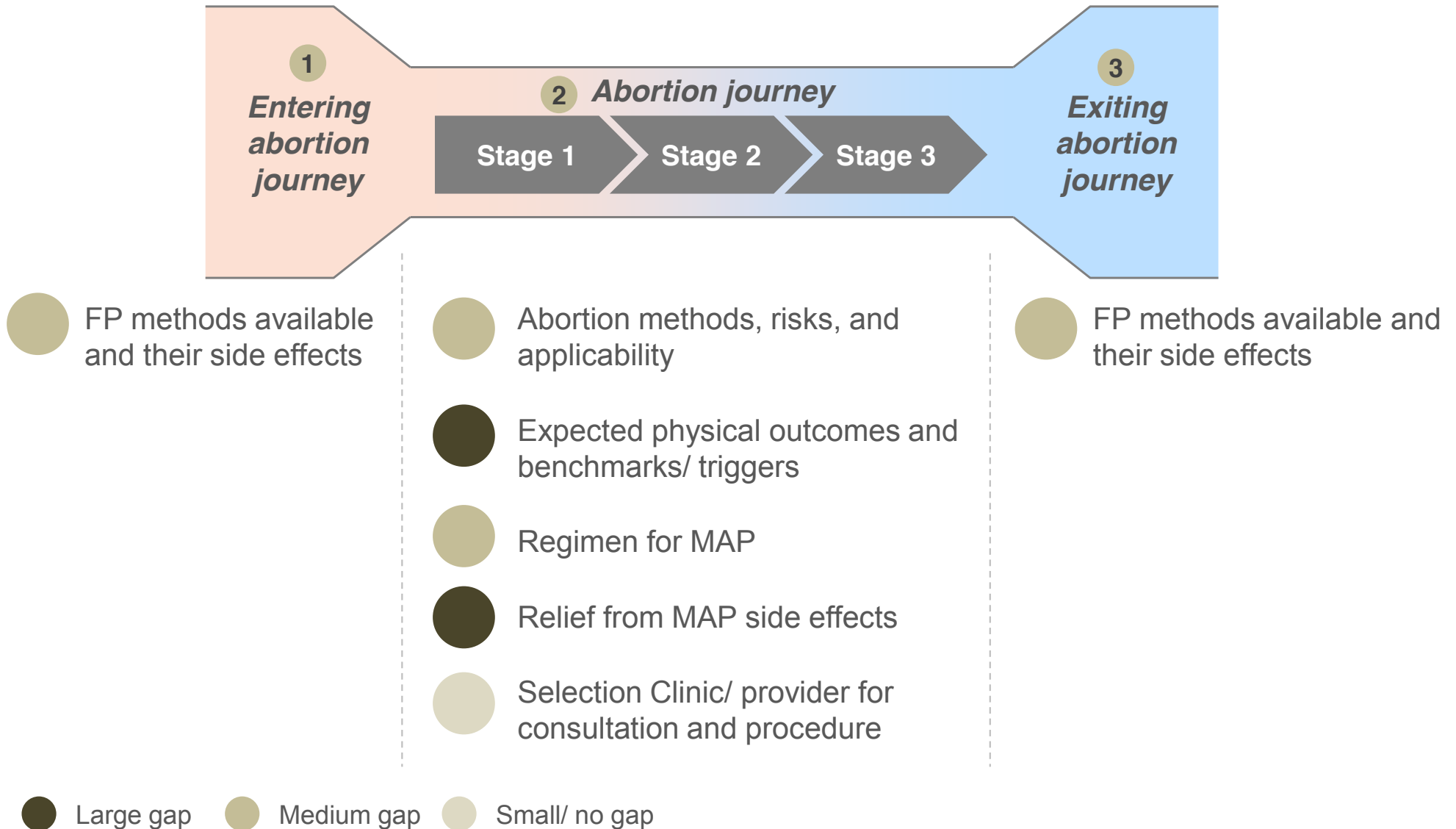
- **Lack of awareness** of MAP
- **Doctor not presenting MAP** as a method option
- **Recommendation by doctor/ female relative** to undergo surgical procedure as MAP can lead to incomplete abortion
- **Non-applicability of MAP**, driven by late detection of pregnancy or delay in decision to abort

Key barriers & motivators

Barriers due to Information gaps



A user and/ or their partner *do not always get desired or credible information across each of the three journey phases*



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Areas for further exploration

Potential areas of intervention (1/2)

Field research and analysis suggest that four broad areas could be considered by practitioners to pursue action on the barriers faces by couples

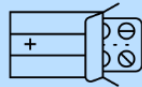
1

Product development/ design

Covers developing new products or modifying the design of existing products

Example(s) include:

- Improving packaging/ leaflets within package
- Launching new FP methods



2

Customer/ consumer interactions

Covers modifying interactions consumers have with service providers, pharmacists, and any other channel partners along the abortion journey

Example(s) include:

- Improving information disseminated by medical practitioners



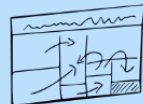
3

Business model design

Covers modifying the design of existing business model (beyond product and consumer interactions) or developing a new business models that can address one or more barriers

Example(s) include:

- Modifying pricing



4

Systemic interventions

Covers introducing changes to the broader market system that can help address one or more of the root causes underlying a barrier

Example(s) include:

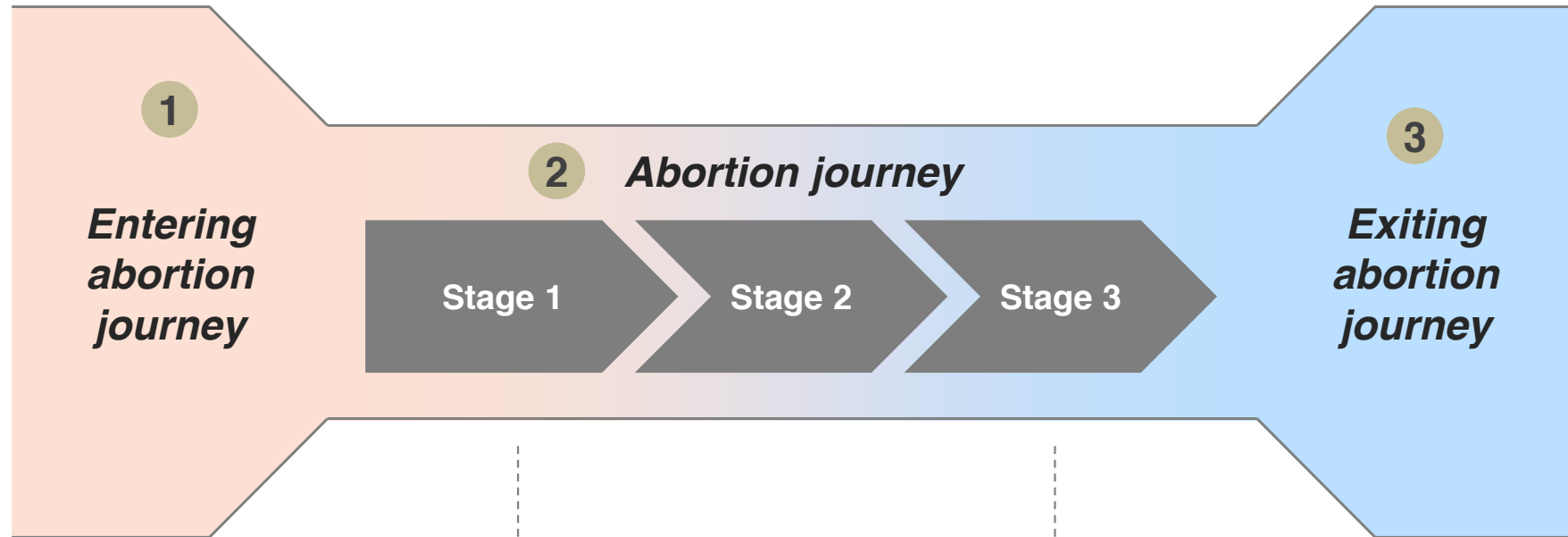
- Launching campaigns to change social norms
- Advocating for regulatory changes



Areas for further exploration

Potential areas of intervention (2/2)

Different areas of intervention might be relevant at different phases of the Journey Map



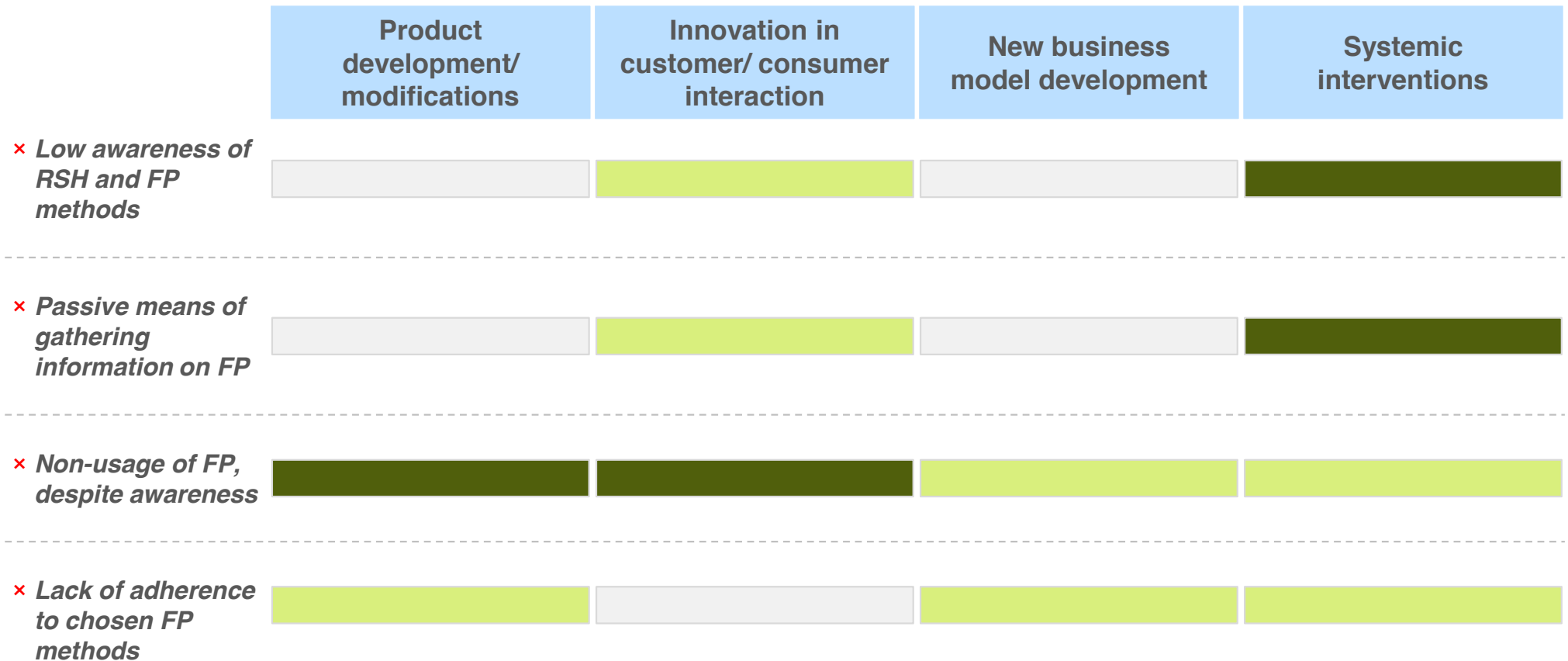
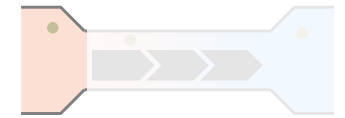
Systemic interventions will likely be critical to addressing barriers, as there is a strong need to change consumer/ customer norms




Interventions related to product development and consumer/ customer interactions will likely be critical to addressing barriers, as there is product consumption, and significant interactions between consumers and market players

Systemic interventions, and those related to consumer/ customer interactions will likely be critical to addressing barriers, as there is a need to change consumer norms, and there is potential to leverage interactions between consumers and medical practitioners

