

Self-Managed Abortion Journeys of Women

A research study using diary method in two states of India

Ipas Development Foundation (IDF) is dedicated to preventing and managing unwanted pregnancies. At IDF we believe that no woman should have to risk her life or her health because she lacks reproductive health care, and every woman must have the opportunity to manage her fertility. Ipas Development Foundation (IDF) is a not-for-profit company registered under section 25 of the Indian Companies Act, 1956 (now known as section 8 of Companies Act, 2013).

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List of Abbreviations

CMS: Centre for Media Studies

IDF: Ipas Development Foundation

LMP: Last Menstrual Period

MA: Medical Abortion

RMP: Rural Medical Practitioner

SBCC: Social and Behavior Change Communication

SMA: Self-Managed Abortion

WHO: World Health Organization

Executive Summary

Globally the abortion landscape has been evolving with a major shift towards self-managed abortion. An abortion incidence study (Singh et al 2018) reported an annual incidence of 11.5 million (73% of total abortions) self-managed abortions (SMAs) in India. Women prefer their own spaces to conduct abortions instead of the health facility. The government programs in the country are focused on providing facility-based abortion services, hence missing the opportunity of serving women outside the health facility. This poses a challenge to address the needs of women managing abortion at home. The existing evidence on self-managed abortion fails to document the experiences, and key internal and external factors involved before, during, and after abortion. With the new WHO guidelines 2022 focusing on an enabling environment for women in pre-abortion, abortion, and post-abortion stages, it is imperative to document and understand women's experiences in each of these stages. This will facilitate in identifying key intervention areas for an enabling abortion ecosystem for women. This study, a pilot and first of its kind, aimed to capture the journey of self-managed abortion using an individual diary as a tool for data collection.

Using a qualitative study design, the study included married women aged 18 and above who accessed abortion drugs from chemist shops for SMAs from October-20 to March-21 and voluntarily contacted the study team to participate in the study. A user-centered approach was designed to document the journey using an abortion diary. The diary allowed each woman to write about their day-wise experience with SMAs, along with a few retrospective and prospective questions. Including retrospective questions were important to understand the

complete abortion journey since the decision to choose abortion would help in understanding the support systems and information pathways.

A total of 68 married women from rural areas of two major states of India were included in the study. Majority of the study participants (n=41) were mostly in the age group of 25-30 years, from a low socioeconomic stratum (n=33) with some level of education (n=53). Most of the study participants detected their pregnancy within 6-9 weeks of their last menstrual period. The findings were categorized into broad domains: decision making around abortion, information seeking pathways, purchase of abortion drugs, the physical and psychological experience of abortion, support structures followed by summarization of the overall experience.

Decision to terminate pregnancy was found to be an important step in the abortion seeking pathway and the consensus from husband and/or family members (for abortion) is a crucial factor in creating an enabling environment for abortion. The narratives showed that only two women out of the 68 were final decision makers in choosing to terminate the pregnancy. Socioeconomic ability of the family and women to support another child, completion of the desired family unit, health of the women, and family support and environment were the key factors that affected the decision-making around abortion. Women opted for abortion, by keeping it a secret from the family members who were perceived to be non-supportive of the decision, with support from their husbands.

Community members, family members (mostly husband or sisters-in-law), previous users (self, or friend or

relatives), internet, community health workers, and pharmacists were the major information sources on self-managed abortions. These informal sources of information (often inconsistent) created gaps in knowledge leading to an increased sense of uncertainty and fear for the abortion process and also a discrepancy in following the drug protocol.

Majorly husbands (n=38) purchased abortion drugs from pharmacies. Some of the participants (n=28) practiced their agency of freedom of movement and access to resources by self-purchasing the abortion drugs. However, for a few the attitude of pharmacists acted as a barrier for women's agency, as the pharmacists denied providing medicine to women without speaking their husbands.

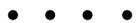
Women experienced a multitude of stressors throughout their abortion journey which started from deciding to opt for abortion and continued till its completion. Women with supportive husbands and/or family members managed through minimal household work and those without, reported high levels of stress due to anger and resentment. Gradual reduction of bleeding and pain, absence of nausea, heaviness, tiredness, and body aches were perceived as completion of abortion by the study participants. Most of the participants (n=60) perceived completion of abortion within 6-10 days, some (n=7) completed within 10-11 days and only one took 21 days to perceive completion of the process. A few women intended to use a modern contraceptive methods like oral pills or sterilization to avoid unwanted pregnancies in future. This reflection was observed while experiencing pain, anxiety, and stress of abortion and after completion of the process.

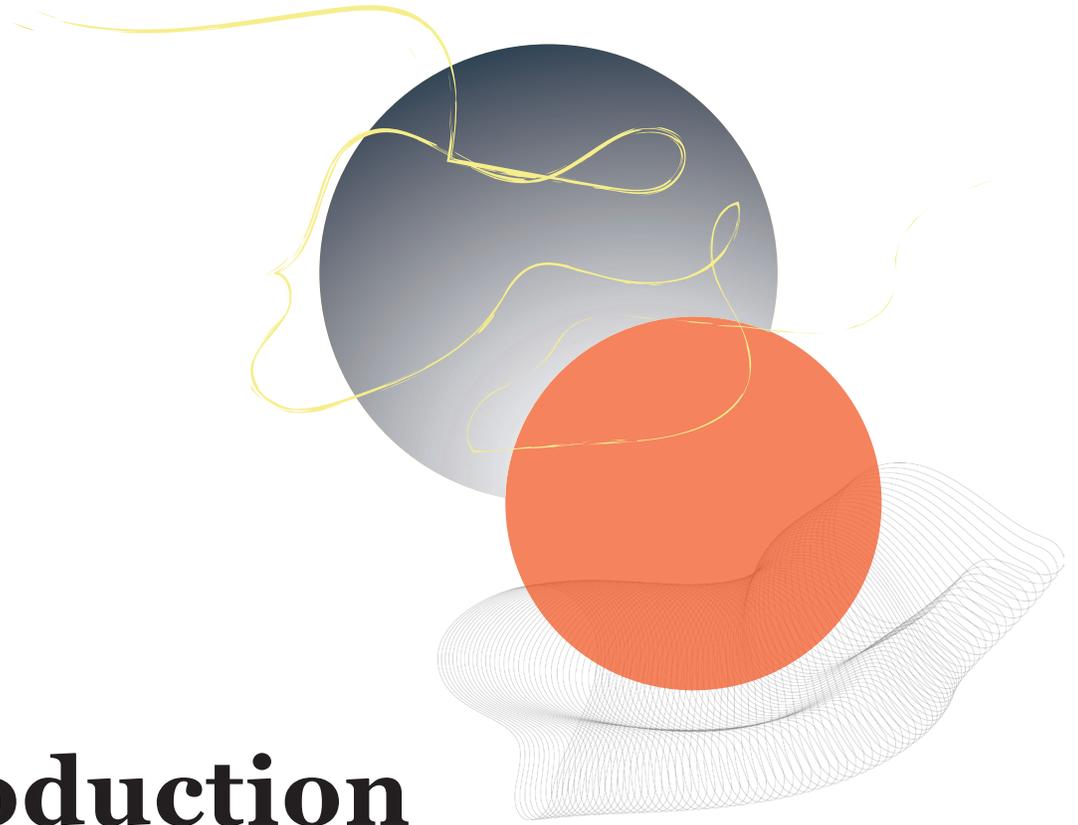
The study threw light to new body of knowledge and highlighted areas of intervention. These key intervention areas for an enabling abortion environment are:

- Shifting of intervention lens from only women-centric to more inclusive interventions targeting husbands and family members to create an enabling abortion environment for women. For example: social and behaviour change communication (SBCC) intervention for husbands, community members and family members can be designed and implemented

- Creating reliable information channels for abortion through inter-personal communication materials and developing community support system that include training of field level workers, peers and pharmacists. Leveraging digital platforms through user-centric AI Chatbot and videos in YouTube and creating telephone helplines.
- Addressing knowledge gap and providing psychological support using interactive digital platforms through a telephone helpline where women can ask their personal questions and obtain guidance during their abortion journey (before, during and postabortion).
- Capacity building of pharmacists and sensitizing them to reduce their biases.

This report offers a thorough and detailed overview of the study and its findings. To delve into specific areas of interest, please refer to: "[Abortion Self-care Journey: Insights to Improve Experiences.](#)" "[Abortion Self-care: Circles of Trust.](#)" and "[Closing the Gap: Improving Quality in Abortion Self-care.](#)" These segments provide a nuanced exploration of key domains, offering a pragmatic perspective on the study's focal points.





Introduction

CONTEXT

The global landscape of abortion care has seen major changes in the last few decades. With the increased prevalence of self-managed abortions, the landscape has rapidly evolved; women are no longer limited to health facilities and have greater choices in where and how they choose to obtain an abortion. Medical abortion drugs are available from a wide variety of sources, such as chemists or medicine sellers, and rural medical practitioners. Research studies have revealed that pharmacies and medicine shops are the most commonly available source of health care in the world. They serve as the first source of solution in communities primarily because of their accessibility, convenience, privacy, minimum waiting time, and cost (Beitz 2004; Bista et al 2002; Banerjee et al 2018). Even in countries with restricted access to medical abortion, women continue to obtain these drugs through physicians, pharmacies, online purchase, or through the black market (Kapp et al 2017, Erdman 2012, Powell Jackson et al 2015). Furthermore, women often bypass service

providers by using the method themselves with the help of information on usage which they receive from their peer group (Berer et al 2018).

In the last decade, abortion care in India also has undergone a radical transformation. Women are now predominantly accessing medical methods of abortion, i.e. through abortion drugs, which they purchase directly from chemists or RMPs. Medical abortion is becoming the preferred method of choice for women to terminate unintended pregnancies by abortion self-care (IDF 2018). Community-level research conducted by IDF in State 1 and State 2 has shown that a large proportion of women, with an unintended pregnancy, chose to obtain medical abortion drugs from pharmacists or other sources for abortion self-care rather than visiting health facilities (ibid). These findings are further corroborated through an incidence study, conducted in 2015 in six Indian states, which found that, 11.5 million i.e., 73% of all abortions are self-managed outside the health facility and only 4.2 million i.e. 22% of all abortions are done surgical and using medical methods at health facilities (Singh et al 2018).

Within this backdrop, the users of medical abortion outside facilities have raised significant questions which remain unanswered. There is limited documentation on the experiences of women and on successful interventions that has enabled self-managed medical abortions outside the formal health system. These gaps create areas for further research on self-managed abortion (SMA) being a preferred and viable option for women in India. We believe research in this direction will be critical in improving women's access to safe abortions and other reproductive health services.

Globally, studies on self-managed abortions have used structured, semi-structured, and open-ended questions to capture the feelings and experiences of women. These interviews have mostly been carried out post completion of abortion and therefore capture experiences as 'recalled'. These research studies often fail to capture the dynamic feelings, internal and external support and experiences of women (physical

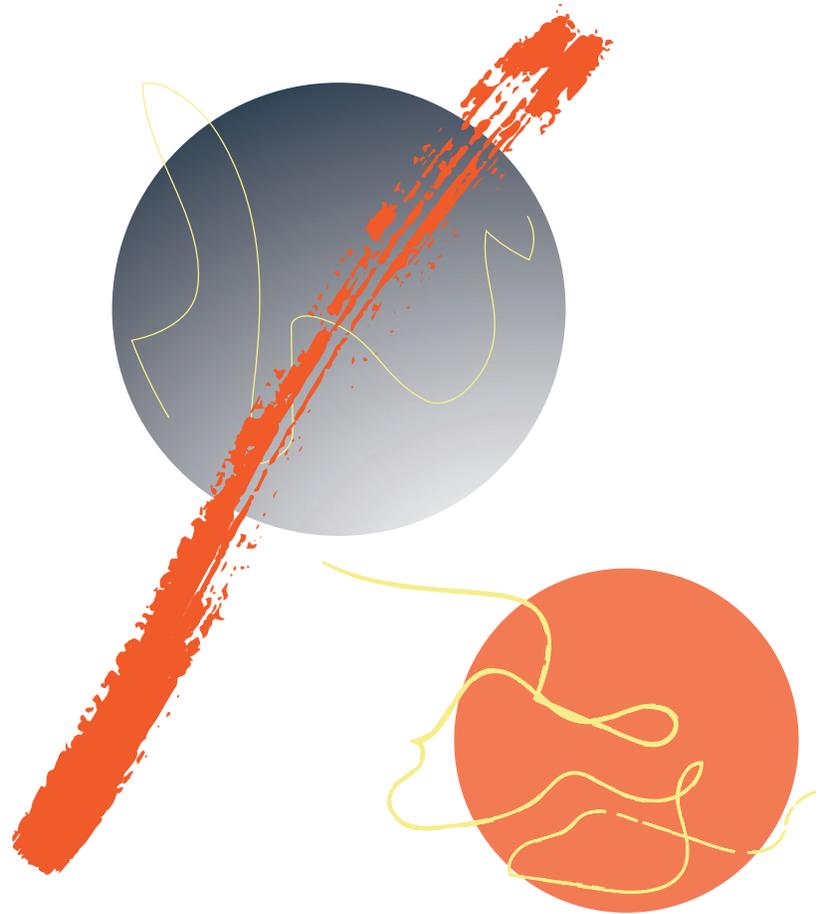
and psychological) during the process of self-managed abortions. The new WHO guidelines 2022 (WHO, 2022) emphasizes on creating an enabling environment for women in pre-abortion, abortion, and post-abortion stages and therefore it is crucial to understand women's experiences in each of these stages.

