



CommonHealth

Availability of Safe Abortion Services and Perspectives of Actors on Right to Safe Abortion in Nawada District, Bihar, India

A Project Brief

» **Background**

CommonHealth is part of the “Claiming the Right to Safe Abortion: Strategic Partnership in Asia” project. The project through advocacy aims to strengthen capacities to improve engagement and ensure rights to safe abortion services in Bangladesh, India, Nepal, Cambodia and the Philippines. To develop an appropriate theory of change for guiding advocacy, it is necessary to understand the perspectives of the service providers, potential users and the community. CommonHealth perceived a number of gaps in understanding the barriers to safe abortion services such as inadequate data on the availability of services, community and provider views and attitudes towards abortion rights and services and support from Civil Society Organisations (CSOs) and Community-Based-Organisations (CBOs) to abortion as a women's right.

In the first phase of the project, CommonHealth conducted a baseline assessment to understand the availability of and access to safe abortion services and the factors that impact it; and to understand the perspectives of CSOs and CBOs, community leaders, women, and healthcare providers on abortion as a women's rights issue.

CommonHealth, constituted in 2006, is a multi-state coalition of organizations and individuals advocating for better sexual and reproductive health, with a specific focus on maternal health and safe abortion.





Methodology

The baseline assessment involved the collection of primary and secondary data. Secondary data was sourced from national surveys and studies and from a review of existing literature.

Primary data was collected from the Nawada district of Bihar. In-depth interviews were carried out with key informants such as frontline workers, community leaders, and health service providers; Focus Group Discussions (FGDs) with women from marginalised groups and facility surveys in select private facilities.

Trained investigators from Lok Chetna Vikas Kendra, a CommonHealth member organisation undertook the baseline assessment in Nawada district of Bihar. Semi-structured tools in the local language (Hindi) were developed and used by the field investigation team to collect the primary data.

Ethical approval: The Institutional Ethics Committee of the Rural Women's Social Education Centre in Tami Nadu provided ethical approval for the baseline assessment

State context

Bihar, the third most-populous state in India, is known for its poor economic and socio-demographic indicators and public health infrastructure. There is a significant shortage of gynaecologists and obstetricians in peripheral areas. In 2011, the Government of Bihar jointly with IPAS Development Fund (IDF) launched Yukti Yojana, a Public-Private Partnership, to provide low-cost first-trimester abortion services through empanelled private hospitals. It allocated Rs 385.9 lakh in its Project Implementation Plan (PIP) for operationalisation of safe abortion services.

The state is home to several local branches of US-funded international NGOs, which, being bound by the 'gag rule,' are prevented from funding or being associated with abortion services of any kind. IDF has been involved in the training of providers at the PHC¹ level and equipping facilities to provide first-trimester abortion. In the recent past, NGO action to prevent sex-selective abortions has gained momentum following a UNFPA study on the poor implementation of the Pre-Conception and Prenatal Diagnostic Techniques (PCPNDT) Act.

Findings

According to the 2015 Guttmacher study, an estimated 1.25 million abortions were performed in Bihar in 2015, both safe and unsafe, in health facilities and other settings. State health department's Health Management Information System (HMIS) for the same period captured only a miniscule fraction (<0.5%) of these. A

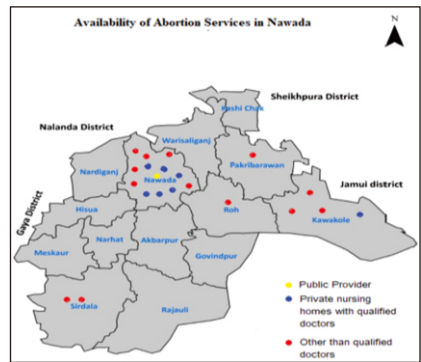
¹ Primary Health Centre



majority (84%) of women who had an abortion were from the rural areas, and 60 per cent belonged to the other backward castes (OBCs). An estimated 2,834 facilities provide abortion care and of these 22 per cent are government, and 78 per cent are private. Yet, less than a fifth (16%) of abortions were performed in health facilities (majority in private) and 79 percent took place in non-facility settings using medical methods of abortion.

In Nawada, where CommonHealth's baseline assessment was focused, 19 government facilities are authorised under the MTP Act but according to respondents only the district hospital provides abortion services. Additionally, six private authorised nursing homes run by qualified allopathic doctors and 13 clinics run by unqualified providers provide abortion services. Of the mapped services providers, all the formal, registered providers are located in the district headquarters and the unqualified providers are spread across five of the 14 blocks in the district.

Even in facilities that provided abortion services, availability of second-trimester abortions was highly restricted. Government facilities made married women make multiple visits to obtain services, often refused services to unmarried women or subjected them to abuse, and insisted on 'guardian's' consent for both. Women therefore preferred private facilities but the cost of these services ranged from Rs. 1000 to Rs. 50,000. None of the baseline assessment respondents had heard of Yukti Yojana and the free services available under the scheme.



Unlike the findings of the Guttmacher study, in our baseline assessment the abortions, though sought in the first trimester, were predominantly surgical procedures. Medication for abortion when used was mostly purchased across the counter for self-administration or was provided by unqualified providers.

Most women respondents believed that abortion was illegal but perceived that it was needed for the protection of the mother's health and in case of foetal anomaly and rape. While their opinions were divided on whether unmarried women should have access to abortion services, their attitudes were decidedly negative towards abortion in the case of contraceptive failure, marital rape or unplanned pregnancy in married women.

Providers were also largely against providing abortions to married women with an unplanned pregnancy while their attitudes towards abortion services to unmarried girls were mixed.

In the community, abortion appeared to be strongly stigmatised and it was also unlikely to receive any support from peers and family members. None of the CSOs

working on maternal health worked on promoting safe abortion, a majority thought that it was not a priority, and a few were concerned about donors' reaction in case they did get associated with the promotion of access to abortion services.

» Key Issues

Negative and disrespectful attitude of service providers in government hospitals, the high costs of abortion services in the private hospitals, lack of awareness amongst women and stigmatisation in the community appeared to be major barriers to women's access to safe abortion services in Nawada district of Bihar.

The baseline assessment findings are expected to guide the advocacy agenda towards making safe abortion services available free of cost to women who need them and towards promoting availability of abortion services as a woman's reproductive right.

» Acknowledgments

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