Areas for further exploration

Entering abortion journey | Areas of intervention

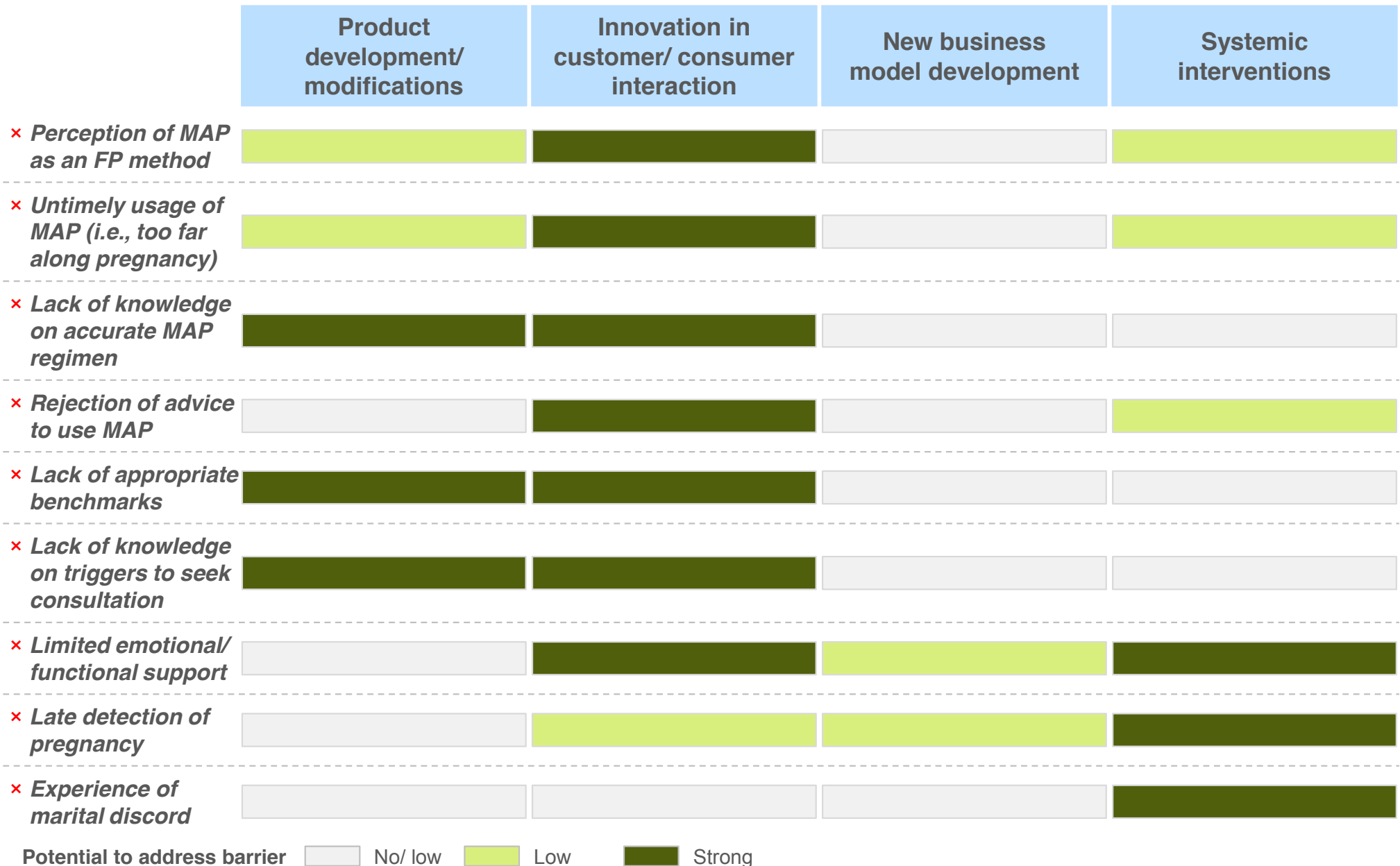
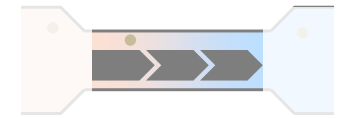


Potential to address barrier  No/ low  Low  Strong

Source: FSG primary research and analysis

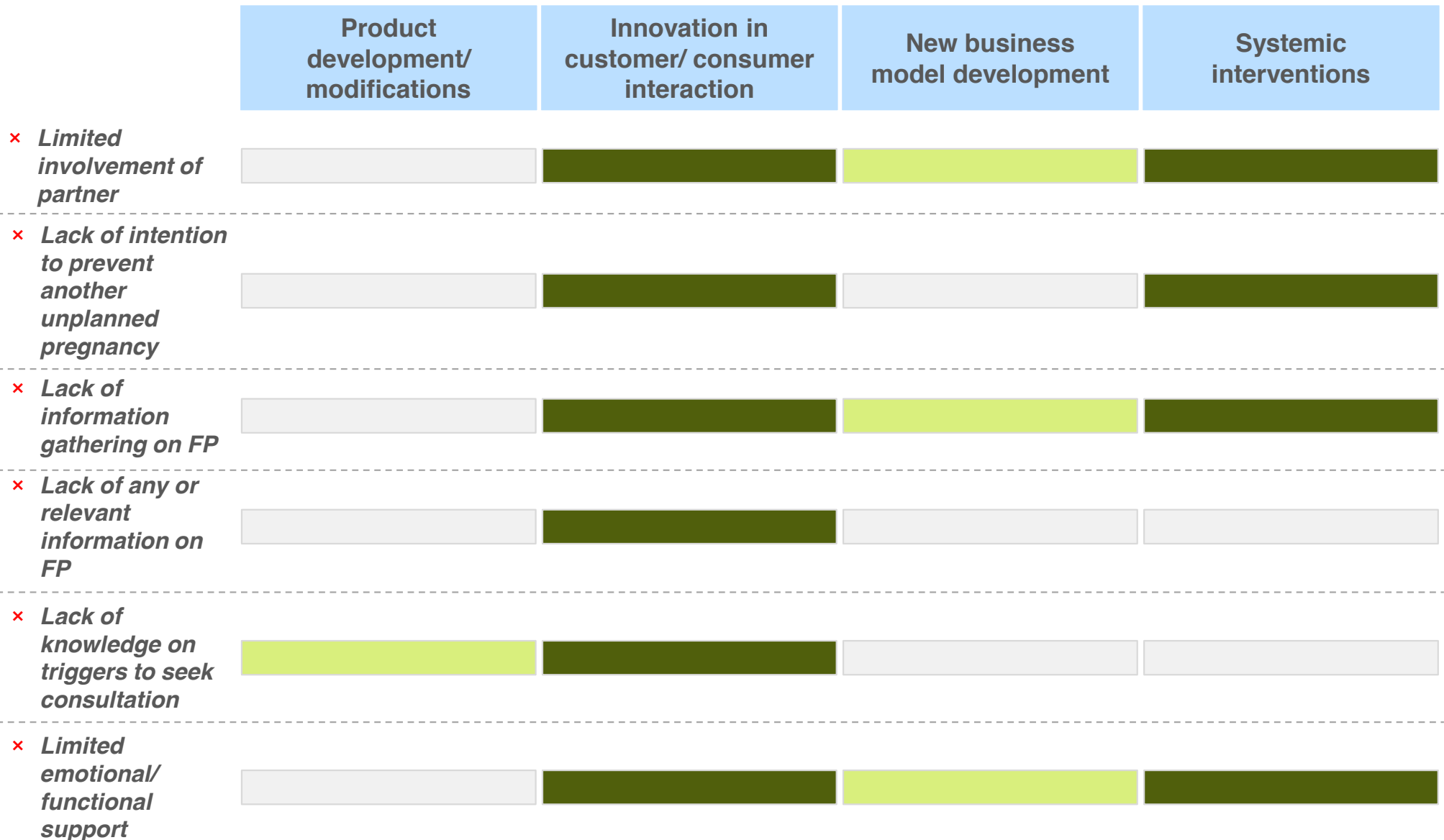
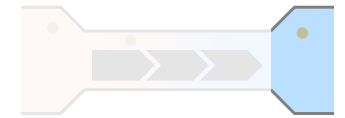
Areas for further exploration

Abortion journey | Areas of intervention



Areas for further exploration

Exiting abortion journey | Areas of intervention



Potential to address barrier No/ low Low Strong

Source: FSG primary research and analysis

Areas for further exploration

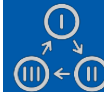
Informing the design of future studies

The following learnings might be beneficial for practitioners considering future research studies on abortion and related topics



Sampling

- A **significant amount of time should be budgeted for the recruitment** stage of any study that aims to cover users of MAP (and their partners), who do not interact with a medical practitioner at any point in the journey
 - Recruitment may have to be conducted through pharmacists, and strong measures to address privacy concerns of the couple may need to be put in place
- **Including older women (“mother figures”) in the design** of future research studies would enhance detail and learnings, as the decision-making unit often includes older female relatives



Logistics

- **Interviews with partners prove significantly more difficult** to execute than interviews with users, because of their reluctance to engage on a topic concerning women’s health, and their paucity of free time from work
- **Logistical flexibility is important** in interviewing users who lack the freedom and agency to go outside the home unaccompanied
 - These women are unlikely to travel to a centralized testing location, and may only want to be interviewed in their homes

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Appendix

Detailed narratives | Sections

The appendix provides a detailed narrative of each use case, organized around 5 information areas

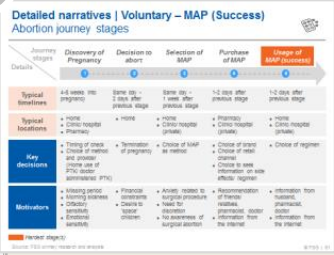
1



Example journey

Short sketch outlining a typical couple's background and journey story (from the point of view of the user) for each use case

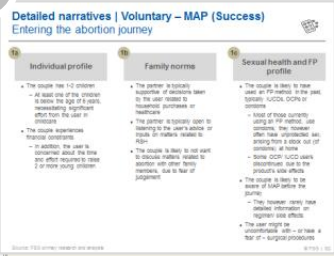
2



Summary of journey stages

Summary of the timelines, locations, motivators, and key decisions in each journey stage of a use case

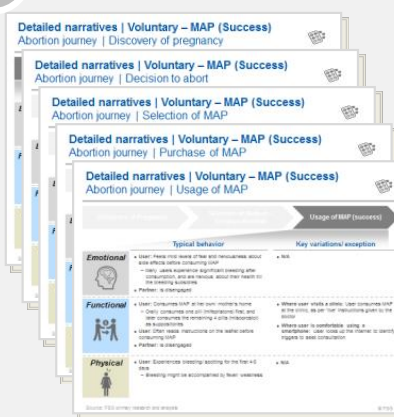
3



Entering abortion journey

Typical profile of a couple entering the abortion journey, covering individual, family, and RSH context that affects the emotional, functional or physical aspects of the journey

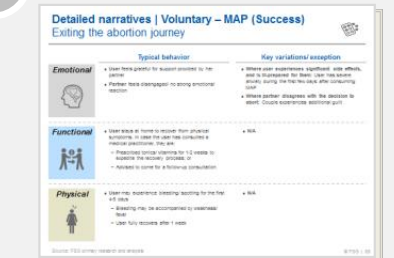
4



Abortion journey

Description of a couple's journey from discovery of pregnancy to completion of use of the final abortion method, covering insights related to physical, functional, and emotional behavior

5



Exiting abortion journey

Description of a couple's emotional, functional, and physical needs, after an abortion

Detailed narratives | Voluntary – MAP (Success)

Example journey



Ritika is a 28-year old woman residing in Agra city. She has been married for 7 years and has two children. She lives with her children, husband, and father-in-law; her mother-in-law passed away a few years ago.