With an aim to understand the journey of self-managed abortion, Ipas Development Foundation conducted a research study to explore women's overall experiences as they accessed and used abortion drugs by documenting their daily experiences. The study attempted to capture the real-time experiences of women through abortion diaries.

OBJECTIVES

This research study aimed to capture the self-managed abortion journey of women as documented by them through daily diaries. The diaries sought to offer a medium by which women would document their abortion experiences. This methodology was innovative, in that it explored these intimate concerns in a manner which would otherwise be difficult to research. The specific objectives of the study were as follows:

1. Understanding the pathways of decision making around medical abortions, information seeking around medical abortions, and access to medical abortion drugs
2. Exploring real-time, self-managed abortion journey in terms of drug protocol followed, women's daily experiences, feelings, and concerns.
3. Understand the support systems available to women during their abortion self care journey.



METHODOLOGY



1.1 STUDY DESIGN

An explorative qualitative study design was adopted for this study. All respondents selected in this study were married and were aged 18 years and above. Respondents had the agency to provide voluntary consent themselves to participate in this study.

To identify women who self-managed abortion using medical abortion drugs, a contact card was provided to few identified chemists and rural medical practitioners (RMPs) who shared it forward with those women or men who had accessed medical abortion drugs. Women were asked to contact research investigators through given telephone

numbers if they voluntarily wanted to take part in the research study. To ensure confidentiality, voluntary participation, and privacy, a first round of calling and consenting was conducted. Following this, the study team contacted women to handover and orient them on the abortion diary to women who consented to take part in this study. Female research investigators were recruited locally and trained by IDF on the process of filing the abortion diary and ethical aspects to ensure confidentiality and privacy of study participants.

1.2 STUDY SETTING

The study was conducted in two major states in the northern and eastern region of India. These states were chosen due to the relatively higher incidence of self-managed medical abortion. The recently conducted abortion incidence study estimated the annual abortion figures at 3.2 million and 1.25 million in State 1 (Shekhar C., et al., 2018) and State 2 (Stillman M., et al. 2018) respectively. A majority of these medical abortions are conducted outside of health facilities, i.e. 83% of total abortions in State 1 and 79% of total abortions in State 2.

1.3 STUDY TOOL

The study team designed an innovative user-centered approach of documenting the journey using an abortion diary. The abortion diary was designed as a research tool, in which women could document their journey themselves. Each diary presents the unique story of the given respondent. The diary was designed such that women could write about their day-wise experience of self-managed abortion and their reflections on the process after completion of the journey. Additionally, the pathways of decision making, information seeking, and accessing of drugs were also captured in this diary. This user-centered research through abortion diaries provided the opportunity to capture women's voices and explored a wide range of feelings and concerns.

The Abortion Diary was designed with four broad sections:

- Socio-demographic profile of the respondents;

- Pathways of decision making, information seeking, and accessing of drugs;
- Day wise abortion self-care journey experience; and
- Reflections on overall abortion journey experience after completing the process.

In the third section of the diary (day-wise experience) from Day 6 onwards, the diary offered a checkbox wherein the woman could choose whether she perceived the abortion as completed or not. If completed, then the woman could choose to directly move to the last section. If she felt she was still in the midst of her journey, she continued documenting her day-wise experiences. A total of 21 days were provided in the diary - while generally the abortion process is completed by 6-7 days, in cases where women face any complications the diary allowed them for daily documentation up to 21 days. The abortion diary tool was translated into local languages and pre-tested with 10 respondents.

Once respondents had consented to participate in the study, they were oriented on the abortion diary. This was done through an in-person interaction, where women were shown the abortion diary and taken through its format by a female research investigator.

Wherever woman agreed to write the abortion diary herself, the local research investigator handed over the diary to the woman. Women subsequently documented their day-wise abortion self-care journey experience. In other situations, if a woman was unable to document her daily experiences herself, then the research investigator filled the diary on behalf of the woman with their consent. In this case, the research investigator spoke with the respondents daily and entered their responses verbatim.

The study underwent an ethical review process with the local Institutional Review Board of CMS and received ethical approval with few suggested modifications. The study was carried out during October 2020 to March 2021.

1.4 SAMPLE ACHIEVED

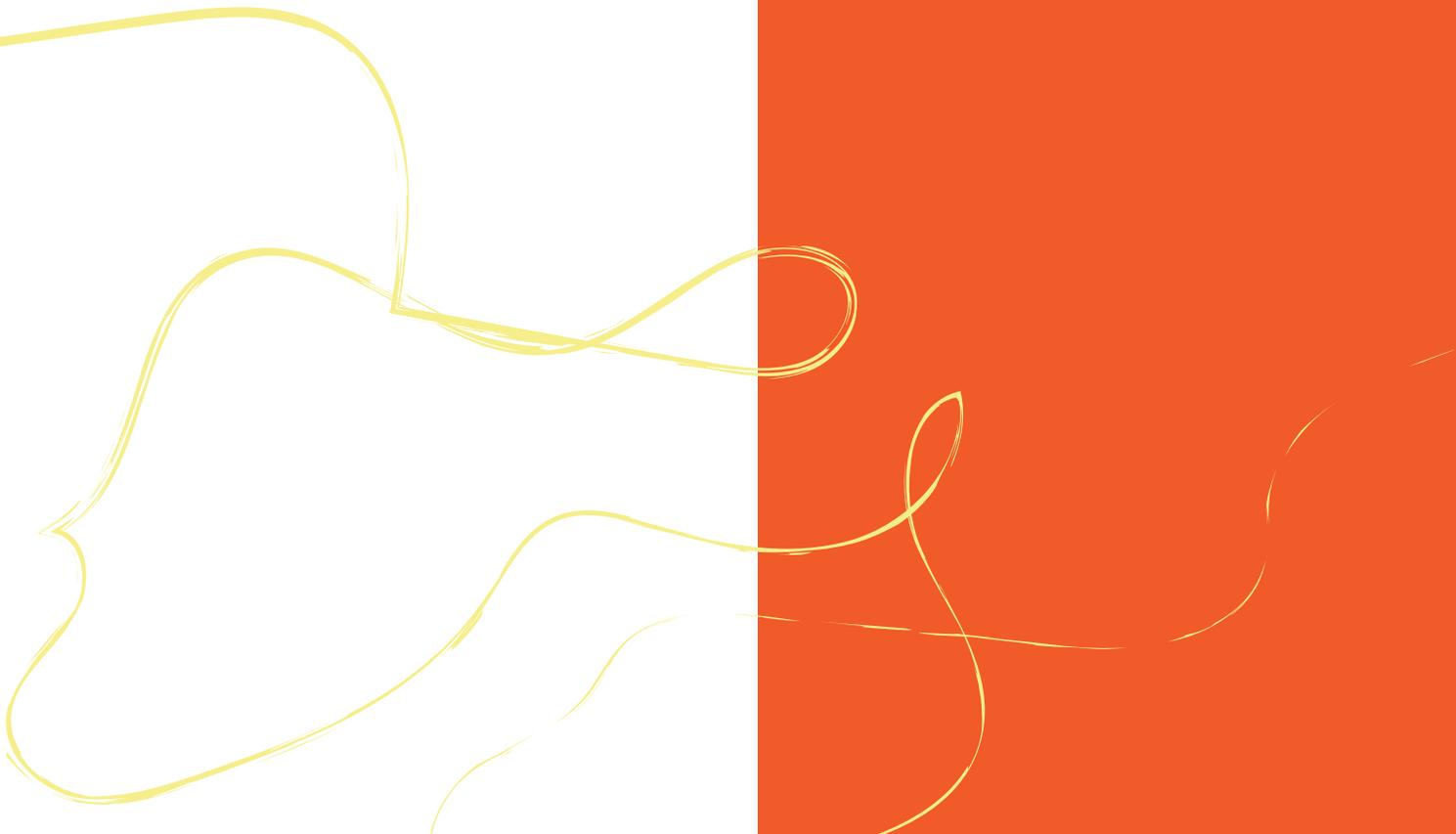
In total, abortion diaries were completed by 68 study participants. Almost equal proportions of these were documented by women themselves and research investigators. The breakdown split by geography and documentation type is provided below. *(See Table i).*

1.5 ANALYSIS

All abortion diaries were written in Hindi, which were further translated to English for analysis. A deductive and inductive approach was used for developing the analysis matrix. Deductive thematic analysis was used at the first phase to identify the constructs and themes of abortion journey experience. In the second phase, an inductive approach was used to identify the emerging sub-themes. The findings presented here are categorised under these themes and sub-themes.

Table i : State-wise distribution of study participants

	State 1	State 2	Overall
<i>Abortion Diaries completed</i>	42	26	68
<i>Written by Woman</i>	13	18	31
<i>Written by Investigators</i>	29	8	37



RESEARCH IMPLEMENTATION FRAMEWORK •

Identifying chemists/RMPs

Identify few Chemists/RMPs who can provide us information about MA users

Recruitment of study participants

Woman or her husband/partner contacts chemist/ RMP for MA services

Chemists/RMPs provide MA & request users / buyer to take part in this study and share contact # of female facilitator and keep contact number of buyers

Women contact female facilitator (0-2days)

Women/husband do not contact (<3 days)

Exclude from research cohort

Refuse to take part

Facilitator contact woman / husband

Consent & Inclusion (1-21st Day)

Agreed to take part in this study

Request consent for study participation

Refuse to participate

Yes, receive consent

Filling Diary to record experience

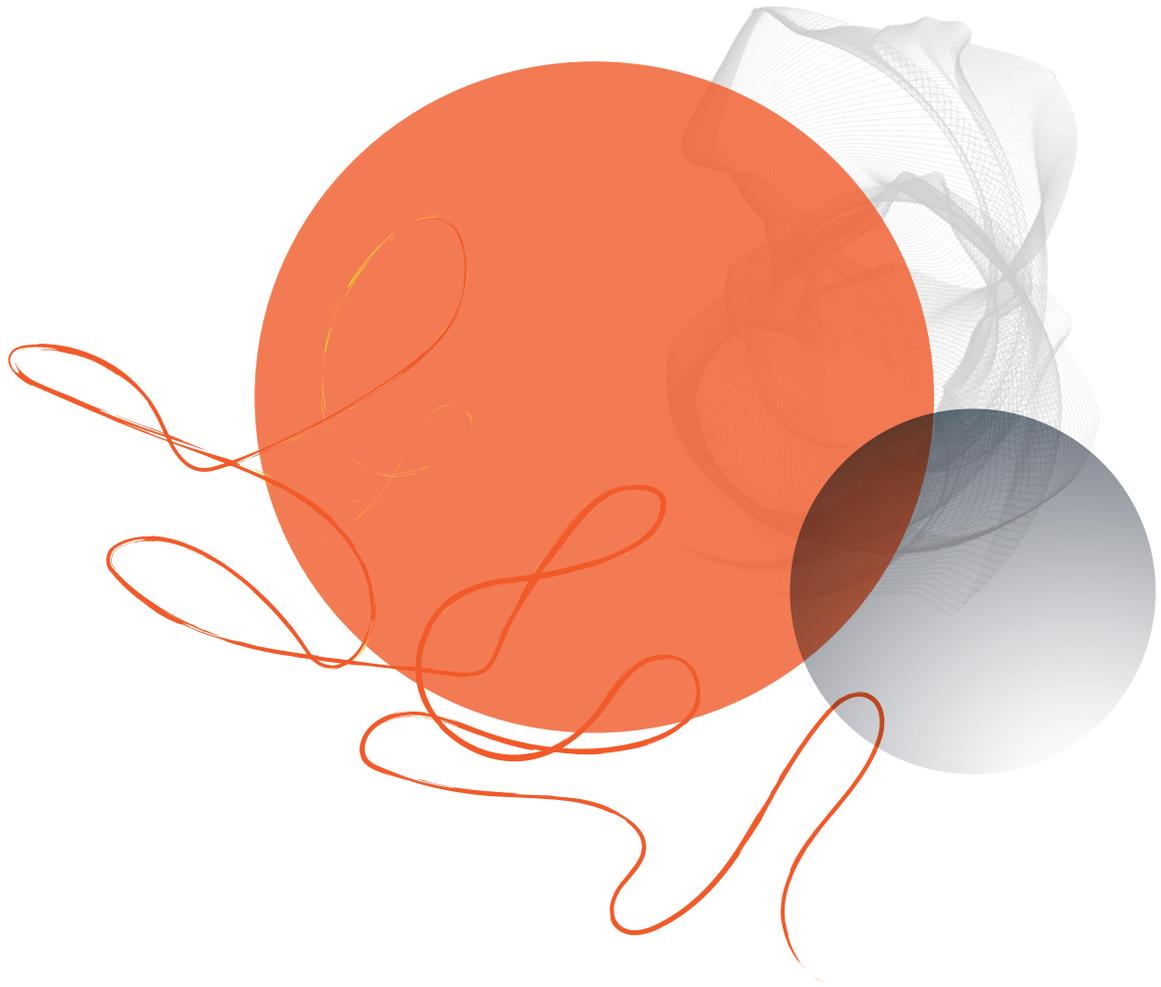
Meet/contact & check if woman can write diary by own

Able to document

Not able to document

Women (SMA users) fill the diary

Facilitators fill the diary on behalf of women (SMA users)



FINDINGS

2.1 SOCIO-DEMOGRAPHIC PROFILE OF RESPONDENTS

The respondents contacted were those undergoing their abortion journey at the given moment. Therefore all diary entries are by women who were either beginning or in the initial stages of their abortion journey. A total of 68 abortion diaries were filled. The findings reflect the context of all of these women. It is worthwhile to note that a majority of the women in the study resided in rural areas (59 of 68), had attended school at some point (53 of 68), were Hindus (59 of 68), and did not engage in any paid employment (58 of 68).