Her husband works as a manager at an electronics outlet, earning ₹ 16,000 per month. Ritika has a bachelor's degree in Sociology. She provides tuition to a few children in the neighbourhood to supplement her husband's income. She is able to freely move about in her neighbourhood and often goes unaccompanied to the local market.

Ritika is aware of most FP methods. She learned about them from her female relatives, friends, and television advertisements. She has occasionally used her smartphone to research these methods and their side effects.

Ritika and her husband have taken a conscious decision to not have any more children, as they believe they do not have the financial means to adequately provide for them. They use condoms as an FP

method; they do not use other methods (e.g., OCPs) because Ritika has heard accounts of how these methods cause side effects. The couple is fairly regular with the use of condoms, but occasionally have unprotected intercourse when they do not have condoms at home.

Three months ago, Ritika realizes that she has missed her period. This is unusual as she has a regular menstrual cycle. She asks her husband to purchase a pregnancy test kit. The double lines confirm her initial fear that she is pregnant. She informs her husband, and the couple immediately decide to terminate the pregnancy.

She seeks comfort in her mother, but does not inform other relatives/ friends, for fear of judgement. Her mother supports her decision and accompanies her to the family doctor, along with her husband. The doctor advises medical abortion pills, as Ritika's pregnancy is still within the first trimester. She is asked to come for a follow-up visit two weeks later. She feels relaxed as she was worried that she might have to undergo an invasive procedure. She consumes one pill (orally) in the clinic, and 4 pills (as suppositories) at home two days later.

Ritika experiences some cramping and bleeding after consuming the first pill. The bleeding intensifies after consuming the suppositories. For the next 2-3 days, she wonders if something has gone wrong as there is significant pain. Her mother, who is staying over to assist her with household chores, advises her to wait for a few days before consulting a doctor. The bleeding decreases over time and completely stops by the 10th day. When she visits the doctor 2 weeks from her first consultation, she is informed that the pregnancy has been successfully terminated.

Ritika is happy to know that her abortion experience is behind her. She does not want to go through one ever again. She and her husband continue to use condoms, but now use it more regularly.

Detailed narratives | Voluntary – MAP (Success)

Abortion journey stages



Journey stages	<i>Discovery of Pregnancy</i>	<i>Decision to abort</i>	<i>Selection of MAP</i>	<i>Purchase of MAP</i>	<i>Usage of MAP (success)</i>
Details	1	2	3	4	5
Typical timelines	4-8 weeks into pregnancy	Same day - 2 days after previous stage	Same day - 1 week after previous stage	1-2 days after previous stage	1-2 days after previous stage
Typical locations	<ul style="list-style-type: none"> • Home • Clinic/ hospital • Pharmacy 	<ul style="list-style-type: none"> • Home 	<ul style="list-style-type: none"> • Home • Clinic/ hospital (private) 	<ul style="list-style-type: none"> • Pharmacy • Clinic/ hospital (private) 	<ul style="list-style-type: none"> • Home • Clinic /hospital (private)
Key decisions	<ul style="list-style-type: none"> • Timing of check • Choice of method and provider (Home use of PTK/ doctor administered PTK) 	<ul style="list-style-type: none"> • Termination of pregnancy 	<ul style="list-style-type: none"> • Choice of MAP as method 	<ul style="list-style-type: none"> • Choice of brand • Choice of retail channel • Choice to seek information on side effects/ regimen 	<ul style="list-style-type: none"> • Choice of regimen
Motivators	<ul style="list-style-type: none"> • Missing period • Morning sickness • Olfactory sensitivity • Emotional sensitivity 	<ul style="list-style-type: none"> • Financial constraints • Desire to 'space' children 	<ul style="list-style-type: none"> • Anxiety related to surgical procedure • Need for discretion • No awareness of surgical abortion 	<ul style="list-style-type: none"> • Recommendation of friends/ relatives, pharmacist, doctor • Information from the internet 	<ul style="list-style-type: none"> • Information from husband, pharmacist, doctor • Information from the internet

Usage of MAP (success) Hardest stage(s)

Detailed narratives | Voluntary – MAP (Success)

Entering the abortion journey



1a

Individual profile

- The couple has 1-2 children
 - At least one of the children is below the age of 6 years, necessitating significant effort from the user in childcare
- The couple experiences financial constraints
 - In addition, the user is concerned about the time and effort required to raise 2 or more young children

1b

Family norms

- The partner is typically supportive of decisions taken by the user related to household purchases or healthcare
- The partner is typically open to listening to the user's advice or inputs on matters related to RSH
- The couple is likely to not want to discuss matters related to abortion with other family members, due to fear of judgement

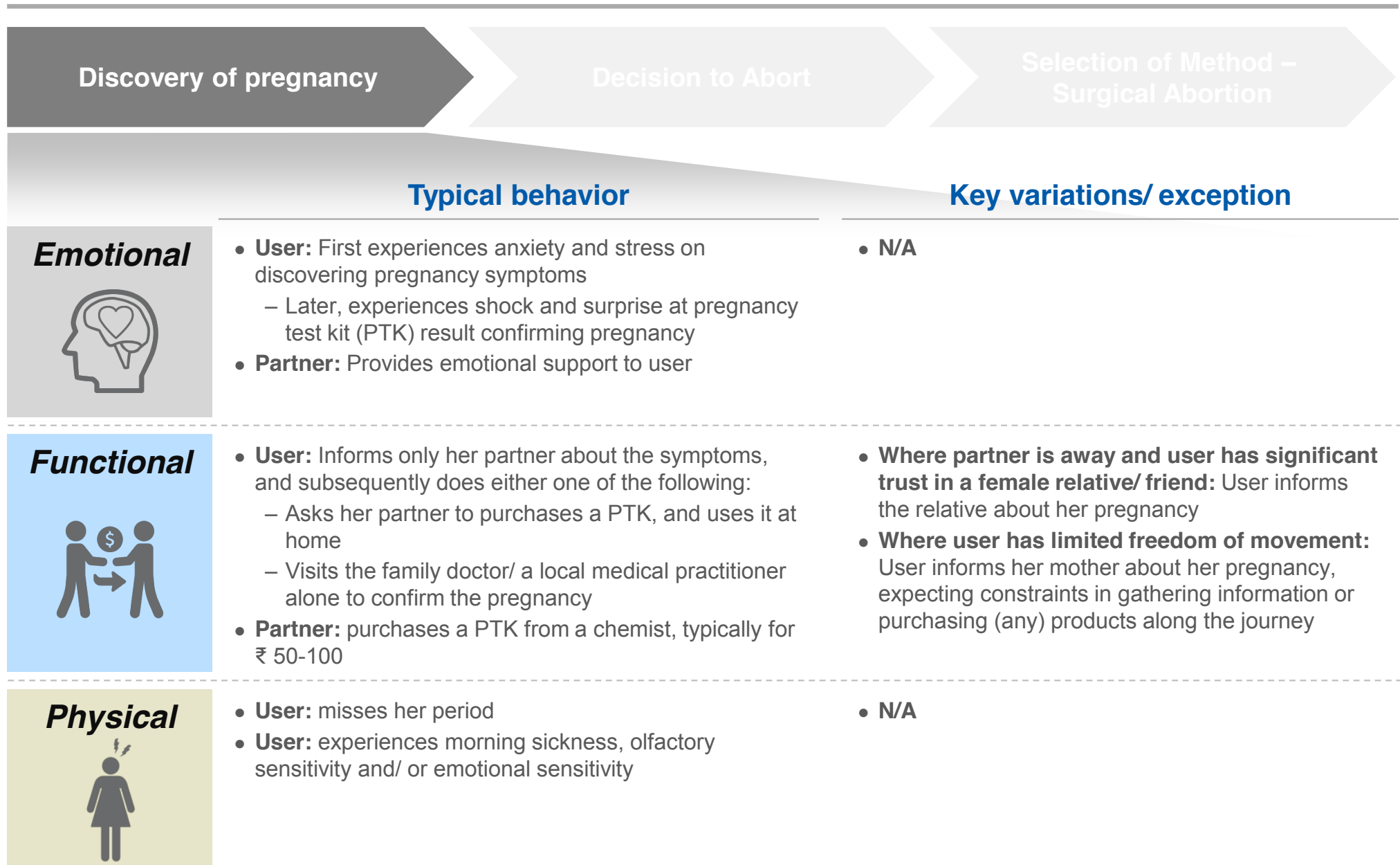
1c

Sexual health and FP profile

- The couple is likely to have used an FP method in the past, typically IUCDs, OCPs or condoms
 - Most of those currently using an FP method, use condoms; they however often have unprotected sex, arising from a stock out (of condoms) at home
 - Some OCP/ IUCD users discontinued due to the product's side effects
- The couple is likely to be aware of MAP before the journey
 - They however rarely have detailed information on regimen/ side effects
- The user might be uncomfortable with – or have a fear of – surgical procedures

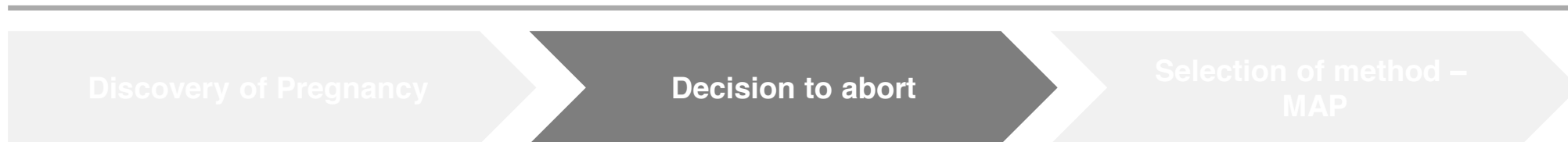
Detailed narratives | Voluntary – MAP (Success)

Abortion journey | Discovery of pregnancy



Detailed narratives | Voluntary – MAP (Success)

Abortion journey | Decision to abort



Typical behavior

Key variations/exception

Emotional



- **User:** Feels nervous and anxious, as she wants to avoid putting further financial pressure on her partner, and/ or wants to avoid taking care of more than 1-2 children
- **Partner:** Feels constrained by his financial situation

- **Where partner is open to continuing the pregnancy:** User might experience more guilt, as her partner was open to continuing the pregnancy
- **Where couple has taken a firm decision on not having children, prior to pregnancy:** Couple experiences less anxiety

Functional



- **User:** Discusses her preference for abortion *only* with her partner
- **Partner:** Acknowledges the user's preference, and the couple jointly decide to terminate the pregnancy

- **Where partner is away and user has significant trust in a female relative/ friend:** User consults the relative/ friend on whether to abort
- **Where partner is open to continuing the pregnancy:** User invests greater time and effort to make the case to her partner on the need for an abortion