Table ii: Respondent details (N=68)

Characteristics		Diaries written by participants (n=31)	Diaries written by facilitators (n=37)
<i>Age</i>	<25 years	4	7
	25-30 years	21	13
	>30 years	6	17
<i>Education</i>	Never attended school	0	15
	Primary (1-4)	0	3
	Middle (5-9)	3	13
	Secondary and above (10th and above)	28	6
<i>Place of residence</i>	Village	23	36
	Town	8	1
<i>Religion</i>	Hindu	28	31
	Muslim	3	5
	Others	0	1
<i>Caste</i>	SC	5	11
	ST	1	1
	OBC	14	17
	General	11	8
<i>Occupation</i>	Working	4	6
	Not working /housewife	27	31
<i>Source of household income</i>	Cultivation/family farm	6	6
	Agricultural wage laborer	6	14
	Non-agricultural wage laborer	9	6
	Small business	6	5
	Salaried	1	4
	Others	3	2
<i>Holding a BPL card</i>	Yes	15	18
	No	16	19
<i>Number of living children</i>	No living child	2	1
	1 child	8	5
	2 children	10	9
	3 children	7	8
	4 & above children	4	14



Decision Making Pathways

To understand the process of self-managed abortions, defined as a person performing their own abortion without clinical supervision (Moseson et al 2020), the abortion diaries began with exploring the decision-making pathways which led women to arrive at self-managed abortions as the route they would take. In this section, we elaborate on these decision-making pathways.

The findings indicate that there existed two-folds to the decision-making pathway towards self-managed abortions. In the first instance, an internal decision-making process led to the explicit articulation of an intent to terminate the pregnancy. Following this articulation, external discussions and conversations influenced the timing and choice of medical abortion. However, these influencers were not independent or explicit determinants of the decision to undergo self-managed abortions, i.e. in cases where women had the agency to terminate their pregnancies (either independently or with the support of their husband), they did not change their decision based on other external influences.

2.2.1 DECISION-MAKING FOR WOMEN

2.2.1.1 PREGNANCY DETECTION

Most respondents detected their pregnancy within the first 6-9 weeks of last menstrual period (LMP), while in some cases women detected it after 10-12 weeks. Precise awareness of their menstrual cycle became one of the first key indicators of the time duration in which they were able to take a decision regarding the future of their pregnancy. Pregnancy detection was the first step of the decision-making process for every woman. Women began to express their internal dilemmas around taking the pregnancy to term only once she was certain of being pregnant.

All women underscored their experiences around medical abortion as beginning from the moment when they had confirmed that they had conceived. This confirmation was preceded by a period of uncertainty when they suspected a pregnancy but were not yet sure. In around half the cases (31) women accessed a store-bought pregnancy test kit at this stage and the rest did not undergo a formal process of confirming their pregnancy. None of the participants purchasing pregnancy test kit reported purchase of MA drugs with it.



It was over 20 days since my menstruation date, I checked in the pregnancy kit, and came to know about my pregnancy. We do not want child, so we decided to have an abortion.

[Woman, 30 years, village area, State 1]

From two-three months, my menstrual period was not regular. It was happening back and forth. Now it will be 2 months, so I brought the pregnancy kit and did the test, and two lines came in the kit. Then I told my husband, he asked to take medicine, we do not want this child.

[Woman, 32 years, village area, State 1]

When the month was up and menstruation did not happen, I felt something was wrong, then I checked with the test kit, two red lines came in it. There was fear and panic. Immediately took advice from my husband and our village doctor. I have taken abortion medicine from him and ate the medicine yesterday.

[Woman, 44 years, village area, State 1]

When I felt that even after more than a month, I still did not have my menstrual period. Then I got my urine tested. Then I came to know that I am pregnant. Then I told this to my husband and family because we did not want any more children, so everyone decided to go for an abortion.

[Woman, 28 years, village area, State 2]

2.2.1.2 REASONS FOR TERMINATION

Following pregnancy detection, respondents revealed a complex state of concerns, questions and uncertainties to terminate the pregnancy. Women had to acclimatise and navigate the conversations which they would have to engage in, in order to make any decisions regarding their pregnancy. From the narratives, three key influencers emerged in this step of decision-making, as follows (not in order of priority):

- **Influencer 1:** The first influencer was the socio-economic ability of a woman to include one more child into her family;
- **Influencer 2:** The second influencer was the level of perceived health risk which the pregnancy carried for the woman;
- **Influencer 3:** The third influencer was the attitude of the family/partner towards the woman and the home environment

The poor economic condition of the household and completion of family size were the two reasons stated most often behind their decision.

Influencer 1: Socio-economic ability

Economic ability to include another child in the family unit

The economic situation of a given household was a clear indicator in the decision-making process. Women expressed concerns around their ability to support the pregnancy, but were simultaneously also worried about the impact that another pregnancy would potentially have on the children who they were currently raising. As illustrated in the quotes below, women of varying parity held similar concerns in this regard. Their fears were around the impact on their own life, on their ability to manage their relationships with their children, and the way in which their husband would be able to support them in the future. These anxieties and uncertainties came through when women articulated their concerns as questions, ‘how we would be able to support our families’, which brought forth the factors being considered in the decision-making process.



We do not have farms. All the expenses of the house are done by daily working. We are poor human beings. How can we make more children as it is so expensive to bear them, how will we be able to feed them and how will we be able to teach them? We don't even have our own house; when they will grow up, at that time they will blame us (parents) for the situation.

[Woman, 28 years, village area, State 1]

I took decision to had abortion because we already have three girls, and my age is also more. Children go to school. Husband is a peon in school, but he stays there and eats and drinks with his friends. No money is left for home that's why I decided for an abortion.

[Woman, 30 years, village area, State 1]

Lack of property ownership and the seasonal nature of their employment added to the uncertainty which women were already undergoing in this state. In the absence of surety of employment, earnings, and having a permanent

home - it was difficult for those in a vulnerable economic condition to prepare for another pregnancy which led to them considering an abortion.



I do not have any agricultural land; my husband works as a laborer throughout the day. Then somewhere in the evening we get food, two people and 5 children. Both of us husband and wife have to run the expenses of the house in such inflation. So, this step had to be taken.

[Woman, 40 years, village area, State 1]

There were many reasons for deciding abortion. Like I have a year-old daughter and there was no permanent home to live. My husband was not working properly, we were not able to nurture one child properly, so we made this decision.

[Woman, 20 years, town area, State 1]

I've two small children, they are enough, and I don't want more children. My Husband does paint work in homes, there is not much money. Sometimes he gets work, sometimes there's no work, that's why I don't want any more children.

[Woman, 26 years, village area, State 1]

Apart from those who were dependent on their husbands for earned income, there were a few women who came from dual-earning households. For these women, there were no support systems which enabled them to have another pregnancy without losing their job. Given their socio-economic situation, they decided to stay in the workforce and therefore considered abortion as a route.



There were many problems like the child is small, the husband stays outside, I also do duty. I am not able to save that much money, I should not have another child now, otherwise, my duty will

be missed and there are not too many people at home to take care of (the children).

[Woman, 28 years, town area, State 1]

The main reason for taking this decision was that I go to Sasaram to run a sewing center every day and it was difficult for me to handle two children together, so I took this decision.

[Woman, 25 years, village area, State 2]

In a few cases, there were instances of women who had planned their futures and understood that a pregnancy at this stage in their life was not possible. In these cases, women had thought of pursuing alternate economic options to enable a better life for their family unit. These families were not yet dual-earning households, but hoped to become so in the coming years.



My studies have not been completed yet; my husband is also studying. We have to spread our hands in front of others for money. It is important that one of us starts earning. The last semester of my M.A was not completed, I have to prepare for my job. After having a child, I have to give all my time to the child and there is a problem with money in the upbringing of the child.

[Woman, 24 years, town area, State 1]

I have taken this decision because my financial condition is not good, and I want to complete my studies and get a job.

[Woman, 23 years, town area, State 1]

Completion of family size

Another key consideration for terminating a pregnancy, was when a couple had already achieved their family planning goals or surpassed the desired number of children they wished to have. In these cases, they had either been using traditional or modern contraceptives or had been considering sterilization. In these cases, the articulation of their intent to terminate their pregnancy did not carry with it the same anxieties and fears which those

who could not afford another pregnancy had mentioned. While women who had completed their family unit did undergo other internal questions and doubts regarding abortion, their decision-making was guided by a certainty that their family unit could not expand any further - a consideration which in most cases was mutually agreed upon with their husband even prior to this pregnancy.



The main reason for deciding this was because my family was complete. I have two children, one boy and one girl. The second major reason was that my health was not good. The doctor also mentioned the lump in the uterus. Because of which we did not want this child.

[Woman, 26 years, village area, State 1]

I have two children, a girl, and a boy. They are both very young and almost equal in age because both were born early. I too know that my family is complete, so there is no need for this child anymore.

[Woman, 28 years, village area, State 1]

I already have 4 children; my family is complete. I do not want a child. There was a mistake in taking the pill, so I got pregnant by mistake, but we did not want this child. Therefore, (I) took this decision.

[Woman, 35 years, village area, State 1]

The first reason was that both the children were still young, second is I have two children – one boy and one girl. I do not have much time to take care of three children, as well as I am also not completely healthy. Somehow, my house and family run with the wage from labor work, there was no need of a third child. I was thinking about the operation and at that time (a) third pregnancy happened, so I took this decision.

[Woman, 35 years, village area, State 1]

Influencer 2: Health Risks

Health concerns in carrying pregnancy to term

Accompanying health risks during pregnancy was the primary reason for choosing abortion when it came to health-related concerns during the decision-making process. There were pregnancies which were considered high-risk due to the current health condition of the woman and previous operations or procedures which she had undergone. There were also instances where preparedness of the woman and the family in health terms was not adequate for another pregnancy. Lastly, there were concerns raised by the women regarding the health of the conceived fetus. Since the women were already in poor health, it was considered unlikely that the pregnancy would have carried to full-term, and therefore the route of an early abortion seemed suitable to them.



I was told by the doctor during my second child that I could be at risk of life from the third child and that the child would have to be taken out of the womb at 6 months and there would be no possibility of the child surviving.

[Woman, 29 years, village area, State 1]

My baby was normal, then later due to some internal problems, I have been operated on three or four times in the stomach. So, the doctor mentioned not to have a child further, because there is a danger to life.

[Woman, 37 years, town area, State 1]

I took this decision because I and my family were not mentally and financially ready for this child and my health is also not suitable.

[Woman, 29 years, village area, State 2]

I thought that the fetus was spoiled. So I decided to abort this baby.

[Woman, 22 years, village area, State 1]

Ability to care for another child

An allied health-related concern for women was conception soon after delivering their first child. While in these narratives there were no high-risks mentioned in carrying the pregnancy to term, there was a sense of lack of preparedness among the women. Women worried about the upbringing of the children which they already had, and caring for their current pregnancy. Further they were unprepared physically and psychologically to have another pregnancy at this stage in their life.



I have an eight-month daughter. How can I have a second baby? For keeping this child my body is also not ready, I still feel weakness. If I carry a second child then I would not be able to do the upbringing of my first child.

[Woman, 28 years, village area, State 1]

The first reason was that my child was small, and I was not feeling well all the way. I took the decision for this reason.

[Woman, 19 years, village area, State 2]

Influencer 3: Home environment and family's attitude

A third influencer which affected decision-making was the aspect of a woman's home environment. This included the attitude which her family members, especially her husband, showed towards her. It also included the home environment in which she would have had to carry the pregnancy and the environment into which she was bringing her future child. In some cases, the environment was not supportive and the woman felt that she alone would not have been able to adequately care for herself or her child.



My husband has started drinking too much. Due to which the environment of the house is quite bad. There are quarrels at home and this is the reason for the poor economic situation. I chose abortion to give my daughter a better upbringing and environment.

[Woman, 30 years, town area, State 1]

I thought that the fetus was spoiled. So I decided to abort this baby. I felt very bad. But I would raise a child alone. My husband does not support me.

[Woman, 22 years, village area, State 1]

There also emerged other cases, where domestic violence and abuse did not permit her to increase her vulnerable state by carrying through her pregnancy.



I have one daughter and my husband beat me very much, so I am living in my mother's place with my daughter. Separation is in process with my husband and my family is looking (for) a second marriage for me and that (is) why I don't want this baby.

[Woman, 23 years, village area, State 1]

There were no other reasons to decide, I don't want a child. My husband does nothing, he beats me a lot. My husband is able to earn just a bit. How do I think of a child in such a situation? We are not able to maintain children properly, this was the reason for not having a child.

[Woman, 26 years, village area, State 1]

2.2.1.3 INTENT TO TERMINATE

Based on the considerations in the previous sections, women wrote about their intent to terminate pregnancy which often coincided with pregnancy detection. In cases such as those where the family unit had been completed, and previous discussions with husbands and family members had already happened regarding further pregnancies, women brought up their intention to terminate in discussions with them. In these cases, there was an environment of support in the family where women felt comfortable bringing up the topic themselves. There were also cases where women had considered abortion as a possible route but had not discussed the idea with anyone else, they only vocalized it in front of their family once their husband had agreed to the abortion.



My Menstruation date was supposed to come on 1/1/2021 but it didn't come, so I checked with the kit on 11/1/2021 there were two lines in it. Then I told my husband and we decided to take medicine and took the medicine on 12/1/2021.

[Woman, 28 years, village area, State 1]

My Menstruation date was supposed to come on 10/1/2021 but it didn't come, So I told my husband and we both decided for abortion on 13/01/2021 and brought pills on 14/01/2021.

[Woman, 30 years, village area, State 1]

In other situations where previous such discussions had not taken place, there were women who articulated their independent intention to terminate the pregnancy. Even before speaking with their husbands or any other family members, they had thought of pregnancy termination and were resolute in their intention when they broached the topic with others.



I thought that I will not continue with pregnancy, hence the thought of taking some remedy. I made the decision two days back. This is my own decision - not to keep more than two, because I cannot raise them nicely and I already have two children.

[Woman, 29 years, village area, State 2]

I had a baby girl of one year. That is why I don't want a child soon. After confirming with the pregnancy kit that I conceived, I decided to end the pregnancy. After Thinking about 7 to 8 days then I talked to my husband and decided to have an abortion.

[Woman, 20 years, town area, State 1]

As will be elaborated in the next section (5.2.2), even in situations where an independent intention existed there was still another layer of gathering support from other family members or countering any resistance expressed. Women often had to navigate these conversations with other influencers such as their mother-in-law and sister-in-law before the decision to continue with abortion could be explicitly confirmed.

2.2.2 EXTERNAL DECISION-MAKING PROCESS

2.2.2.1 FAMILY INVOLVEMENT IN DECISION MAKING

Subsequent to the independent articulation of the intention to terminate a pregnancy, women engaged in conversations with other family members. In certain cases, the intention and decision coincided and was mutually agreed upon from all sides. In other cases, women were already certain about not wanting to continue with the pregnancy and engaged in the conversation as a consent-seeking process. In still others, the decision-making or intention was brought forth by the husband or other family members.

Where the couple-unit shared an understanding with each other, they did not want to disclose their decision to others. This concealment was to avoid the stigma and possible reprimands which they could receive from others in their community, including their own family members. In these cases, the husband was the primary support for the woman. He was involved in the decision-making as well as in helping her carry through the decision.



I only talked to my husband and told my husband about the medicine. He also consulted some people he knew because we were going to do this work for the first time, then both of us advised and went to get medicine and I took the medicine. I did not talk to anyone; my elder sister-in-law knew that I'm pregnant. But I did not tell anyone anything about taking the medicine.

[Woman, 28 years, village area, State 1]

I talk only with my husband. In my family, I have

my husband, my daughter and my mother-in-law, so I don't feel the need to discuss this kind of important decision with my mother-in-law, I told only to my husband, he also said that your body is too weak, so how you will carry another child and if you keep this child then you will suffer as well as our young daughter will also suffer.

[Woman, 28 years, village area, State 1]

The main reason for taking this decision was that I go to Sasaram to run a sewing center every day and it was difficult for me to handle two children together, so I took this decision.

[Woman, 25 years, village area, State 2]

In some cases, in spite of their mother-in-law's disagreement, women took the decision after consulting with their husbands. In these cases the approval of the husband was even more paramount and he was again the primary support-structure for the woman.



I talked to my mother-in-law, she said don't take medicine now. Then we decided on our own and told my husband to bring the abortion pill, my husband also agreed and bought the pill.

[Woman, 29 years, village area, State 1]

I talked to my mother-in-law about termination of pregnancy, but she refused, then I talked to my husband, then somehow, I convinced him, if he was also not ready then I was not able to take this step, the final decision for this is that of my husband only.

[Woman, 28 years, village area, State 2]

In instances where the family members were also involved favourably in the decision-making, women mentioned the involvement of their mother-in-law, sister-in-law, elder sister, and mother in decision making. In these cases, women had other family members to turn to for psychological and physical support. However, in terms of decision-making, even where other family members had been involved the consent of their husband came before anyone else.



I talked with my husband; everyone in the house came to know. Devrani, Jethani, mother-in-law all advised to take medicine. My husband took the final decision, with the consent of both of us, he bought abortion medicine. I consulted with my family members and then I took the abortion pills.

[Woman, 36 years, village area, State 1]

I spoke to my mother-in-law and husband and the three people together made the final decision. My mother-in-law insisted the most to remove the pregnancy quickly. Two kids are enough.

[Woman, 24 years, village area, State 1]

Firstly, I talked about this to my husband and with one of my sisters and one sister-in-law. Then my husband said about that, your blood also flown so much, then don't know what will happen next, so better to have an abortion", then we both took the final decision.

[Woman, 28 years, village area, State 2]

In some cases, where a woman and her husband could not decide what to do with the unwanted pregnancy, then support from other social influencers guided their decision to some extent.



After the pregnancy test, I came to know that I'm pregnant, I was worried and not able to understand what to do. At that time one day (my local leader didi) came to our house, we told her all the matter, then she gave us information of taking tablets and said that if it won't work then she herself will talk to a doctor, me and my husband think again and again about this and then my husband told me to take tablets and we will see what happens.

[Woman, 29 years, village area, State 1]

As elaborated above, in almost all cases, the decision-making process involved the couple unit (both husband and wife). *There were only two cases where women independently chose to take the decision to terminate the pregnancy, without discussing it with their husbands. In both these cases, the environment at home was not conducive for pregnancy continuation as the women reported instances of physical abuse*



I only told this to the medical storekeeper. My family doesn't appreciate me at all. My mother-in-law and father-in-law do not pay any money, so whom should I ask for the decision? The decision was of my own.

[Woman, 40 years, village area, State 1]

I have one daughter and my husband beat me very much, so I am living in my mother's place with my daughter. Separation is in process with my husband and my family is looking (for a) second marriage for me that (is) why I don't want this baby.

[Woman, 23 years, village area, State 1]

2.2.2.2 KNOWLEDGE AND AWARENESS AROUND MEDICAL ABORTION

During the women's decision-making process, there was a tacit understanding of medical abortions. In some cases, they had received this information from formal sources such as doctors and frontline health workers. In other cases, they knew of this information through informal sources such as other family members or the internet. Having a general understanding of terminating pregnancies in their early months, guided the conversations which they were having as they were all aware that some options were available to them. However, a specific understanding regarding self-managed medical abortions was only sought once they had discussed and decided that they would proceed with terminating the pregnancy.

Pharmacists' attitude towards abortion drugs

The pharmacists did not actively influence the decision-making process. It was only after the decision was already certain for the couple or the women, that they approached the pharmacist. In the cases where women had independently taken the decision, they were also able to access the drug through the medical store. For both husband and wife, the pharmacist was an information pathway, however the pharmacist did not influence their decision itself.



I did not tell anyone in my house, I told my problem to the chemist of the medical store, who is my relative, then he gave me the medicine of abortion and said that your work will be done in this.

[Woman, 40 years, village area, State 1]

2.2.2.3 CONFIRMATION OF THE DECISION

Both the internal and external decision-making process and influencing factors led into the confirmation of the decision, i.e. the point subsequent to which the drug was procured. There were three pathways which emerged to the decision confirmation.

- In the first pathway, women moved forward with the process once there was a collaborative confirmation between the couple to terminate their unwanted pregnancy. This confirmation may or may not have been supported by other family members. In these cases the woman initiated the discussion with her husband and only sought his approval.
- In the second pathway, women moved forward with the process once there was consensus amongst the couple as well as other family members. In

these cases the woman initiated the discussion with her husband. After receiving his approval, either the woman independently or the couple together broached the discussion with other family members.

- In the third pathway, women took this decision entirely alone. There were only two instances of this pathway and in both these cases the women were in an abusive household without a supportive husband or family on which they could lean.



I had only discussed with my husband and have never discussed with anybody. It was a final decision of both of us that we don't want a child.

[Woman, 21 years, village area, State 1]

I talked to my friend about this, then I talked to my husband and finally I made the decision. At first my husband was not getting ready but after a lot of effort, he also agreed.

[Woman, 25 years, village area, State 2]

I talked to my husband, I talked to my elder sister and got the full support of my husband. The final decision is my own whether I have to abort.

[Woman, 29 years, village area, State 2]

First of all, I initiated a discussion with my husband, we both discussed together but the final decision was taken by my husband.

[Woman, 28 years, village area, State 2]

It was seen that in a majority of the cases, the husband was necessary to the process. They were able to support the woman through the decision-making and help negotiate with family members where needed. They were also able to determine how supportive or unsupportive the family environment would be for the woman within the household. However, the husband did not come across as the one initiating the discussions. In most cases, the women themselves articulated their intention to terminate the pregnancy and then discussed the intention with their husband to get his support. ***View Decision Making Pathway diagram on the next page.***

2.2.2.4 FEELINGS AND CONCERNS AFTER ACTING ON THE DECISION

Subsequent to acting upon the decision of self-managing abortion, women expressed with varied feelings regarding their decision. For most women, this was not an easy time in their journey. A large number of women expressed fear regarding emergent health risks. Given the uncertainty regarding the process of medical abortion for these women, they were also fearful of complications which could arise due to consumption of these drugs and any engagement with doctors or medical facilities which they would then have to undergo.



The first time I was going to take the medicine, I was very scared. No major problems should arise, I felt nervous.

[Woman, 28 years, village area, State 1]

When I decided to have an abortion, I was afraid because my period lasts for 10-12 days due to a lump in the uterus. I was feeling that my health should not get worse.

[Woman, 26 years, village area, State 1]

When I decided to get the abortion, I was feeling very nervous, I was also afraid of whether there would be safe abortion through pills or not. There were many things running in my mind.

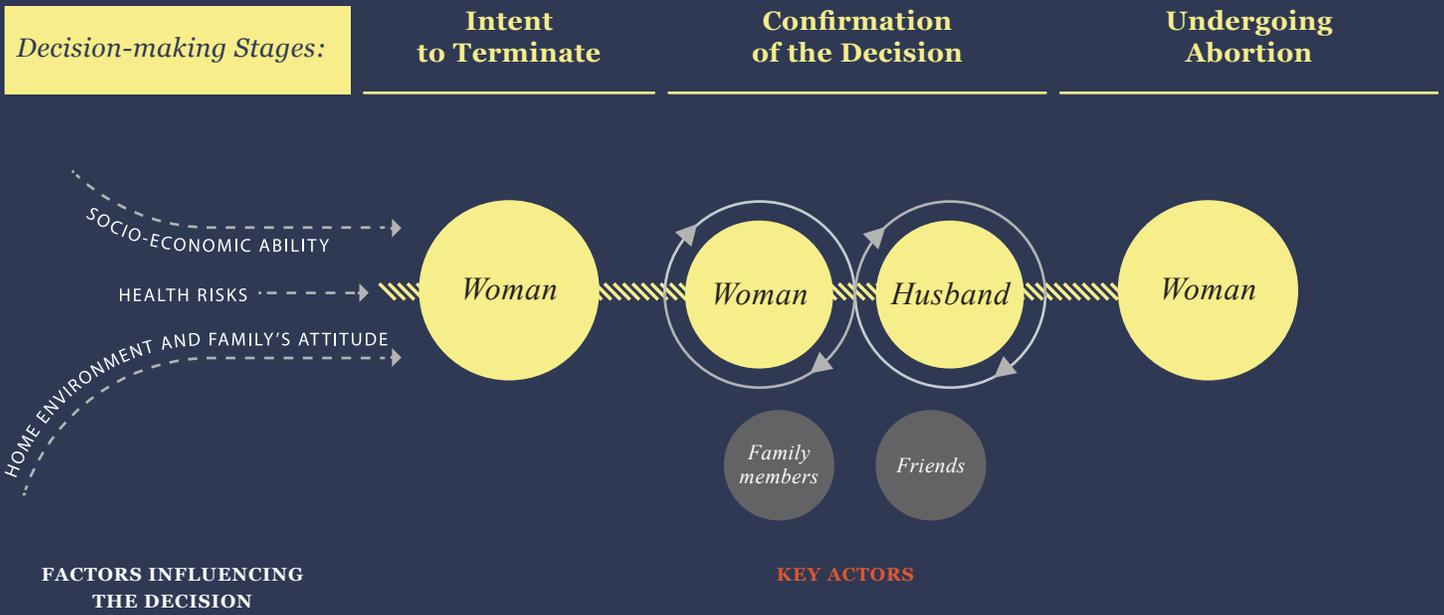
[Woman, 27 years, village area, State 2]

I was very scared at that time when I took the decision of abortion. I was thinking whether abortion will be completed or not or I have to go to the doctor to the town? I was very scared.