Physical

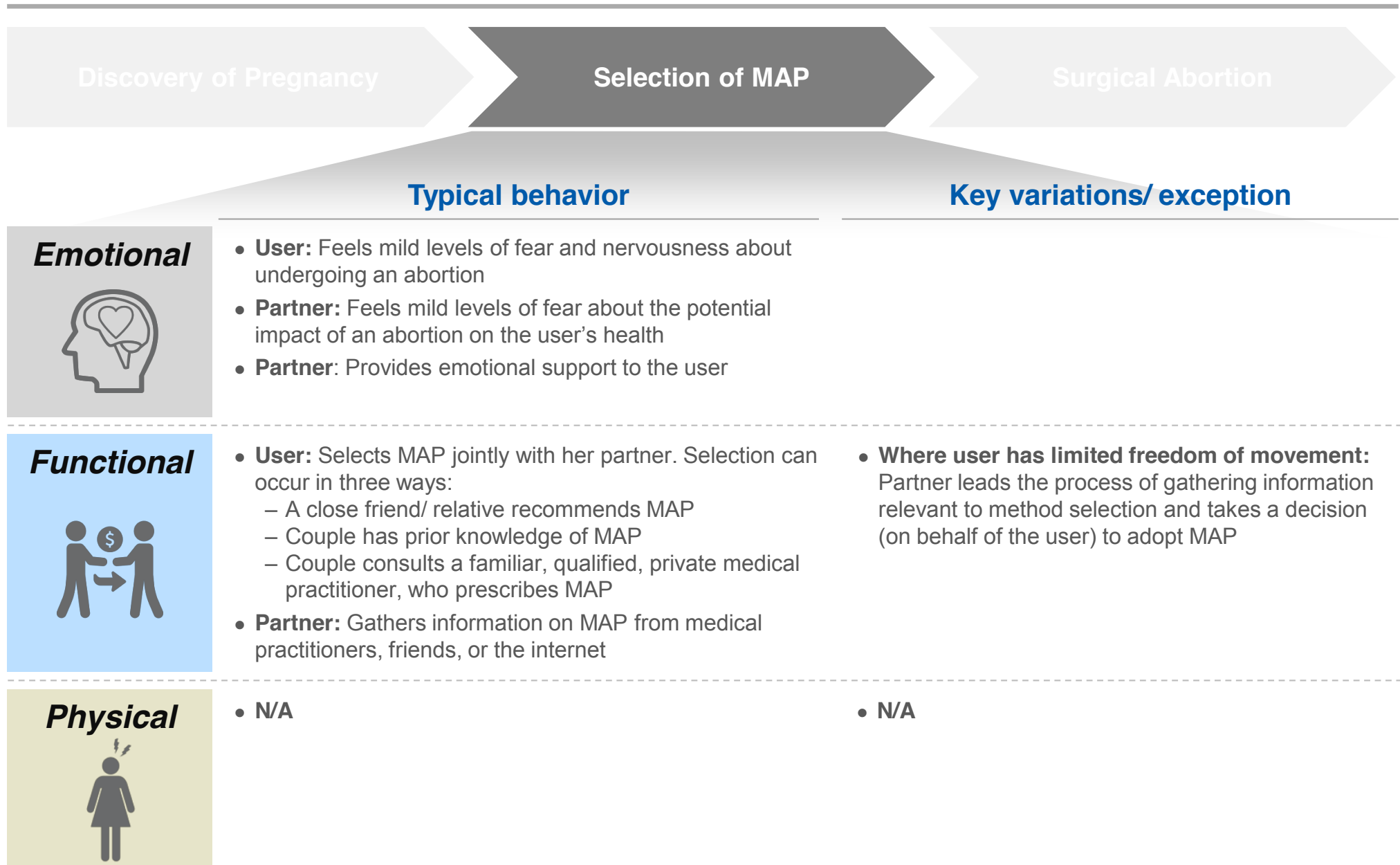


- N/A

- N/A

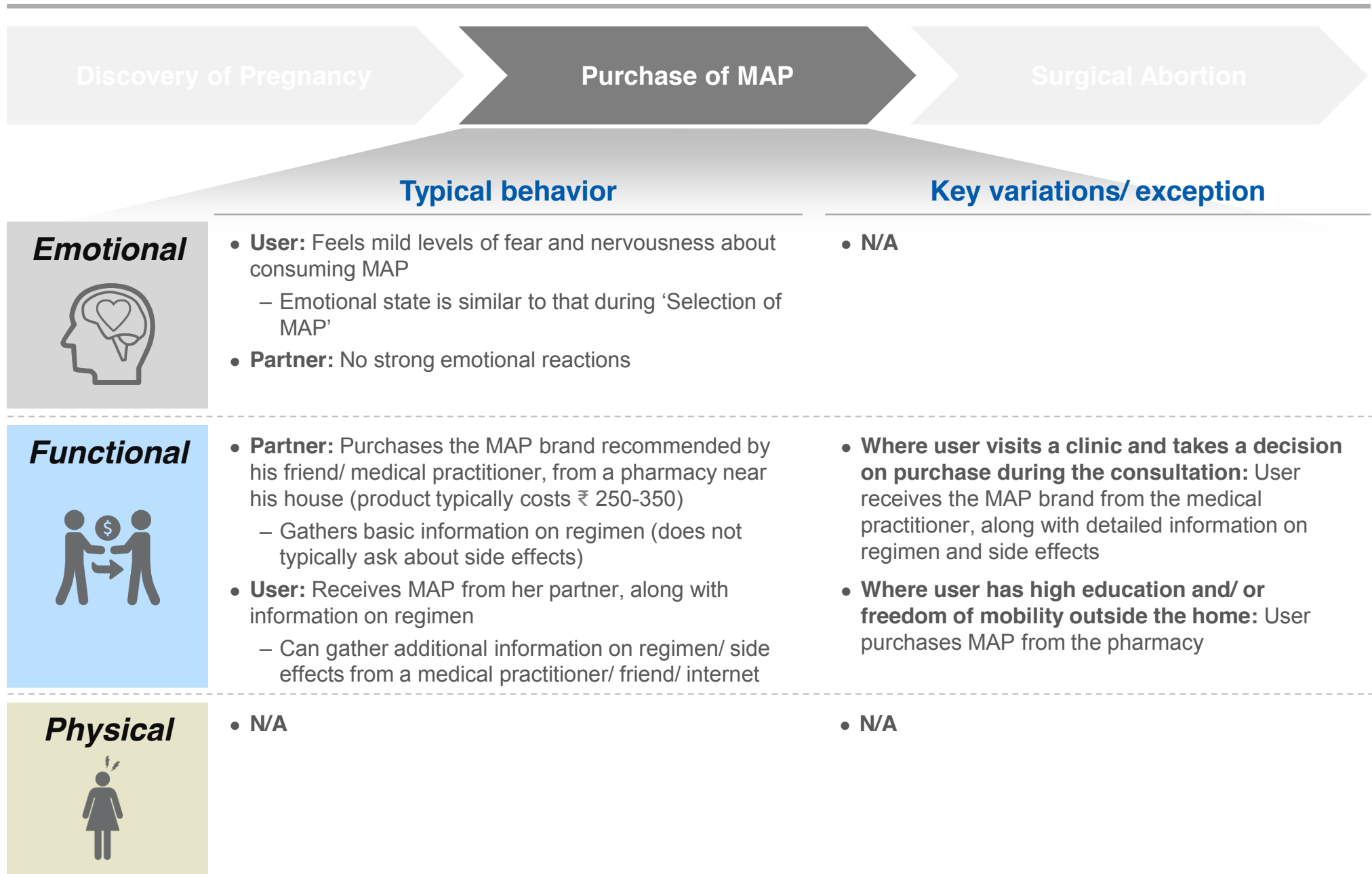
Detailed narratives | Voluntary – MAP (Success)

Abortion journey | Selection of MAP



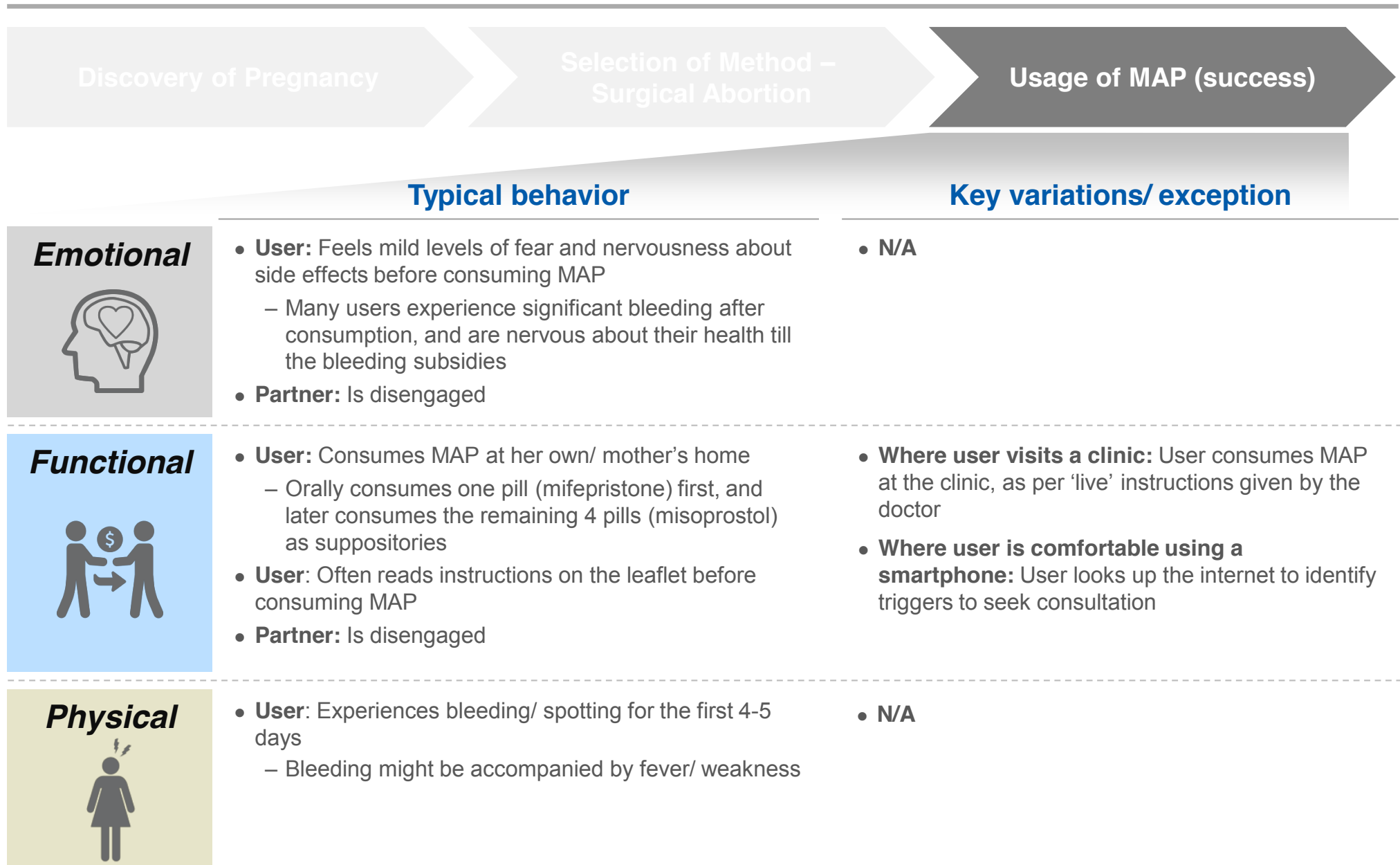
Detailed narratives | Voluntary – MAP (Success)

Abortion journey | Purchase of MAP



Detailed narratives | Voluntary – MAP (Success)

Abortion journey | Usage of MAP



Detailed narratives | Voluntary – MAP (Success)

Exiting the abortion journey



Typical behavior

Key variations/ exception

Emotional



- **User** feels grateful for support provided by her partner
- **Partner** feels disengaged/ no strong emotional reaction

- **Where user experiences significant side effects, and is ill-prepared for them:** User has severe anxiety during the first few days after consuming MAP
- **Where partner disagrees with the decision to abort:** Couple experiences additional guilt

Functional



- **User** stays at home to recover from physical symptoms. In case the user has consulted a medical practitioner, they are:
 - Prescribed tonics/ vitamins for 1-2 weeks to expedite the recovery process; or
 - Advised to come for a follow-up consultation

- N/A

Physical

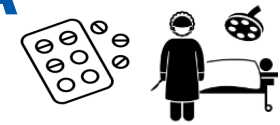


- **User** may experience bleeding/ spotting for the first 4-5 days
 - Bleeding may be accompanied by weakness/ fever
 - User fully recovers after 1 week

- N/A

Detailed narratives | Voluntary – MAP (failure) & SA

Example journey



Seher is a 25-year old woman living in Varanasi city. She has been married for 7 years and lives with her husband, two daughters, and in-laws. Her brother-in-law and his family also live in the same house, but on a different floor with a separate kitchen.

She has studied till 'inter' (12th grade), while her husband has a Bachelor's degree. Her daily routine involves managing household chores and taking care of the children and her elderly in-laws. Her husband owns and manages a clothing store, with a monthly income of ₹ 20,000. All household purchases are typically made by Seher's mother-in-law.

After their second child, Seher and her husband planned not to have another child for financial reasons. While she is aware of most FP methods from overhearing discussions with female relatives, she is afraid to use them due to their (potential) side effects. Instead, she keeps track of her menstrual cycle so that she and her husband practice 'safe' intercourse.

Six months ago, Seher suspects a potential pregnancy after experiencing sudden dizziness and nausea. She asks her husband to purchase a pregnancy test kit, which gives a positive result. The couple discuss what to do next. There is pressure from their family to have a male child. After a few weeks of discussion, they decide to terminate their pregnancy, keeping it hidden from the family.

Seher asks her husband to purchase MAP from a chemist shop. She heard about the product from one of her friends who works as a nurse. Her husband purchases the product, and takes instructions on the regimen from the pharmacist. He diligently passes on the information to Seher. She consumes one pill orally immediately at home, and uses another pill as suppository a few days later.

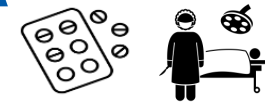
Seher experiences extreme pain and heavy bleeding that shows no sign of ceasing even 10 days after using the MA kit. Realizing that she might need medical help, she informs her husband about the pain. They visit their family doctor, who conducts an ultrasound check. The doctor informs them that the pill led to an incomplete abortion, and that Seher would need to undergo a surgical abortion.

The abortion becomes real at this stage for the couple. They experience regret at having 'taken away a life'. The couple is also scared of the procedure. The couple visit the same clinic a day after their consultation, for the abortion. The procedure lasts for nearly 2 hours. Seher is under general anesthesia throughout, however she experiences extreme pain.

Seher and her husband return home, having bought the pain-killer recommended by the doctor. Seher experiences significant weakness for a few weeks after the surgery. The couple inform their family that Seher is having other health issues. Seher is eager to gather information on FP methods that have fewer side effects, but does not know whom to consult. She wonders if there is a helpline she can use to access information discreetly.

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey stages (1/2)

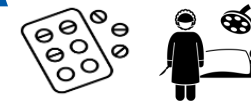


Journey stages	<i>Discovery of Pregnancy</i>	<i>Decision to abort</i>	<i>Selection of MAP</i>	<i>Purchase of MAP</i>	Usage of MAP (failure)
Details	1	2	3	4	5
Typical timelines	4-12 weeks into pregnancy	Same day - 2 weeks after previous stage	Same day - 1 week after previous stage	1-2 days after previous stage	1-2 days after previous stage
Typical locations	<ul style="list-style-type: none"> • Home • Clinic/ hospital • Pharmacy 	<ul style="list-style-type: none"> • Home 	<ul style="list-style-type: none"> • Home • Clinic/ hospital (private) 	<ul style="list-style-type: none"> • Pharmacy • Clinic/ hospital (private) 	<ul style="list-style-type: none"> • Home
Key decisions	<ul style="list-style-type: none"> • Timing of check • Choice of method and provider (Home use of PTK/ doctor administered PTK) 	<ul style="list-style-type: none"> • Termination of pregnancy 	<ul style="list-style-type: none"> • Choice of MAP as method 	<ul style="list-style-type: none"> • Choice of brand • Choice of retail channel • Choice to seek information on side effects/ regimen 	<ul style="list-style-type: none"> • Choice of regimen
Motivators	<ul style="list-style-type: none"> • Missing period • Morning sickness • Olfactory sensitivity • Emotional sensitivity 	<ul style="list-style-type: none"> • Financial constraints • Desire to space children 	<ul style="list-style-type: none"> • Anxiety related to surgical procedure • Need for discretion • No awareness of surgical abortion 	<ul style="list-style-type: none"> • Recommendation of friends/ relatives, pharmacist, doctor • Information from the internet 	<ul style="list-style-type: none"> • Information from partner, pharmacist, doctor • Information from the internet

Usage of MAP (failure) Hardest stage(s)

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey stages (2/2)



Journey stages	Consultation with doctor	Surgical abortion
Details	6	7
Typical timelines	3 days-1 month after previous stage	Same day - 2 days after previous stage
Typical locations	<ul style="list-style-type: none"> Clinic/ hospital (private) 	<ul style="list-style-type: none"> Clinic/ hospital (private)
Key decisions	<ul style="list-style-type: none"> Timing and choice of practitioner/ type of clinic/ hospital, for consultation/ surgery 	<ul style="list-style-type: none"> Choice of person(s) accompanying user to the clinic/ hospital
Motivators	<ul style="list-style-type: none"> Physical symptoms experienced after consuming MAP Medical practitioner's advice 	<ul style="list-style-type: none"> Closeness of relationship with user Availability of family member Gender of family member

Hardest stage(s)

Detailed narratives | Voluntary – MAP (Failure) & SA

Entering the abortion journey



1a

Individual profile

- The couple has 1-2 children
 - At least one of the children is below the age of 6 years, necessitating significant effort from the user in childcare
- The couple experiences financial constraints
 - In addition, the user is concerned about the time and effort required to raise 2 or more young children
- The couple may face marital discord that can influence the user's choice to bear more children

1b

Family norms

- The couple is likely to not want to discuss matters related to abortion with other family members, due to fear of judgement
 - The partner is typically supportive of the user's decisions on important issues (e.g., sexual health, household purchases)

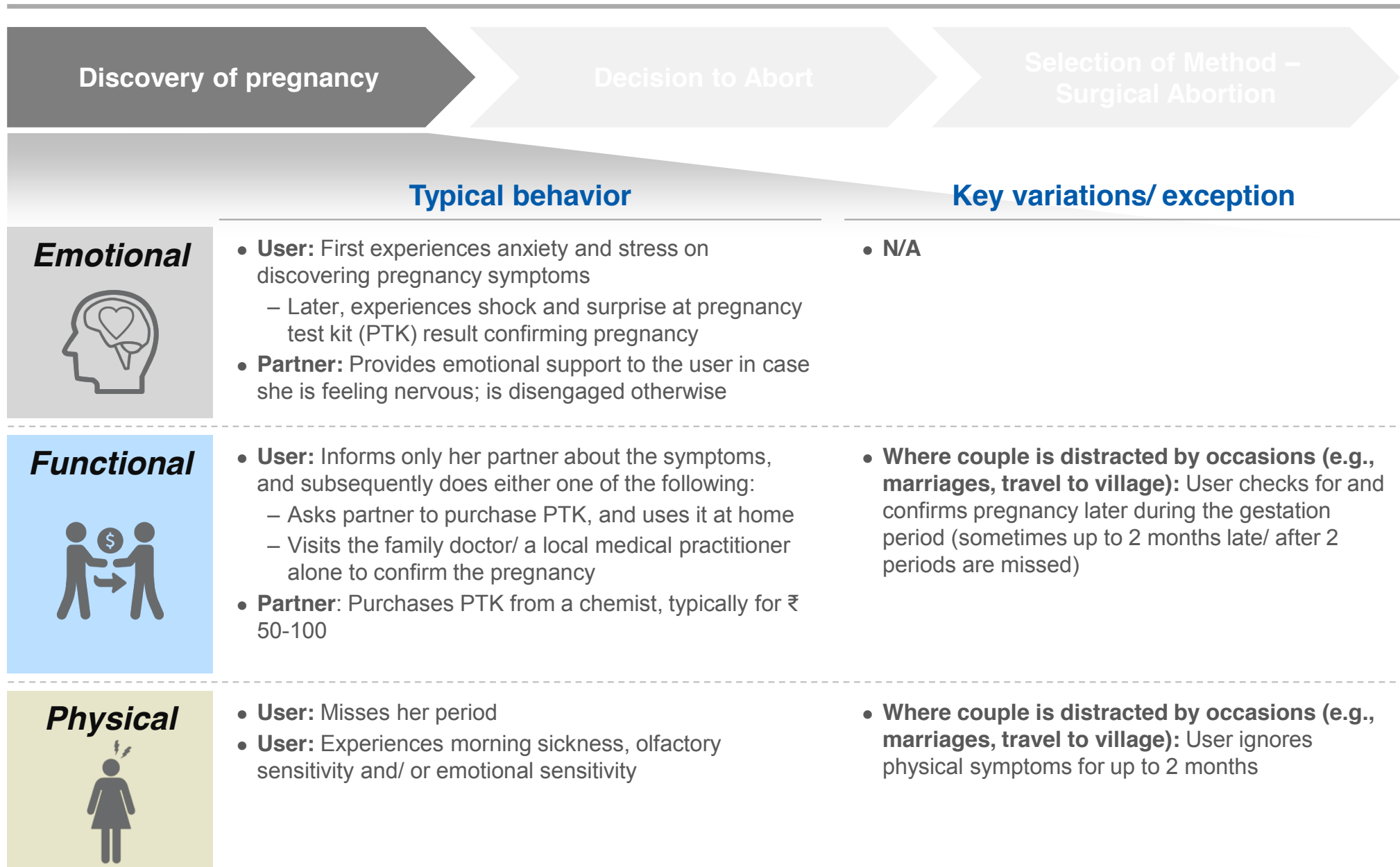
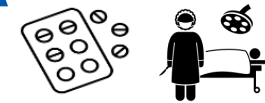
1c

Sexual health and FP profile

- The couple is likely to have used an FP method in the past, typically IUCDs, OCPs or condoms
 - Most of those currently using an FP method, use condoms; they however often have unprotected sex, arising from a stock out (of condoms) at home
 - Some OCP/ IUCD users discontinued due to the product's side effects
- Most users have taken a decision together (prior to the pregnancy) to not have further children
- The couple is likely to be aware of MAP before the journey
 - However, they rarely have detailed information on regimen/ side effects

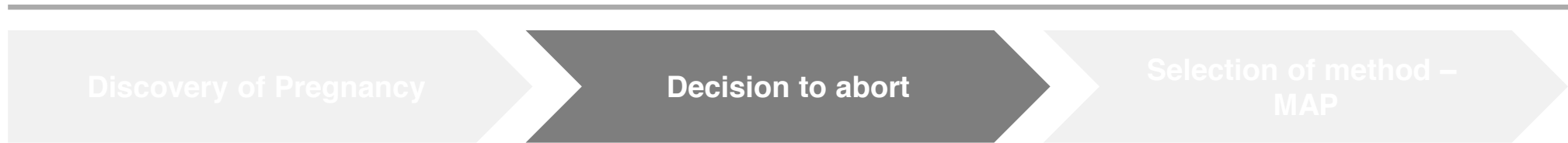
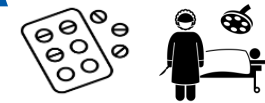
Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Discovery of pregnancy



Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Decision to abort



Typical behavior

Key variations/exception

Emotional



- **User:** Feels nervous and anxious as she wants to avoid putting further financial pressure on her partner, and/ or wants to avoid taking care of more than 2 children
- **Partner:** Feels constrained by his financial situation

- **Where partner is open to continuing the pregnancy:** User experiences more guilt as partner is open to continuing the pregnancy
- **Where couple has taken a firm decision to not have children, prior to pregnancy:** Couple has less anxiety about the abortion decision

Functional



- **User:** Discusses her preference for abortion *only* with her partner
- **Partner:** Shares the user's preference, and the couple jointly decide to terminate the pregnancy

- **Where partner is open to continuing the pregnancy:** User invests greater time and effort to make the case to her partner on the need for abortion
- **Where there is marital discord among the couple:** User might be driven to abortion due to family dynamics, however hides it from her partner and uses other reasons to make the case

Physical

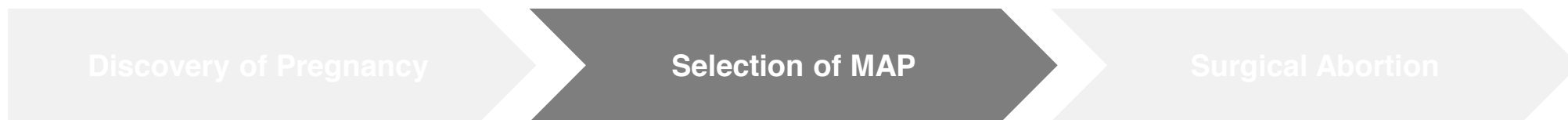
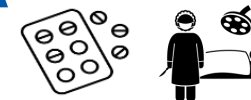