[Woman, 19 years, village area, State 2]

The concerns expressed around health risks were also connected with the detection of their concealed decision. As this was a decision which in a large number of cases

DECISION-MAKING PATHWAY FOR ABORTION •



has been taken between the husband and wife, without a shared consensus between others in their family, women did not want any visible signs of undergoing an abortion.



I was very afraid that if my mother-in-law would (get to) know, there would be a lot of problems. She will say a lot of things.

[Woman, 21 years, village area, State 1]

My family members did not know about it. So, the fear was that no one would know, otherwise the problem would increase. Then, I came to my maternal home and took the pills.

[Woman, 35 years, village area, State 1]

Other feelings which women expressed were those of guilt and shame. The negative connotations associated with abortions remained powerful for women. The tension and stress associated with abortion in these cases went beyond the physical complications for themselves and extended to the moral implications of their decision. In these cases, it was also seen that women spoke about the terminated pregnancy in terms which one would associate with an unborn child.



When I decided to have an abortion, I felt that it was not right to take this medicine and I should have used some family planning method and I would do something in the future.

[Woman, 27 years, village area, State 1]

There was a lot of tension. Killing an unborn child, I'm going to commit a sin and was also thinking that if the child is brought into the world and we cannot give that child a better future, then the child should not be brought into the world. I was thinking that since I have a baby girl, I should give her a better future and I was also worried about my health.

[Woman, 30 years, town area, State 1]

When I decided to abort my unwanted pregnancy. I was very sad from inside because it was my first child and decided to abort because I wanted to continue my studies. I could not sleep for several days due to fear.

[Woman, 24 years, town area, State 1]

There were a few cases where women were determined to get over with the abortion as soon as possible, and did not express or experience the gamut of emotions which others were going through. This included both women who had previous experience having consumed these drugs, and others who were consuming them for the first time. There was also a sense of anguish or desperation which emerged in a few narratives; in these instances women were willing to undergo the side-effects and consequences of an abortion as long as it assured them a successfully terminated pregnancy.



I was not afraid, nor was I feeling anything because I have already consumed abortion medicine three times in the past. I just felt that the neighbors should not know, and my abortion would be successful.

[Woman, 44 years, village area, State 1]

At the time when I decided to have an abortion, I was feeling that no matter how much I suffer, I will have an abortion. I was ready to suffer every bit. I did not feel even a little bit sorry.

[Woman, 35 years, village area of Rohtas (4), State 2]

I was not feeling anything when decided to have an abortion, just thinking to take tablets quickly so that menstruation start.

[Woman, 32 years, village area, State 1]



Information Seeking Pathways

2.3.1 SOURCES OF INFORMATION AND AWARENESS ABOUT ABORTION

Women sought information about abortion through different sources. These sources can be categorized as: family members, community members, internet, prior users (self and/or friends/family members), local pharmacist, frontline health workers and “village doctor”.

Family members

There were cases where women did not interact with their peer group very actively, either due to restrictions placed upon them or due to being newly married and not having an expansive network within their community. For these women, it was their husband who was the primary source of acquiring information about methods to terminate pregnancy. In most cases, their husbands received this information from their friends.



My husband told me about the pill, and he bought the pill(s) for me. I did not know about it. The first time I took the medicine.

[Woman, 26 years, village area, State 1]

I got the information about the abortion pill from my husband. He said that his friend’s wife also underwent abortion through pill.

[Woman, 22 years, village area, State 2]

Community members

From the women’s responses, it emerged that conversations around self-managed abortions occurred frequently across different groups and in one case from a local leader.



I have heard from women in my neighbourhood and from relatives that if you take the pill then no one knows, and abortion happens. If the days are

more than some people get in trouble. I told my husband to bring the pill. My pregnancy is about a month and a half, there are still two or three days less.

[Woman, 28 years, village area, State 1]

When neighboring women sit and talk then some talks of such type happen, one woman of the village conceived then one woman told that pills are available at medical stores.

[Woman, 30 years, village area, State 1]

I don’t have any information of abortion pills, when (my local leader didi) came to our house, she told me all about abortion pills.

[Woman, 29 years, village area, State 1]

Internet

For more technologically savvy couples, internet was the source of information on methods of abortion. Through keyword searches on Google and YouTube, couples were able to learn about self-managed abortions at home.



In the present time whatever you search on mobile it shows immediately, so my husband also read about medicine on google, we learn about everything from there, nor me and my husband ask about this to anybody.

[Woman, 28 years, village area, State 1]

I found out on YouTube which medicine to take if I don’t want children. Then I came to know and got the same medicine from the medical store, and my husband bought it.

[Woman, 29 years, village area, State 1]

Prior users (self-and/or family members/friends)

Another source of information were women who had previously consumed the abortion drugs. In these cases, they chose to rely on their experiential knowledge, and with the support of their husbands, managed their abortion information-sourcing and method-sourcing independently. In some cases, female family members (like siter-in-law) had undergone abortion before, and they were information providers as well as (in a few cases) drug procurers for the women.



I have eaten abortion pills two-three times earlier also. I have taken medicine from a village doctor nearby to my house and he prescribed the medicine at that time and my husband got the medicine from the market.

[Woman, 26 years, village area, State 1]

I had also taken the medicine before this time. So, I already knew that it's available at the medical store, so my husband bought it.

[Woman, 36 years, village area, State 1]

Once this happened to my sister-in-law, I was in my maternal home, so she bought the medicine from the medical store. Then, she told me and since then I know that the medicine is available at the medical store.

[Woman, 28 years, village area, State 1]

Local pharmacist

In some cases, women or their husbands received this information directly from the pharmacist at the medical store. In these cases, the pharmacist acted as the person providing the medical advice and consultation to the couple. They depended upon the pharmacist for the medicines as well as the information regarding abortion. In these cases, there was a general idea amongst the couple about the existence of a method or they trusted the pharmacist enough to approach him with enquiries on pregnancy-care and abortions.



I came to know from medical store that by taking these pills abortion will be done and I work as Aaya in the hospital. from there I also knew about this. I had taken these pills earlier also. So, I know that abortion is done by taking these pills.

[Woman, 28 years, town area of Kanpur (1), State 1]

I came to know about the abortion pills from a medical store in the village. When my husband asked the shopkeeper about the medicine then the shopkeeper gave information about the abortion pills.

[Woman, 28 years, village area, State 2]

Frontline health worker and "village doctor"

A few women mentioned conversations with frontline health workers who told them about self-managed abortions. While frontline health workers seemed to have the requisite knowledge regarding abortion drugs, their sourcing, and the drug protocol, they did not initiate these conversations. It was only when women reached out to them with queries that they provided them with this information. The instance of a doctor providing the abortion drugs or prescription for the drugs only came through in two cases. Even in these narratives, the doctor is referred to as the 'village doctor' who visited their home, and the accuracy of their medical advice or certification is not entirely clear.



I was not aware of the abortion pills. When I talked to ASHA didi of my village, she was the one who told me about the abortion pills.

[Woman, 27 years, village area, State 2]

Helper Didi of Anganwadi center came at my house to give the injection to the children. She told me about the abortion pills.

[Woman, 28 years, village area, State 2]

I came to know about abortion pills by ANM sister in my neighborhood.

[Woman, 26 years, town area, State 2]

My husband consulted the village doctor and he gave the pills. He also told (me) how to take the pill.

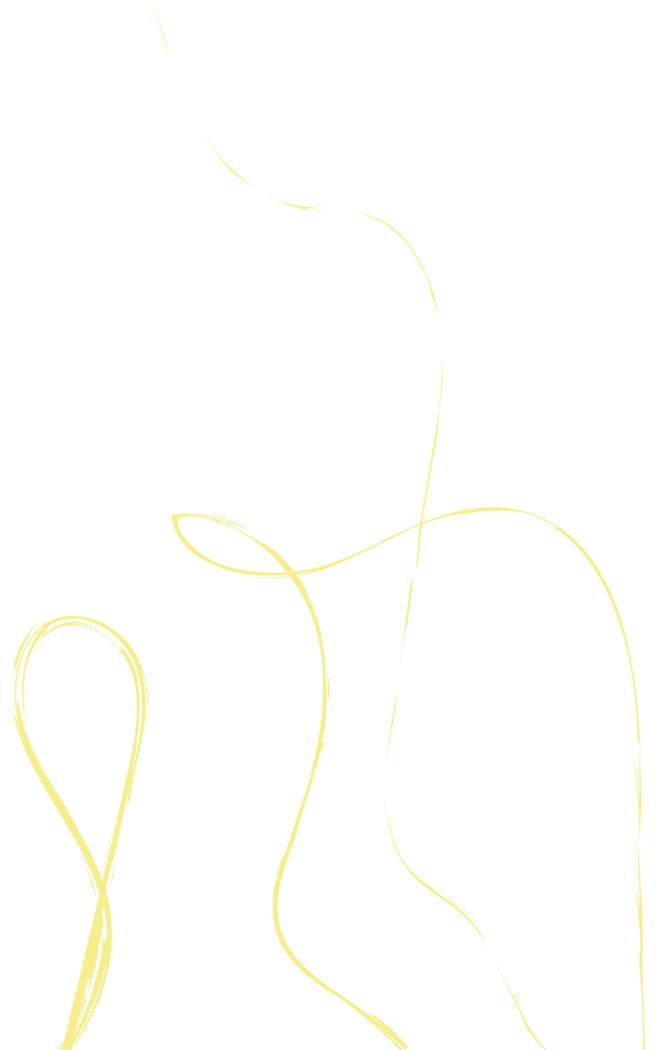
[Woman, 24 years, village area, State 1]

Many women take medicines for abortion from the doctor of the village. My husband brought Dr. Saheb at home. I told my problem to Dr. Saheb. He checked and wrote abortion medicine.

[Woman, 36 years, village area, State 1]

It is evident from these narratives that the sources of information were majorly informal. Couples in the given sample remained heavily reliant on receiving information from those who had even slightly more knowledge than them, whether it was experiential or hearsay.

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2.3.2 REASONS FOR CHOOSING SELF-MANAGED ABORTION AND CONSIDERATIONS AROUND OTHER METHODS

Considering that the predominant sources regarding abortion-related information were informal, there was a proliferation of knowledge around at-home practices of pregnancy termination. This included information around both traditional home remedies as well as self-managed medical abortions. It was evident that conversations regarding abortions were fairly common in the given population, and a majority did not consider any method other than drugs as viable. Therefore, some women opted for abortion drugs as their first-choice while others had explored other methods before opting for abortion drugs.

2.3.2.1 SELF-MANAGED MEDICAL ABORTIONS AS FIRST-CHOICE

Women highlighted various reasons for choosing self-managed abortions, as follows:

1. *convenience*, being able to terminate their pregnancy comfortably at home in the presence of loved ones;
2. *costs*, abortion drugs were substantially less expensive than an in-clinic abortion;
3. *safety*, abortion drugs were a non-invasive procedure conducted by oneself;
4. *knowledge*, in a majority of the cases self-managed medical abortions were the only route of which women were aware;
5. *privacy*, abortion drugs offered a private and confidential method to terminate pregnancies;
6. *anecdotal evidence*, other family members or friends had already terminated their pregnancy through drugs and could vouch for its efficacy.



Earlier me and my husband didn't not know anything, then, my husband searched on google, there we found information about medicines. We got information about medicines through phone, me and my husband felt safe to using medicine, in phone they also talking about abortion through

herbs, but I do not feel safe about that, I feel safe about to eat medicine. He agreed to bring medicine.

[Woman, 28 years, village area, State 1]

I did not think of other methods. Pills are safe. My husband said he will bring the pills from the medical store.

[Woman, 30 years, village area, State 1]

I knew about medicine only; I just didn't know anything else. I ate the pills because they would be available for less money. My husband does not pay for the expenses, I make my own expenses.

[Woman, 32 years, town area, State 1]

No, I did not think of any other method before taking abortion pills. I found the method of abortion easy by pills because even after eating the pills, I will remain at home and take care of my daughter too. No one will know anything, and the second reason was also that my financial condition is not good. I did not even have much money.

[Woman, 30 years, town area, State 1]

In a few limited cases, there was awareness regarding self-managed abortions due to prior use of medical abortion. These respondents sought to manage their family sizes effectively through using abortions as a stop-gap measure. There was some articulation of eventually getting sterilized or using alternative family planning methods. However, given the barriers preventing effective family planning measures, abortion drugs were perceived as a relatively safe alternative which was within the control of women.



Since then I knew, If I don't take medicine, I would have 7 children so far. Whenever I get pregnant, I bring medicine from medical stores and take it. I don't tell anyone anything, my husband talks at

the medical store and bring the medicine.