- N/A

- N/A

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Selection of MAP



Typical behavior

Key variations/exception

Emotional



- **User:** Feels mild levels of fear and nervousness about undergoing an abortion
- **Partner:** Feels mild levels of fear on the potential impact of an abortion on the user's health
- **Partner:** Provides emotional support to the user

- **Where couple disagree on the decision to abort:** User might have greater anxiety, as the abortion is hidden from her partner

Functional



- **User:** Selects MAP jointly with her partner. Selection can occur in three ways:
 - A close friend/ relative recommends MAP
 - Couple has prior awareness of MAP
 - Couple consults a familiar, qualified, private medical practitioner, who prescribes MAP
- **Partner:** Gathers information on MAP from doctors/ friends

- **Where couple disagree on decision to abort:** User takes an independent decision to consume MAP
- **Where practitioner recommends surgical abortion:** Couple rejects medical practitioner's advice, as they want to keep the abortion hidden from their family
- **Where user faces significant constraints in moving outside the household:** Partner leads the process of gathering information relevant to method selection and takes a decision to adopt MAP

Physical

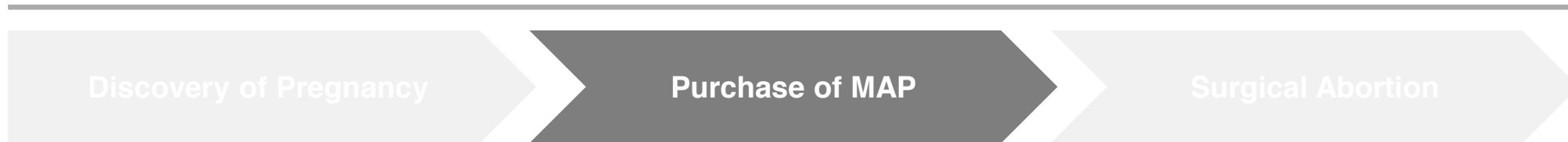
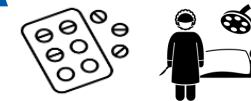


- N/A

- N/A

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Purchase of MAP



Typical behavior

Key variations/exception

Emotional



- **User:** Feels mild levels of fear and nervousness about consuming MAP, similar to the emotional state during 'Selection of MAP'
- **Partner:** Is disengaged

- **Where couple disagree on decision to abort:** User might have greater anxiety as abortion is hidden from her partner

Functional



- **Partner:** Purchases the MAP brand recommended by his friend/ medical practitioner from a pharmacy near his house, typically costs ₹ 250-350
 - Gathers basic information on regimen (does not typically ask about side effects)
- **User:** Receives the MAP product from her partner, along with information on consumption

- **Where couple disagree on decision to abort:** User independently purchases MAP from a clinic/ through a friend
- **Where user visits a clinic and takes a decision on purchase during the consultation:** User receives the MAP product from the medical practitioner, along with basic information on regimen

Physical

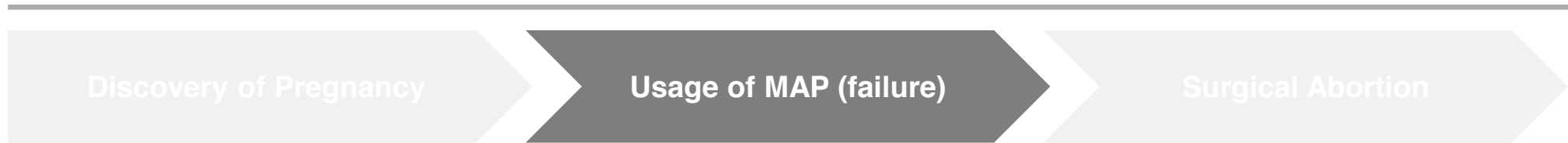


- N/A

- N/A

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Usage of MAP



Typical behavior

Key variations/exception

Emotional



- **User:** Feels mild levels of fear/ nervousness about side effects before consuming MAP
- **User:** Experiences extreme anxiety after consuming MAP, due to side effects and the product having failed
- **Partner:** Has no strong emotional reaction before consumption; however feels extreme anxiety after product has failed

- **Where couple disagree on decision to abort:** Couple have arguments and discord, which adds to the emotional stress for the user and her partner

Functional



- **User:** Consumes MAP at home, by herself
 - Typically, consumes 1 pill on the first day, and at most 2 suppositories later
 - After product has failed, seeks information on improving health condition from family / friends
- **Partner:** Is disengaged till product has failed; later seeks information on next steps from pharmacist/ friends

- **Where couple disagree on decision to abort:** User informs partner about consuming MAP after she starts experiencing side effects or knows it has failed

Physical

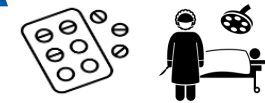


- **User:** Experiences one of the following physical symptoms, that prompt her to check if MAP has failed:
 - Limited bleeding for the first few days/ period not occurring immediately
 - Heavy bleeding/ severe pain for the first 3-4 days
 - Bleeding for up to a month

- N/A

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Consultation with doctor



Decision to Abort

Consultation with doctor

Surgical Abortion

Typical behavior

Key variations/exception

Emotional



- **User:** Feels fear and nervousness about undergoing an invasive procedure
 - Feels worried about the implications on her long-term fertility and health
 - Wants to complete the procedure at the earliest
- **Partner:** Feels extreme anxiety regarding the user's health

- **Where user is under pressure to have a larger family than she wants:** User feels disingenuous about having to lie to her family/ partner, may build a cover narrative to inform family/ friends
- **Where user/ partner does not consider MAP to be an abortion method:** Couple has added anxiety related to the morality of abortion

Functional



- **Couple:** Consults a familiar, qualified, private medical practitioner for consultation
 - Follows doctor's recommendation
- **User:** May communicate choice to be sterilized immediately after the procedure to her doctor

- **Where user consults an older neighbour/ female friend/ relative:** User likely consumes a traditional method to stop bleeding or complete the abortion without the need for a surgical procedure, prior to consulting a doctor (the traditional method fails)

Physical

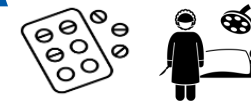


- N/A

- N/A

Detailed narratives | Voluntary – MAP (Failure) & SA

Abortion journey | Surgical abortion



	Typical behavior	Key variation/ exception
Emotional 	<ul style="list-style-type: none"> • User: Experiences fear about undergoing an invasive procedure immediately before the procedure, often triggered by the sight of the operating table • User: Experiences severe emotional distress immediately after the procedure – <i>“I felt like I was going to die”</i> • Partner: Feels anxious regarding the user’s health 	<ul style="list-style-type: none"> • N/A
Functional 	<ul style="list-style-type: none"> • User: Arrives at the private clinic accompanied by a female relative and her partner <ul style="list-style-type: none"> – Is put under general anaesthesia and does not recall the procedure – <i>“I don’t recall much, everything was numb”</i> – Hospital stay varies from 1 hour-2 days – Procedure costs ₹ 5,000-8,000 	<ul style="list-style-type: none"> • N/A
Physical 	<ul style="list-style-type: none"> • User: Experiences severe pain if not properly anesthetized, otherwise experiences only post-operative pain <ul style="list-style-type: none"> – Pain levels immediately afterwards can be equivalent to labor pains – <i>“This was as bad as childbirth”</i> 	<ul style="list-style-type: none"> • N/A

Detailed narratives | Voluntary – MAP (Failure) & SA

Exiting the abortion journey



Typical behavior

Key variation/ exception

Emotional



- **User** may remove evidence of the procedure to emotionally distance herself from the abortion
- **Partner** is anxious and often experiences episodes of trauma related to losing a child or being a cause of distress to the user

- **Where user lives in a nuclear family with no/ few female members:** User experiences a lack of support in bearing the load of housework
- **Where the partner/ family disagrees with the decision to abort:** User regrets causing others emotional distress

Functional



- **User** relocates to her parents' home for 10 days-2 weeks, for the recovery process
 - Experiences bleeding/ spotting for 1-2 weeks
 - Is prescribed tonics/ vitamins for 2 weeks to expedite the recovery process
 - Is advised to come for a follow-up consultation – **but does not go back**

Physical



- **User** experiences bleeding/ spotting for the first 1-2 weeks and significant weakness for up to a month
- **User** is advised to not have intercourse for up to a month after the abortion

Detailed narratives | Voluntary – SA

Example journey



Geeta was born in a village near Patna city. She estimates that she is about 25 years old, though she isn't sure. She completed her 'inter' (12th grade) in the village and moved to Patna after her marriage. She currently lives in a joint family with 6 other members, including her husband, two children, and in-laws. Her husband has (also) studied till 12th grade, and earns ₹ 8,000 per month as a salesman at a local shop, while she earns ₹ 1,000 per month through part-time work as a seamstress. Geeta keeps her earnings from the part-time work with herself and uses them at her discretion on the rare occasion that she gets to go outside the house.

On the advice of her mother-in-law, Geeta had an IUCD installed after her 2nd child. However, she had it removed a year later as it was contributing to her weak health. She is now wary of using other FP methods. After the IUCD was removed, Geeta's husband started using condoms, but he soon discontinued use as it reduced 'sexual pleasure'. Left with no other option, Geeta and her husband now have sex less frequently .

Two months ago, Geeta misses her period. She starts worrying about a potential pregnancy. She asks her husband to purchase a pregnancy detection kit, which confirms that she is pregnant. She feels anxious, as she does not want to have another child. Geeta has had difficult pregnancies in the past and also worries about the financial consequences of raising another child. After discussions with her husband and mother-in-law, she decides to terminate the pregnancy.

Immediately after taking a decision, all three (Geeta, her husband and mother-in-law) visit their family doctor for a consultation, and Geeta is advised to undergo a surgical abortion. Her husband feels awkward and uncomfortable interacting with a female doctor on matters of sexual health and waits outside the consultation room. The doctor does not mention medical abortion, and Geeta herself is unaware of such an option being available .

Geeta returns to the hospital for the surgical abortion the next day; her husband does not accompany her this time as he is busy with work. She feel slightly nervous about the procedure. However, she experiences minimal pain during the surgery, and returns home after paying ₹ 5,000 for the abortion procedure. The doctor prescribes painkillers that are to be consumed for a week after the surgery and advises Geeta to not have intercourse with her husband for at least a month.

She experiences weakness for the next few days, but recovers completely within a month of the procedure. She experiences guilt about ending a life, and seeks wisdom and comfort in her mother-in-law. Due to the financial and emotional consequences, she does not want to undergo an abortion ever again. She plans to get sterilized soon, and has been advised by her mother-in-law to wait until winter.

Detailed narratives | Voluntary – SA

Abortion journey stages



Journey stages	<i>Discovery of pregnancy</i>	<i>Decision to abort</i>	<i>Selection of method (surgical abortion)</i>	Surgical abortion
Details	1	2	3	4
Timeline	4-12 weeks into the pregnancy	1-2 days after previous stage	3-8 days after previous stage	Same day - 4 weeks after previous stage
Locations	<ul style="list-style-type: none"> • Home • Clinic/ hospital • Pharmacy 	<ul style="list-style-type: none"> • Home 	<ul style="list-style-type: none"> • Home • Clinic/ hospital (private) 	<ul style="list-style-type: none"> • Clinic/ hospital (private)
Key decisions	<ul style="list-style-type: none"> • Timing of check • Choice of method and provider (Home use of PTK/ doctor administered PTK) 	<ul style="list-style-type: none"> • Termination of pregnancy • Timing of pregnancy termination (in case of sex selective abortion) 	<ul style="list-style-type: none"> • Choice of surgical abortion as method • Choice of practitioner/ type of clinic/ hospital • Choice to get sterilized 	<ul style="list-style-type: none"> • Choice of person(s) accompanying user to the clinic/ hospital
Motivators	<ul style="list-style-type: none"> • Missing period • Morning sickness • Olfactory sensitivity • Emotional sensitivity 	<ul style="list-style-type: none"> • Financial constraints • Time and effort of childcare • Fetus not being well-developed • Preference for male child 	<ul style="list-style-type: none"> • Medical practitioner's advice • Concern that MAP would lead to incomplete abortion • No awareness of MAP 	<ul style="list-style-type: none"> • Closeness of relationship with user • Availability of family member • Gender of family member

Hardest stage(s)

Detailed narratives | Voluntary – SA

Entering the abortion journey



1a

Couple profile

- The couple have at least 2 children; at least one of the children is below the age of 6 years, necessitating significant effort from the user in childcare
- The couple experiences financial constraints
- A few users experience amenorrhea

1b

Family norms

- The couple may experience significant pressure from the extended family to have a male child, especially if their older child/ children are girls
 - Users with low levels of agency and lacking freedom of movement, may experience significant pressure from older female relatives to have more children
 - Users with low levels of agency and lacking freedom of movement, may be told of norms that abortion is immoral/ dangerous, by older female relatives

1c

Sexual health and FP profile

- The couple does not use an FP method (in some cases, may have used one in the past)
- The couple may or may not have prior awareness of MAP
 - Some users believe that MAP leads to incomplete/ unsuccessful abortion, based on the experiences of female relatives, or advice from female influencers

Detailed narratives | Voluntary – SA

Abortion journey | Discovery of pregnancy



Discovery of pregnancy

Decision to Abort

Selection of Method –
Surgical Abortion

Typical behavior

Key variation/ exception

Emotional



- **User:** First experiences anxiety and stress on discovering pregnancy symptoms
 - Later, experiences shock and surprise at PTK result
- **Partner:** Is disengaged

- **Where couple/ family have preference for a male child:** Couple experiences an urgency to ascertain the gender of the child; partner feels happy for the opportunity to have a male child
- **Where user is under pressure to have a larger family than she wants:** User experiences resistance and aversion

Functional



- **User:** Informs her partner and at least one female family relative about the symptoms. Does either one of the following:
 - Visits the family doctor/ a local medical practitioner alone, where she is administered a PTK
 - Asks her partner to purchase a PTK
- **Partner:** Purchases a PTK from a chemist, typically for ₹ 50-100

- N/A

Physical



- **User:** Misses her period
- **User:** Experiences morning sickness, olfactory sensitivity and/ or emotional sensitivity

- **User with amenorrhea:** User experiences delay in discovery, takes a pregnancy test 6-8 weeks after conception, when other symptoms appear

Detailed narratives | Voluntary – SA

Abortion journey | Decision to abort



Discovery of Pregnancy

Decision to abort

Selection of Method –
Surgical Abortion

Typical behavior

Key variation/ exception

Emotional



- **User:** Wants to avoid putting further financial pressure on her partner, and/ or wants to avoid taking care of more than 2 children. Feels compelled by circumstances to take this step, feels resigned. May feel emotionally attached to the foetus in some cases
- **Partner:** Feels constrained by his financial situation to terminate the pregnancy. Feels compelled by circumstances to take this step, feels resigned

- **Where couple/ family have a preference for male child:** Couple feels tremendous pressure and shame
- **Where user is under pressure to have a larger family than she wants:** User feels disingenuous about having to lie to her family/ partner and may build a cover narrative

Functional



- **User:** Discusses her preference for abortion *only* with her partner, without consulting friends or family
- **Partner:** Shares the user's preference and the couple jointly decide to terminate the pregnancy
- **Couple:** Limits the spread of information about the decision to as few family/ friends as possible

- **Where couple/ family have a preference for male child:** User first visits a private clinic/ practitioner alone and learns the sex of the child
 - Later, informs her partner about the sex of the child and the couple base their decision on this attribute

Physical



- N/A

- N/A

Detailed narratives | Voluntary – SA

Abortion journey | Selection of method – surgical abortion



Decision to Abort

Selection of method –
surgical abortion

Surgical Abortion

Typical behavior

Key variation/ exception

Emotional



- **User:** Feels fear and nervousness about undergoing an invasive procedure.
 - Feels worried about the implications on her long-term fertility and health
 - Wants to complete the procedure at the earliest
- **Partner:** Is disengaged

- **Where user is under pressure to have a larger family than she wants:** User feels disingenuous about having to lie to her family/ partner, may build a cover narrative, or project the abortion as involuntary, as she begins seeking support from others

Functional



- **User:** Consults a familiar, qualified, private medical practitioner for consultation
 - Follows doctor's recommendation
 - Seeks advice from an older female relative on choice of method, based on their experience
 - May communicate choice to be sterilized immediately after the procedure to her doctor

- **Where user is under pressure to have a larger family than she wants:** User may use a traditional method to induce a miscarriage, so that she can seek a surgical abortion, telling her family and partner that the abortion was involuntary
- **Rural user:** User travels to nearest town for a consultation (typically a day's journey)

Physical



- N/A

- N/A

Detailed narratives | Voluntary – SA

Abortion journey | Surgical abortion



	Typical behavior	Key variation/ exception
Emotional 	<ul style="list-style-type: none"> • User: Feels fear and anxiety about undergoing an invasive procedure immediately before the procedure (often triggered by the sight of the operating table) • User: Experiences severe emotional distress immediately after the procedure • Partner: Is disengaged 	<ul style="list-style-type: none"> • N/A
Functional 	<ul style="list-style-type: none"> • User: Arrives at a private clinic accompanied by a female relative <ul style="list-style-type: none"> – Is put under general anaesthesia and does not recall the procedure – <i>“I don’t recall much, everything was numb”</i> – Hospital stay varies from 1 hour-2 days – Procedure costs ₹ 5,000-8,000 	<ul style="list-style-type: none"> • Rural user: May have to travel to the nearest town for the procedure • Where user does not face pressure to have a male child: User undergoes sterilization immediately after the procedure
Physical 	<ul style="list-style-type: none"> • User: Experiences severe pain if not properly anesthetized, otherwise experiences only post-operative pain <ul style="list-style-type: none"> – Pain levels immediately afterwards can be equivalent to labor pains – <i>“This was as bad as childbirth”</i> 	<ul style="list-style-type: none"> • N/A

Detailed narratives | Voluntary – SA

Exiting the abortion journey



Typical behavior

Key variation/ exception

Emotional



- **User** feels grateful for the support provided by her female relatives/
 - May remove evidence of the procedure to emotionally distance herself from the abortion
- **Partner** feels disengaged/ no strong emotional reaction

- **Where user lives in a nuclear family with no/ few female members:** User experiences a lack of support in bearing the load of housework
- **Where partner/ family disagrees with the decision to abort:** User feels regret at causing others emotional distress
- **Where user has preference for a male child:** User feels extreme distress and does not want another pregnancy

Functional



- **User** goes to her parents' home for 10 days- 2 weeks, for the recovery process
 - Experiences bleeding/ spotting for 1-2 weeks
 - Is prescribed tonics/ vitamins for 2 weeks to expedite the recovery process
 - Is advised to come for a follow-up consultation – **but does not go back**

- **Where user has an interest in being sterilized:** User seeks information about sterilization from medical practitioners/ female relatives – **does not seek information about other FP methods**

Physical



- **User** may experience bleeding/ spotting for 1-2 weeks
 - Does not experience significant pain/ cramps
 - Recovers fully after 4 weeks
- **User** is advised to not have intercourse for up to a month after the abortion

- **Where user has preference for a male child consider:** User waits for 3 months to conceive another child

Detailed narratives | Involuntary – SA

Example journey



Suman is 22 years old, and lives in a village near Agra. She has been married for two years and lives in a joint family of 10 members. She has never been to school, while her husband has studied till 8th grade. Her husband drives an auto-rickshaw, while her father-in-law and brother-in-law manage their family farm.

She is unaware of her household's monthly income as all (household) monetary matters are handled by her father-in-law. Her family is conservative and does not allow her to step outside the house. Suman completely relies on her husband to purchase items and gather information. She spends most of her time either helping with household chores or staying inside her room.

Suman has no awareness of family planning and has never sought advice about it as she wants to have a child. She discovers she is pregnant after she misses her periods for two consecutive months. She informs her mother-in-law about her situation, who helps her confirm the pregnancy using a pregnancy test kit. They plan to consult a medical practitioner for a routine check-up during Suman's second trimester, and until then, continue with their daily routine.

A few weeks into her pregnancy, Suman lifts a tank filled with water. She experiences sudden pain and bleeding. When the bleeding does not recede, she informs her mother-in-law, who then takes her to a medical practitioner. The medical practitioner scolds her for not consulting her earlier. After an ultrasound check, Suman is informed that she has suffered a miscarriage, and needs to undergo a surgical abortion. Suman is heart-broken; she was looking forward to raising her first child. She returns home and informs the rest of the family about the miscarriage. The women of the household comfort her that night, and prepare her for the abortion procedure the next day.

The next day, Suman goes back to the medical practitioner with her mother-in-law; her husband does not accompany them as he is busy with work. She is given general anesthesia and only remembers waking up after 3 hours and experiencing minor pain. She does not worry, as she believes that pain is to be expected after a surgery.

Suman does not feel the need to visit the doctor again, as she no longer experiences physical pain 15 days after the procedure. But, she does feel depressed about the loss of a child. She shares her pain with her husband who feels the same way. However, she lacks an emotional support system at home, and is unable to find comfort in older members of the family.

She yearns to conceive a child again, but worries that she may never be able to carry a child to term. She would like to know how she can prevent a miscarriage in the future.

Detailed narratives | Involuntary – SA

Abortion journey stages (1/2)