[Woman, 40 years, village area, State 1]

I had also taken the medicine once between two daughters before this. So, I already knew. Before this time, we also got deceived by the third daughter. And it's available at the medical store, then the husband brought it.

[Woman, 32 years, village area, State 1]

2.3.2.2 SELF-MANAGED ABORTIONS AS SECOND-CHOICE

Self-managed medical abortions after failure of traditional remedies

A few considered home remedies for abortion and a few participants attempted to unsuccessfully terminate their pregnancies with the given methods. These women experimented with hot foods such as nutmeg, dry ginger, jaggery, carom seeds, and roots of trees. These methods either proved unsuccessful or they had learnt about self-managed medical abortions before they proceeded with these options.

For these women, self-managed medical abortions proved to be a suitable alternative as they offered the same convenience of being at-home as traditional remedies. Additionally, they were wary of invasive procedures in the hospitals and preferred a reliable and private method at home.



Yes, I thought of taking hot nutmeg (Jaifal) for abortion and ate it, but nothing happened. Afraid of going to the hospital, I took the pills. No one knows that the pills were bought from the medical shop.

[Woman, 27 years, village area, State 1]

Yes, before taking the abortion pill, I thought of eating dry ginger and jaggery ladoos. But sometimes abortion is not done completely by these. So, at last, I chose the method of abortion with pills, because it

is the easy way, and no one even knows.

[Woman, 20 years, town area, State 1]

I considered other methods of abortion, such as home remedies like drank the mix made of fried ginger, jaggery, celery (Sonth, Gud, Ajwain) but it did not help, so I took abortion pills.

[Woman, 27 years, village area, State 1]

Yes, my mother-in-law had brought some roots from a tree. Then tie it with a thread and apply it to the bottom. Then that root was so prick, that it became difficult even for me to walk. When I started crying, my mother-in-law extracted that root. Then my husband brought abortion pills from the medical store. Then I ate the pills, work is done for less money, and no one will know.

[Woman, 24 years, village area, State 1]

2.3.3 INFORMATION GATHERED BEFORE CONTINUING WITH SELF-MANAGED MEDICAL ABORTION

Following the choice of self-managed medical abortion as the route to terminate their pregnancy, there were three distinct cohort of women seeking information. This information gathering was with reference to drug protocols, drug consumption and possible effects which the drugs could have upon them.

1. *Passive information seekers*, these were women who either received information from family members, husbands, or pharmacists organically or had prior information based on experience
2. *Active information seekers*, these were women who sought out information through the internet, husbands, family members, or pharmacists
3. *Women who did not seek or receive any information*, these were women who did not seek out any information either due to internalised shame / shyness or due to externalised stigma associated with these conversations

For passive information seekers, the predominant channel of acquiring information was their husband, pharmacist or prior experiences. In these cases, they did not ask any questions, but were privy to knowledge regarding medical abortions and the protocols which they needed to follow for self-care.



I live in the village, I do not speak much to anyone, just when I took the medicine for the first time from the village doctor, he told that with heavy bleeding abortion will be done and after four to five days everything will be fine. Now I've taken it many times, so now I know on my own. [Woman, 26 years, village area, State 1]

I did not collect any information and only told my husband, and he bought the medicine. In case of my 3rd child, I went to the doctor for an abortion, but they denied. So, this time I did not think anything, my husband bought the pills, and I took

them. My husband had brought medicines from somewhere, neither I asked him anything about this nor he told me anything.

[Woman, 35 years, village area, State 1]

No, I have not collected any information before taking abortion decision. I was aware that abortion pills are available at medical store and shopkeeper gave me the information how to take these pills.

[Woman, 23 years, town area, State 1]

There were other women who exhibited characteristics of more active information seeking. There were various methods by which they obtained this information. The primary channel in these cases were female friends and relatives who had consumed the abortion drug before. Apart from this they also reached out to the pharmacists themselves or used the internet to answer any specific questions which they had.



I took information about abortion from my brother's wife (bhabi) only. She had told me this medicine is available in the medical store. Then I told this to my husband.

[Woman, 28 years, village area, State 2]

I collected this information from my sister-in-law and my sister, I was very scared at first, so I went into detail about it, like where to find abortion pills, how to eat it and after eating it what all happens, both of them said that for 4-5 days, there will be more trouble. Then after that everything becomes the same as before. They both told me many similar things which helped me a lot.

[Woman, 28 years, village area, State 2]

My relatives gave some information on abortion, and I got some help from the net. How to use the medicine and whether it is safe and what can be

the risk after its use.

[Woman, 30 years, town area, State 1]

I have collected information about having an abortion pill, when and how to take the pill. I have collected information from a medical store. They told one big pill out of the 5 tablets had to be taken first, the second smaller one was to be taken after half an hour, the remaining tablets were to be taken after a gap of 24 hours, all this information was obtained from the medical store. I have also got information that I have to do test after the abortion which will be completed by taking pills.

[Woman, 20 years, town area, State 1]

Additionally, there was a high degree of stigma associated with the topic of abortions for women. There were therefore a few instances, where women consumed the drugs without enquiring about it or discussing it with anyone. In these cases, their husband was the only source of information and support for them.



If I ask someone, they will say that (is) why you need to know all this information. This type of talk spreads throughout the village. I did not ask anything to anyone.

[Woman, 28 years, village area, State 1]

No, when I am not going to tell anyone about it, so there is no need to talk to anyone and what is the need for information. My Husband knows about it, he brought it and I took it.

[Woman, 28 years, village area, State 1]

Husband's role as information-seeker and information-provider

Husbands played a dual role in the self-managed medical abortion journey. At the first level, they sought out information regarding abortion whether from local doctors, friends or the pharmacist. Following this enquiry, husbands acted as the interlocutors of information to their wives.



I had no idea, whatever information was taken, was taken by my husband. He took some information from his fellow people and some information from the shopkeepers. It was through him that I got to know everything.

[Woman, 28 years, village area, State 2]

Me and my husband took all the information through the phone, we did not talk to anybody, nor tell anyone about this, not even ask anyone. Earlier me and my husband did not know anything, then, my husband searched on google and there we found information about medicines.

[Woman, 28 years, village area, State 1]

In most instances, the husbands were the buyers of the abortion drugs. Husbands then also acted as a bridge between women and the pharmacist, including conveying information regarding drug protocols.



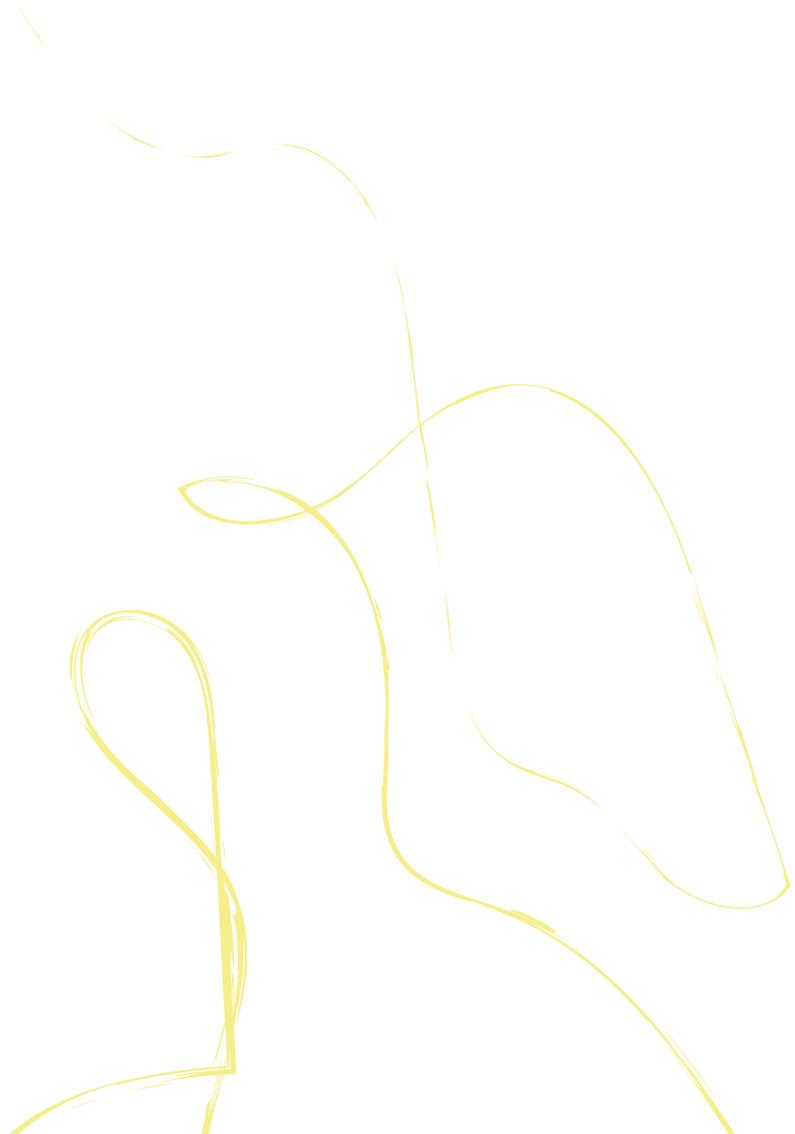
I took lot of information before getting an abortion, initially, I took information from my friend about How is the medicine? Where will I get this? What to say to the shopkeeper? Then, I gathered all information from (the) shopkeeper through my husband about how to take this? After eating, whether (my) health deteriorate? In how many days pregnancy will be cleaned? Is there any danger? etc. I gathered all (the) information from (the) shopkeeper through my husband.

[Woman, 25 years, village area, State 2]

Thought to go to the hospital but did not go. Because at home everyone will get to know where we are going, then thought that everyone talks about medicine in my neighborhood, so, I told my husband about the medicine, and he also

took information from his friends and brought the medicine. Medical store owner told us to take the pills.

[Woman, 28 years, village area, State 1]

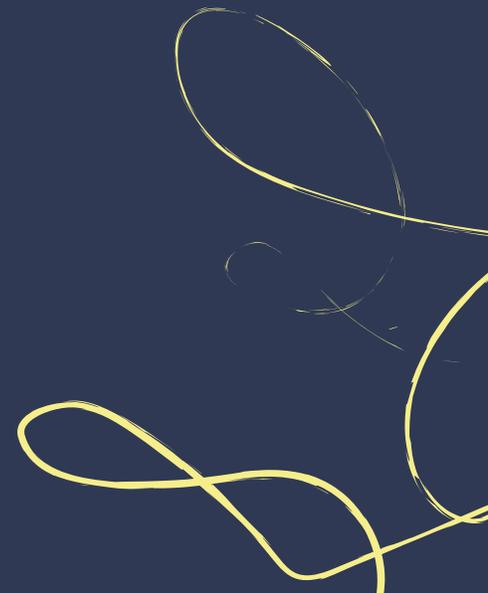




Accessing Abortion Drugs

EXPERIENCE OF ACCESSING ABORTION DRUGS •

Drug Purchase	Discrepancy in Drug Provisioning	Discrepancy in Drug Protocol
PURCHASE EXPERIENCE •		
<ul style="list-style-type: none"> • Decision-making around drug purchase • Buyers’ experience • Any difficulties or challenges encountered 	<ul style="list-style-type: none"> • Information received at time of purchase (pharmacists’ attitude and knowledge level, buyers’ attitude and knowledge level) 	<ul style="list-style-type: none"> • Information received at time of purchase (pharmacists’ attitude and knowledge level, buyers’ attitude and knowledge level) • Information transferred (woman’s level of knowledge, husband’s attitude, husband’s willingness to source and transfer knowledge)
FEELINGS AND CONCERNS DURING PURCHASE OF DRUGS •		
<ul style="list-style-type: none"> • Apprehensions based on the degree of support needed from husbands • Shame due to stigma surrounding the purchase of pills • Fear of detection and of the abortion becoming public knowledge during purchase 	<ul style="list-style-type: none"> • Uncertainty surrounding the number and regime of pills to consume • Uncertainty regarding which source of information to trust 	<ul style="list-style-type: none"> • Anxieties surrounding efficacy of pills and consequences if ineffective • Fears around consequences to health, fertility and general wellbeing • Fear of detection and of abortion becoming known to the family if there were severe side-effects



2.4.1 ACCESSING ABORTION DRUGS

After acquiring the necessary information regarding medical abortions and choosing it as the desired method, the journey of accessing abortion drugs began. In almost all cases, the drugs were purchased from a local pharmacy. Individual cases were mentioned where a medical representative and a rural medical practitioner directly supplied the drugs to the procurer. There were three types of pathways for purchase of abortion drugs, as follows:

1. *Self*, in these cases the women themselves purchased the abortion drugs (N =28);
2. *Husband*, in these cases the husbands purchased the drugs (N = 38); and
3. *Female friends/relatives*, in these cases the women approached a close female friend or relative who could purchase abortion drugs from the pharmacy (N = 2).

2.4.1.1 ABORTION DRUGS PURCHASED BY WOMEN (28 CASES OUT OF TOTAL 68)

The first type of buyer was the end-user or the woman herself. Women approached the shopkeeper or the village doctor themselves only when their husband was not available or supportive enough to buy the drugs for them. In some cases this was due to a lack of psychological support, in that their husbands were alcoholics or were not actively involved in the abortion journey; whereas in other cases their husbands had day jobs which prevented them from supporting the women with the drug purchasing at the time of need. In the latter case, their husbands were still involved in the information gathering process.



I got the abortion pills from the medical shop. I went myself to bring the pills. It is not tough to get. It is easy to get abortion pills, so I easily brought and ate also. I have not gone to anyone, my sister-in-law told me. I myself went to the chemist shop and took it.

[Woman, 29 years, village area, State 2]



I took the pills from the drugstore. When I was taking (the pills), I felt ashamed.

[Woman, 35 years, village area, State 2]

I ordered the abortion pill from a shop in the village itself, because shopkeeper also had to bring pills from outside. I also had to keep in mind that no one should see or know about me while taking pills. For which, (I) had to stand around the shop and (I) had to wait for the shop to be vacant, in which I spent a lot of time.

[Woman, 28 years, village area, State 2]

I had taken the abortion pill from the village doctor. I gave him money and he gave me medicine; it was not difficult. There was too much crowd at (the) doctor's clinic, so (I) had to go three times. I felt that no one should know, so I did not talk to the doctor in the crowd when everyone was there. I talked with him alone and brought medicine from there.

[Woman, 44 years, village area, State 1]

2.4.1.2 ABORTION DRUGS PURCHASED BY HUSBAND(38 CASES OUT OF TOTAL 68)

The second, and predominant, type of buyer was the woman's husband. There were some men who were actively involved in the decision-making, information gathering, and subsequently the purchase stage; while there were other men who solely executed this task in a perfunctory manner. Given the stigma around purchase of abortion drugs, in most cases men automatically became the buyers of the drug. *Therefore, even in diaries where men were otherwise absent from the self-managed abortion journey, they did have a role to play at this stage.*



My husband gathered the information about pills and brought the pills from the medical store. I do not know if it was difficult to get the pills or not because my husband did not tell (me) anything, nor (have) I tried to ask him.

[Woman, 35 years, village area, State 1]

My husband brought it from the medical store. He gave money and just brought medicines. What will be difficult, nowadays medicine is available everywhere.

[Woman, 28 years, village area, State 1]

I got the abortion pills through my husband. My husband went to the shop for two days to get this pill, sometimes people were there at the shop, due to which my husband felt difficulties in taking these pills.

[Woman, 28 years, village area, State 2]

My husband purchased abortion pill and gave it to me. He knows some chemist from my maternal side, and he bought from there only. He did not buy it from nearby areas because it was risky, and everybody could know about it. When I was pregnant during my younger daughter's time, my husband asked the doctor and the doctor scolded him a lot and mentioned that all these things are not good.

[Woman, 28 years, town area, State 1]

2.4.1.3 ABORTION DRUGS PURCHASED BY FEMALE FRIENDS/RELATIVES (2 CASES OUT OF TOTAL 68)

There were also a few instances where women's husbands had not procured the drug for them and women themselves were too ashamed or wary to approach the pharmacist. Instead, these women sought the advice and help of a trusted female friend/relative who bought the drug for them. In these cases, the friend/relative who helped them was someone who

had more knowledge of the abortion drugs either experientially or through hearsay.



I came to my maternal house and asked for medicine from (my) sister-in-law. When she talked about the medicine, I asked her to bring it. I could not go and take it myself.

[Woman, 44 years, village area, State 1]

2.4.1.4 EXPERIENCE OF PURCHASING ABORTION DRUGS

In a majority of the cases, women mentioned that abortion drugs were easily available and accessible at the local pharmacy. A few women highlighted the difficulties in the process of accessing drugs wherein the pharmacist was unwilling to supply the drugs without a prescription. There were also instances where the pharmacist's attitude towards medical abortions and the sale of drugs to women influenced their experience. Two factors which influenced the pharmacist's attitudes were (i) confidentiality around providing the drugs and (ii) handing out medicines to women who were alone. In situations where women went to purchase the drugs alone, pharmacists were wary of handing it over to them without first speaking to their husbands. In such cases, women were able to navigate the situation through reassuring the pharmacist themselves or letting them engage in a conversation with their husband.



My husband went to 2-3 medical stores, but one-two people said that this medicine is not available at their medical store. One of the medical store owners said that pills are available, but he will give them after seeing a prescription from a doctor. When my husband told me about the problem, the medical store owner gave the

medicine after huge difficulty.

[Woman, 33 years, village area, State 1]

Yes, since I was a woman, there were some problems. I connected them with my husband on the phone, he told them everything, then the medical store person gave me the medicine.

[Woman, 32 years, village area, State 1]

It was too difficult to get this. Medical shopkeeper was refusing to give pills. After a lot of requests, I got this pill the next day.

[Woman, 28 years, village area, State 1]

In a large majority of the cases, husbands were quite supportive and bought abortion drugs from the medical shops and further conveyed information to their wives as received from the pharmacist. They did not experience any significant inconvenience, apart from hesitating themselves in broaching the subject. In a few cases husbands faced difficulty in accessing drugs from the medical shop given the shopkeeper's attitude around confidentiality and perceived consequences from recognition.



My husband brought abortion pills from the medical store; my husband is very shy. He was ashamed to talk to the medical store owners. He could not say which medicine to take. I wrote the slip myself, then he brought medicines from the medical store. Privacy is difficult.

[Woman, 24 years, town area, State 1]

I got the abortion pills through my husband. My husband used to go to the shop for two days to get this pill, sometimes he had to get the pill from outside, sometimes people used to stay at the shop, due to which my husband felt difficulties in taking these pills.

[Woman, 28 years, village area, State 2]

2.4.2 DISCREPANCY IN DRUG PROVISIONING

Considering the limited information which women or couples had until this stage, a majority of them were heavily reliant on the pharmacist for protocols regarding drug consumption. The first step in this process was receiving the adequate supply of drugs to consume, along with the information of when and how to consume these. This information was often dispersed in a highly fragmented manner, at the first level from the pharmacist to the buyer. Where the buyers were not the women themselves, there was a second level of information fragmentation between buyers and users.

The number of drugs and the drug packaging were one aspect of knowledge-gathering, however even at this stage, there was disparity between the ways in which the drugs were being provided to the buyer. In certain cases, all five pills were handed over together in the combination pack. In other cases, pharmacists provided the pills without their packaging. In these cases, the discrepancy between the pill numbers and pill sizes caused confusion among the women.

The ingestion of mifepristone was almost standardized across narratives, referred to as the 'big pill', this was provided to all women and had been consumed by them orally. In contrast, the number of misoprostol pills varied substantially between 2-4 pills received. Based on the opinions and experiences shared by the pharmacist/doctor, women had been advised on when and how to consume misoprostol - in most cases staggering their consumption over 2-3 days.



I was given a kit of five pills in total from the medical store. In which there was one big pill and four small pills and was told how to use the pills. A big pill has to be taken with plain water at night on the first day, no pill is to be taken on the second

day. On the third day two small tablets are to be taken with water at night and two small tablets are to be kept inside the vagina.

[Woman, 30 years, town area, State 1]

I got a total of 5 pills. One big pill and 4 small pills, had to take one big pill on the first day at night and after 24 hours had to take 2 small pills and if it didn't work take the rest two small pills. My husband told me this.

[Woman, 21 years, village area, State 1]

I got a total of 3 tablets, which were very big tablets. The doctor said that if one tablet is not beneficial in the morning, then take one tablet at night. If the two tablets will not work, then only take the 3rd one. I benefited from two tablets only.

[Woman, 35 years, village area, State 1]

I got a total of 3 pills. One big pill and two small tablets. My husband said that one big pill is to be taken with water on the first day and both small tablets on the second day, one pill in the morning and another one pill in the evening.

[Woman, 22 years, village area, State 1]

Doctor had given me four pills and told me to eat one tablet with plain water and keep one tablet in the bottom. If you feel that cleaning is not happening properly, then on the next day, again eat a tablet with plain water.

[Woman, 44 years, village area, State 1]

I got a total of 4 pills. I got the information that the first big pill is to be taken and on the same day two small tablets are to be put in under the vagina.

[Woman, 35 years, village area, State 2]

2.4.3 DISCREPANCY IN DRUG PROTOCOL

Apart from the discrepancy in protocol which emerged due to varying numbers of tablets which had been provided, there was also a significant difference in the instructions which women and men received regarding the drug consumption protocol. Even in cases where women received the requisite number of Mifepristone and Misoprostol tablets, the advice which they received around the consumption protocol could be quite different. In some cases, women were advised to ingest all tablets orally, while in others they were asked to take Misoprostol vaginally. There was no explicit mention of buccal or sublingual ingestion in the narratives.

Discrepancy in drug protocol was also affected by the varying information sources to which the couples had access. There was often conflicting information received between the pharmacists, the internet, or instructions in the packaging (where available). In the absence of accurate and reliable information which the couple could feel confident following, they relied primarily on a known and trusted individual.



In strip, I got 5 tablets, chemist did not tell anything to my husband, and he has also not asked him anything because vidhayak didi has told to take one big tablet in evening and the two small tablets in the next day, she also told that if bleeding starts, don't take other two tablets but if bleeding doesn't start then consuming other two tablets also, if not able to take orally then keep inside with clean hands.

[Woman, 29 years, village area, State 1]

My husband told me that the first big pill is to be taken after the meal, and then the remaining small four pills have to be taken. Next day I need to take one tablet in the morning and one tablet in the evening, similarly on the third day I need to

take one tablet in the morning and one tablet in the evening. The medical store person had told me that your problems will be solved with this if it fails then come and meet again. This medicine will give benefits and there will be no need to go anywhere.

[Woman, 33 years, village area, State 1]

Medical storekeeper said that there is (a) description inside the box, just read it. Usually, we (are) told to take 1 big tablet the first day and 2 small pills (on the) second and two pills on (the) third day. But in the manual, they suggested taking 4 tablets together, but I ate medicine as suggested by the medical store person.

[Woman, 28 years, village area, State 1]

I was given a kit of five pills in total from the medical store. In which there was one big pill and four small pills and was told how to use the pills. A big pill has to be taken with plain water at night on the first day, no pill is to be taken on the second day. On the third day two small tablets are to be taken with water at night and two small tablets are to be kept inside the vagina.

[Woman, 30 years, town area, State 1]

I got a total of 5 pills. I got information with the pills that five tablets are to be taken for 5 days, one by one and one tablet has to be taken every day in the night after dinner or one pill in the morning after breakfast which is a single one.

[Woman, 30 years, village area, State 2]

I received a packet of five tablets and received information from the shopkeeper that on the first day a big pill is to be taken with water and after that the second day, all four small pills should be taken with water at once, and after that if there is any problem then that will be shown.

[Woman, 25 years, village area, State 2]

A few women mentioned specific suggested dietary precautions related to drug consumption such as not consuming cold food items and rice during the abortion self-care process. There were limited cases of this kind,

where overall health and well-being had been considered in the drug consumption process.



I got a strip that had five pills. Husband would know, he told me not to eat rice and medicine, but also to eat one by one pill. One pill in the evening on the first day, two pills in the morning on the second day, and one pill in the morning and one pill in the evening on the third day.

[Woman, 26 years, village area, State 1]

There were five pills in the packet, one pill was taken empty stomach. Doctor said that on the second day, one tablet should be taken on an empty stomach. He mentioned not to eat cold things and rice. The doctor said that if there is a problem, then inform him.