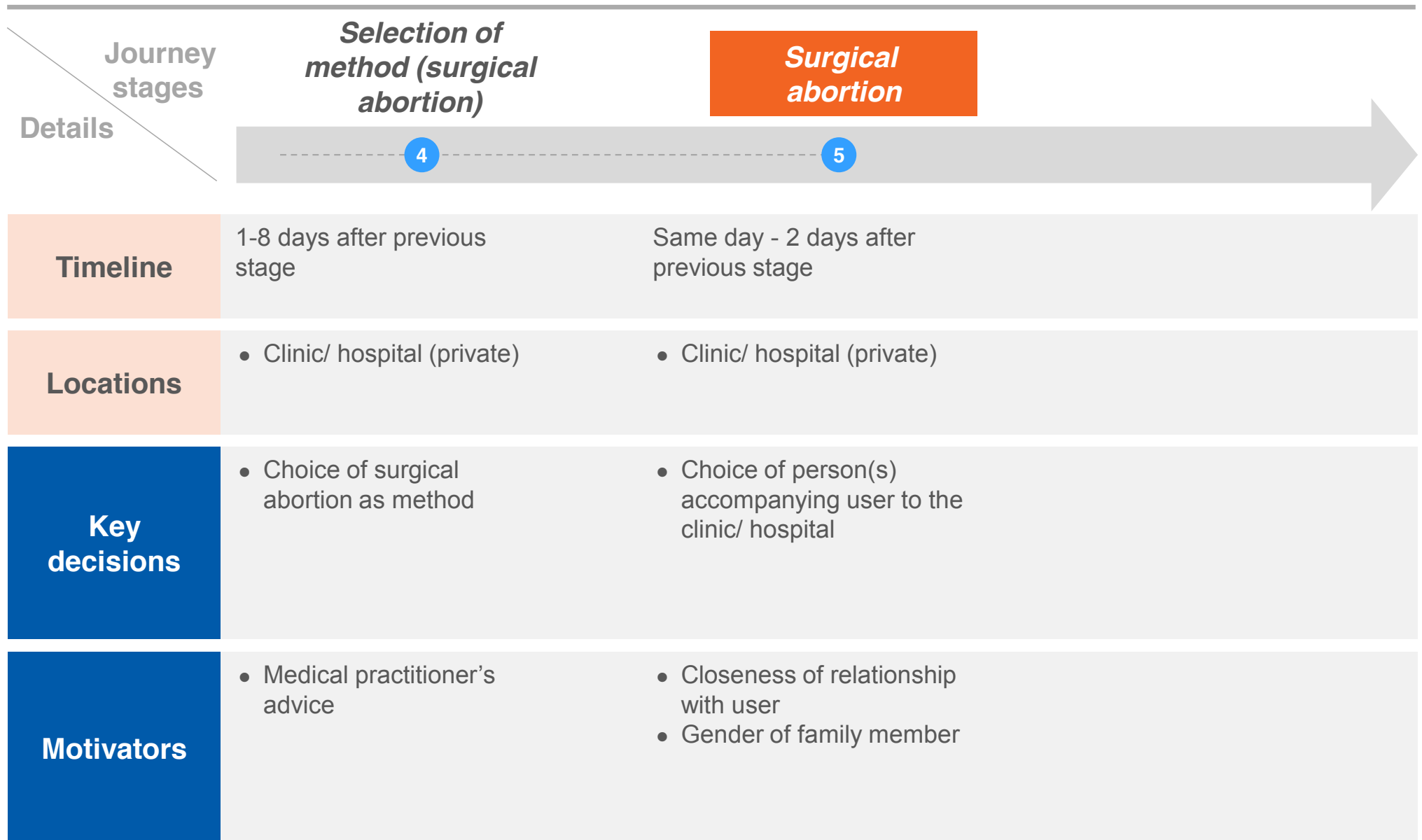


Journey stages	<i>Discovery of pregnancy</i>	<i>Decision to continue with pregnancy</i>	Miscarriage
Details	1	2	3
Timeline	4-8 weeks into the pregnancy	Same time-15 days after previous stage	3 days-9 weeks after previous stage
Locations	<ul style="list-style-type: none"> • Home • Clinic/ hospital • Pharmacy 	<ul style="list-style-type: none"> • Home 	<ul style="list-style-type: none"> • Home
Key decisions	<ul style="list-style-type: none"> • Timing of check • Choice of method and provider (Home use of PTK/ doctor administered PTK) 	<ul style="list-style-type: none"> • Continuation of pregnancy • Choice of family members to give the news to 	<ul style="list-style-type: none"> • Choice to seek help/ consultation • Choice of provider for consultation • Informing family members
Motivators	<ul style="list-style-type: none"> • Missing period • Morning sickness • Olfactory sensitivity • Emotional sensitivity 	<ul style="list-style-type: none"> • Desire to have a child/ more children • Perception that abortion is immoral or risks the user's health • Encouragement from family to continue with the pregnancy 	<ul style="list-style-type: none"> • Risks to user's health • Familiarity with medical practitioner • Desire to feel supported by family members in a crisis

Hardest stage(s)

Detailed narratives | Involuntary – SA

Abortion journey stages (2/2)



Hardest stage(s)

Detailed narratives | Involuntary – SA

Entering the abortion journey



1a

Couple profile

- The couple may already have children and not actively trying to conceive, or may be trying to conceive a first or second child
- The couple have not decided to limit their family size
- A few users experience amenorrhea

1b

Family norms

- The couple typically lives with in-laws, who either directly take, or influence, household decisions
- The couple (especially user) experiences significant pressure from older female relatives in the larger/ joint family to have children, or another child
- The user has low levels of financial agency and lacks freedom of movement

1c

Sexual health and FP profile

- The couple does not use an FP method (though couples not actively trying to conceive have occasionally used FP methods in the past)
- Where the couple is trying to conceive their first child, the user has especially low knowledge about RSH and completely depends on female relatives for guidance
 - Some users believe that abortion is immoral
- The user has low knowledge of FP methods
 - Many couples are trying to conceive, and do not feel a need to seek information on FP
 - Many couples not actively trying to conceive believe that family size is decided by God/ fate, or have a *laissez faire* attitude towards FP
 - Many couples have encountered side effects while using FP methods in the past

Detailed narratives | Involuntary – SA

Abortion journey | Discovery of pregnancy



Discovery of pregnancy

Decision to Continue with Pregnancy

Miscarriage

Typical behavior

Key variation/ exception

Emotional



- **User:** Experiences neutral feelings on encountering pregnancy symptoms, or does not readily associate these symptoms with pregnancy
 - Experiences either neutral feelings or happiness at PTK confirmation
- **Partner:** Feels happy, and has some apprehensions about the financial implications of the pregnancy

- **Where couple is actively trying to conceive:** Couple is joyful and feels rewarded when the pregnancy is confirmed
- **Where couple has been using an FP method:** Couple experiences surprise and shock
- **Where user is experiencing her first pregnancy:** User feels excited and apprehensive at the same time

Functional



- **User:** Informs partner and at least one female family member (typically mother figure) about symptoms, and about PTK result subsequently. Does either one of the following:
 - Visits the family doctor/ a local medical practitioner. Is administered a PTK, testing positive
 - Asks partner to purchase a PTK,
- **Partner:** Purchases a PTK from a chemist, typically for ₹ 50-100, or accompanies user to a clinic

- **Where user is experiencing her first pregnancy:** User seeks advice from multiple older female relatives/ friends who have been through a pregnancy

Physical

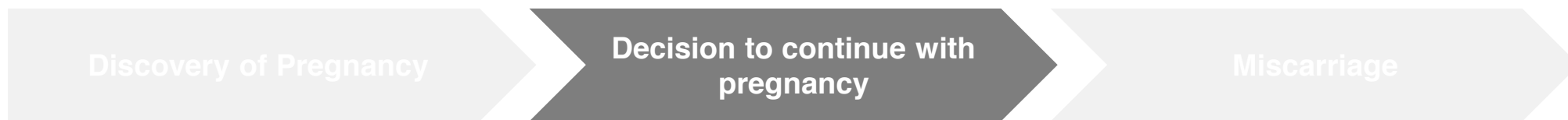


- **User:** Misses her period
- **User:** Experiences morning sickness, olfactory sensitivity, and/ or emotional sensitivity

- **User with amenorrhea:** Experiences delay in discovery, visits a doctor or takes pregnancy test 6-8 weeks after conception, when other symptoms appear

Detailed narratives | Involuntary – SA

Abortion journey | Decision to continue with pregnancy



Typical behavior

Key variation/ exception

Emotional



- **Couple:** Feels there may be risks to the user's health if an abortion is conducted
- **Couple:** Feels emotionally attached to the foetus
- **Partner:** Feels that he needs to raise his income to support his family

- **Where couple is planning a family:** Couple does not take an active decision as they have pre-decided to continue with the pregnancy
- **Where partner is opposed to continuing the pregnancy:** Partner may feel guilty as user wants to continue the pregnancy

Functional



- **Couple:** Informs multiple family members and friends about the pregnancy
- **Couple:** Is advised by family members (who they had informed earlier about the pregnancy) to continue with it

- **Where partner is opposed to continuing the pregnancy:** User invests time and effort to make the case to her partner for continuing the pregnancy

Physical



- N/A

- N/A

Detailed narratives | Involuntary – SA

Abortion journey | Miscarriage



Decision to Continue with Pregnancy

Miscarriage

Surgical Abortion

Typical behavior

Key variation/ exception

Emotional



- **Couple:** Feels distraught and worry that they may have lost their child – *“I felt like I had been hit by a blow, my heart felt so heavy, I couldn’t stop crying.”*
- **User:** Feels that she has let her partner and her family down or feels resigned, in some cases user may be blamed by family members for the miscarriage
- **Partner:** Experiences concern for the user’s health

- **Where couple is actively planning for a child:** Couple experiences higher levels of distress

Functional



- **User:** Seeks help/ advice from her partner
- **User:** Seeks help/ advice from at least one older female relative
- **Partner:** Seeks advice from his male family members

- **Rural user:** User experiences delay in receiving advice/ help, as family has limited knowledge on RSH

Physical

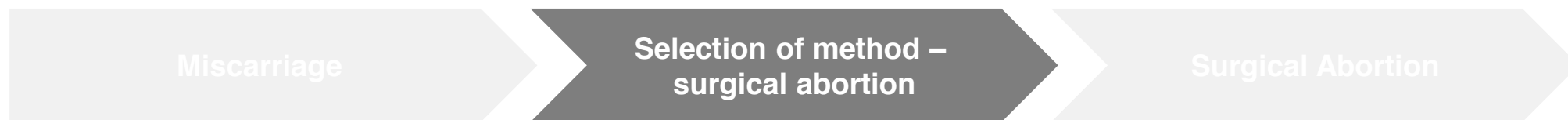


- **User:** Experiences bleeding or spotting, accompanied by severe pain or cramps in some cases
 - Miscarriage may be caused by medical issues, lifting heavy objects, or domestic violence

- **N/A**

Detailed narratives | Involuntary – SA

Abortion journey | Selection of method – surgical abortion



Typical behavior

Key variation/ exception

Emotional



- **Couple:** Feels resigned in the knowledge that surgical abortion is their only recourse
 - Some couples may experience anger at being rushed by a medical practitioner to go through with the procedure
- **Partner:** Is disengaged, as he feels women’s health issues are not pertinent to him

- N/A

Functional



- **User:** Consults a familiar, qualified, private medical practitioner
 - Follows the doctor’s recommendation
 - Seeks advice from older female relatives on expectations regarding the procedure
- **Partner:** Accompanies user to the clinic, in some cases

- **Rural user:** User travels to the nearest town for a consultation (a day’s journey)

Physical



- N/A

- N/A

Detailed narratives | Involuntary – SA

Abortion journey | Surgical abortion



Typical behavior

Key variation/ exception

Emotional



- **User:** Feels fear and anxiety about undergoing an invasive procedure immediately before the process (often triggered by the sight of the operating table)
- **User:** Experiences severe emotional distress immediately after the procedure
- **Partner:** Feels distressed; however focuses on the user's needs. May be disengaged in some cases

- **Couple trying to conceive again:** Couple experiences worry about their long-term fertility/ability to have children

Functional



- **User:** Arrives at private clinic accompanied by a female relative or her partner
 - Is put under general anaesthesia and does not recall the procedure – *“I don't recall much, everything was numb”*
 - Hospital stay varies from 1 hour-2 days
 - Procedure costs ₹ 5,000-18,000

- **Rural user:** User may have to travel to the nearest town for procedure; the journey back home is a particularly difficult experience

Physical



- **User:** Experiences severe pain if not properly anesthetized, otherwise experiences only post-operative pain
 - Pain levels immediately afterwards can be equivalent to labor pains – *“This was as bad as childbirth”*

- N/A

Detailed narratives | Involuntary – SA

Exiting the abortion journey



Typical behavior

Key variation/ exception

Emotional



- **User** feels grateful for the support provided by her partner and female relatives
 - Typically wants either time and space to recover from the experience, or emotional support from family
- **Partner** feels distressed, but tries to focus on the user's needs

- **Where user lives in a joint family:** User receives significant support in bearing the load of housework
 - User receives care and concern for their well being
- **Where couple is trying to conceive again:** Couple feels extreme distress, but focuses on looking forward

Functional



- **User** goes to her parents home to recover for 10 days-4 weeks
 - Experiences bleeding/ spotting for 1-2 weeks
 - Is prescribed tonics/ vitamins for 2 weeks to expedite the recovery process
 - Is advised to come back for a follow-up consultation – **most go back for the check**
- **Couple does not seek information about FP methods**

- **Where couple is trying to conceive again:** Couple may seek consultation on fertility treatment
- Some users have difficulty consuming medication prescribed to expedite recovery

Physical



- **User** may experience bleeding/ spotting for 1-2 weeks
 - Does not experience pain/ cramps
 - Recovers fully after 4 weeks
- **User** is advised to not have intercourse for up to a month after the abortion

- **Where couple is trying to conceive again:** User considers waiting for 3 months- 2 years before having a child



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