[Woman, 36 years, town area, State 1]

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Self-Managed Abortion Journey

SELF-MANAGED ABORTIONS JOURNEY EXPERIENCE •

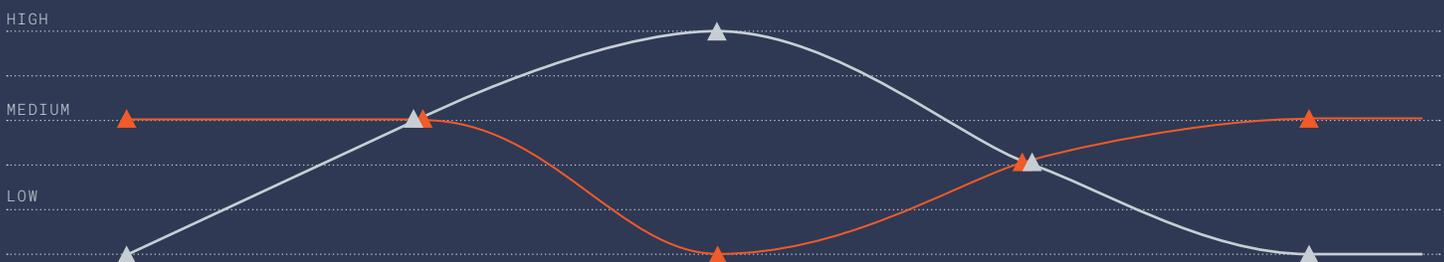
Prior	Consumption			Post
~1-7 DAYS BEFORE CONSUMPTION OF MIFEPRISTONE	CONSUMPTION OF MIFEPRISTONE (DAY 1)	CONSUMPTION OF MISOPROSTOL (USUALLY DAYS 2-3)	CONSUMPTION OF BOTH (USUALLY DAYS 4-6)	7-10 DAYS FOLLOWING CONSUMPTION OF MIFEPRISTONE

PSYCHOLOGICAL AND PHYSICAL STATE •

Nervousness around consumption of abortion pills where it was a first-time experience	<i>Anxiety level:</i> Anxiety around effect on family and finances if abortion was not successful	Anxiety and uncertainty around how long the experience would last, lack of experiential knowledge to fall back upon, no coping mechanisms for emotions and pain	Relieved that the worst part of the journey had subsided and hospitalization had been avoided	Anger and resentment towards husband where the experience was difficult and unsupportive
Fears around consequences to health, fertility and general wellbeing	In cases where there was no change: anxiety surrounding efficacy of the pills	Very strong emotions expressed: 'I started crying', 'I want to die', 'intolerable pain'	Weakness, tiredness, headaches, strong desire to rest	Where abortion pills did not suit women: increased intention to use contraceptives to avoid the severity of pill side-effects

ENERGY & PAIN LEVELS •

▲ ENERGY LEVEL ▲ PAIN LEVEL



Regular energy level: completed all household tasks easily	Regular energy level: no change	Very low energy level: minimal housework; high stress levels where no support was available	Moderate energy level: completed necessary household tasks with ease, but did not exert beyond that	Regular energy level: completed all household work easily and were motivated due to overcoming the toughest part of their journey
Regular physical state, no physical effects mentioned at this stage	In a few cases, light bleeding and mild pain	Heavy bleeding and intense pain in stomach, back, and legs	Mild or no bleeding and mild pain	Return to pre-consumption state of physical comfort

FEELINGS AND CONCERNS RELATED TO ABORTION JOURNEY •

Fear of detection and of abortion becoming known to the family if there were severe side-effects	Doubts and uncertainties regarding what the experience would entail	Extreme irritation, frustration, and anger due to situation being new and unmanageable	Gradually coming to terms with the fact that the abortion was successful	Relief and comfort at successfully avoiding shame and possible stigma due to detection
Fears around consequences to health, fertility and general wellbeing				Intention to use contraceptives or other methods to avoid the complexity of the situation again

2.5.1 JOURNEY PRECEDING DRUG CONSUMPTION

As shared through daily records of abortion diary, women experienced a multitude of stressors throughout their abortion journey- from deciding to opt for abortion to its completion. In some cases, the anxieties and concerns around drug consumption were within a short-time frame (linked to the decision-making duration). In these cases, women spent around 2-3 days in discussing, deciding, and procuring the drugs. While these women may have had unanswered questions and additional queries surrounding drug consumption, the anxieties surrounding the actual decision-making of following through with an abortion were comparatively lesser. In contrast, there were other women who spent a longer duration discussing and deliberating on this decision. The decision-making and deliberative process here was much longer.

2.5.1.1 CONCERNS AROUND PROXIMAL FACTORS OF ABORTION

Grappling with the various impacts which abortion drugs could have on them, a key concern voiced by women was the efficacy of the drugs. In these cases, women were anxious and fearful regarding the consequences of an incomplete abortion. The most common underlying factor around this was the necessary visit to the doctor which an incomplete abortion would entail. Women were worried about the drawn-out process and additional inconveniences, discussions, and costs which this would provoke. As they had already decided to consume the drugs, they were anxious for this itself to help them navigate their abortion journey rather than prolonging it any further.



Lots of unsurety was there in my mind before taking abortion pills like – how was these pills whether they are effective or not or whether I had to visit the doctor, I was feeling anxious.

[Woman, 23 years, town area, State 1]

I was very afraid because of any mishap happening. Don't know whether it will be cleaned or not or will

have to go for cleaning somewhere. I was very scared before taking the abortion pills.

[Woman, 30 years, village area, State 2]

Another common concern was the uncertainty about the effect of the drugs. Women were unaware of the amount of pain and bleeding they would go through, the duration of the process, and how intense the at-home abortion experience would be for them. It was not possible for women to accurately predict what was going to happen despite having heard from reliable information sources - considering the unique nature of each woman's experience, varying pain thresholds, and prior previous experiences with pregnancies. Apprehensions around the effects of the abortion drugs on their life and body were commonly shared by women in their diaries.



Before taking abortion pills, I was afraid of how much pain would be, whether it would be right or not, and then feels how many days I would have to lie down. Then what will happen, how much blood will come, how much will be the problem.

[Woman, 29 years, village area, State 1]

Before using abortion pills, I had many doubts in my mind like how much pain will happen, how much time will be wasted and how many days it will continue.

[Woman, 20 years, town area, State 1]

I was thinking about how much blood will flow and how much pain will happen?

[Woman, 28 years, town area, State 2]

There were also concerns around the effect of the abortion drugs on fertility of women. In quite a few cases, women who wished to get pregnant in future,

were worried about the impact which abortion drugs would have on their future pregnancies. Again, lack of correct information produced fears and anxieties which could have been assuaged otherwise. However, women spent a long part of these deliberations alone having only occasional conversations with peers or support groups. These questions and uncertainties produced anxieties that affected them throughout their abortion journey.



Before using abortion pills, I was afraid that how it would affect my health. If I want to become a mother again in the future, I will be able to become or not. Before using the pills, I was afraid that I did not know what the problem would be.

[Woman, 30 years, town area, State 1]

There were women who expressed intense fears relating to risk and danger to their life at the pre-consumption stage itself. These women were wary of the risks of abortion drugs and were also worried about the support which they would need in case they suffered from serious health consequences as a result of consuming these drugs.



There was a lot of fear before the use of the pill, there was a fear in the mind that - What if the health worsened too much? What if there is a risk of life? And if the situation becomes serious then the rest of the people in the house will come to know about this. So, I was afraid.

[Woman, 25 years, village area, State 2]

I had taken the medicine for the first time, many kinds of thoughts were arising in my mind, such as - If there is any problem, if more seriousness occurs then due to lack of the money my life will be in danger, what will happen to my children then. There was a lot of fear.

[Woman, 19 years, village area, State 2]

2.5.1.2 CONCERNS AROUND DISTAL FACTORS RELATED TO ABORTION

Women expressed anxieties and fears related to financial and resource requirements which may result due to side-effects from the drug. The acute fears surrounding family's future were often in cases where physical and financial support provided by family members was extremely limited. Women were worried about the impact on their children's lives and their financial safety and well-being if additional costs had to be borne due to any health abnormalities as well as the workdays which they would end up losing.



Before taking the abortion pill, I was afraid. There was a lot of panic from inside, that no problems should occur in between. There is no money in hand, both children are also small. My husband does nothing.

[Woman, 24 years, village area, State 1]

In families where women had kept their abortion a secret from other family members, they underwent a lot of internal shame and faced a fear of detection.

These fears were tied in with the doubt in efficacy of the drugs as well as the concerns about acute physical consequences. These uncertainties were compounded by the underlying difficulties of their situation, i.e. the lack of transparency or support structures which were available to them.



It was doubtful that even if the pill did work to terminate the pregnancy, I would have to go to the doctor and then I would have to be ashamed, because everybody would know about this.

[Woman, 37 years, town area, State 1]

There was only one fear in my mind that although I'm taking medicine silently, if something goes wrong then the whole house will come to know, then there will be a lot of trouble.

[Woman, 22 years, village area, State 1]

Some women experienced a sense of anxiety, stress, and uncertainty by thinking around the next steps post pill consumption. They expressed similar anxieties and fears as in the cases listed earlier in this section, however they also expressed a restless desire to move on with their daily lives. For some, the abortion was an inconvenience, an additional burden, in their already busy schedules. Women understood that this decision was significant and was liable to cause disruption in their lives, which caused a sense of fear and worry.



I kept wondering when this burden will be removed from my head. There is a worry in my mind that everything should happen quickly.

[Woman, 28 years, village area, State 1]

Before using abortion pills, I had many doubts in my mind like how much pain will happen, how much time will be wasted and how many days it will continue. After making this decision I felt good that all cleaning will be completed at home.

[Woman, 20 years, town area, State 1]

There was a fear in mind before taking the pills. There was a strange feeling in my mind about what will happen next.

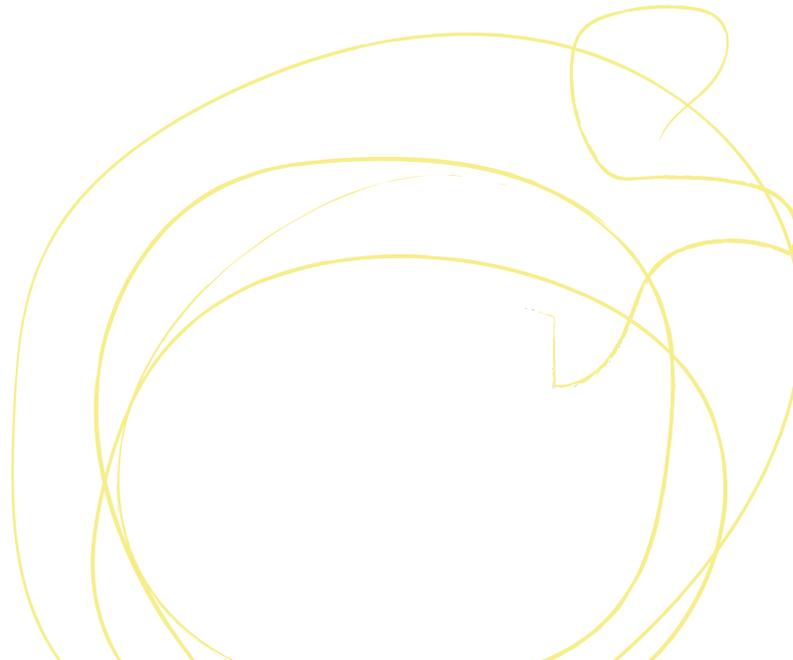
[Woman, 27 years, village area, State 2]

I was very scared before taking abortion pills. I was thinking about how much blood will flow and how much pain will happen? I was thinking all this and was also worried whether everything will be fine or not. Tension was there.

[Woman, 28 years, village area, State 2]

I was thinking that if abortion will not complete, then, I need to go to the doctor. The doctor will scold me a lot this time and I do not know whether he will see me or not. I was afraid of taking medicine as much as I was afraid of carrying the pregnancy ahead.

[Woman, 35 years, village area, State 1]



2.5.2 JOURNEY DURING CONSUMPTION OF MIFEPRISTONE AND MISOPROSTOL

2.5.2.1 PHYSICAL EXPERIENCE BASED ON DRUG PROTOCOL AND DRUG CONSUMPTION

Day 1: To a large extent, advice on mifepristone was followed in a standard manner. Most women consumed the ‘large pill’ on the first day along with water. Among the women who followed this protocol, there were few who experienced physical discomfort or pain post-consumption.

There were women who followed different drug protocols and consumed Misoprostol the same day as Mifepristone. These women experienced stronger effects of the drugs on Day 1. A few women had received information or advice that alongside consuming Mifepristone, one or two tablets of Misoprostol were to be vaginally inserted on the same day. For these women effects such as cramps and bleeding started on the very first day of their abortion journey. There were no cases reported where women consumed Misoprostol prior to Mifepristone.



I got a total of 3 tablets, that were very big tablets. Today I ate a pill in the morning with hot water, then bleeding started in the afternoon, and after eating a pill in the night, the bleeding became more.

[Woman, 28 years, village area, State 1]

Doctor (village doctor) had given me four pills and told me to eat one tablet with plain water and keep one tablet in the lower part/vagina. And also told that if I feel cleaning is not happening properly, then on the next day, again I need to eat a tablet with plain water. I followed the same, I have taken one tablet of abortion with plain water and one tablet kept in the uterine cervix.

[Woman, 44 years, village area, State 1]

Day 2 and 3: Broadly, however, the drug protocol which was being followed was of consuming two tablets of Misoprostol on the second day of their self-managed abortion journey. Some women had been advised to take all 4 pills on the second day itself and subsequently completed their abortion drug protocol on Day 2. In these cases, usually all 4 pills were ingested orally, or 2 were orally ingested and 2 were vaginally inserted.



After 24 hours of taking the big pill, I took two small pills with milk, because earlier I took with plain water, it felt very heavy. So, this time I took it with milk and did not take any other pills.

[Woman, 21 years, village area, State 1]

Today, I ate two small pills from the kit with plain water for abortion and tonight put two pills in the vagina. Apart from this, I did not use any other medicine.

[Woman, 30 years, town area, State 1]

I have taken all the 4 left out pills after eating roti (bread) at night (on the second day). I felt like vomiting, so my aunt (chachi) gave me lemon water. I am lying down after drinking the same half glass of water.

[Woman, 27 years, village area, State 1]

I got a total of 5 pills. I have taken one large pill for abortion on first day, second day I have not taken any pill for abortion. Today (Day 3), I have taken small pills, took all four pills for the abortion, I have taken all the four pills with water.

[Woman, 27 years, village area, State 2]

In terms of overall drug protocol, there were certain discrepancies between the first three days in consuming Misoprostol. There were women who took Mifepristone on day one, two pills of Misoprostol on day two and

two pills again on day three. In comparison, some women consumed no pills on the second day and consumed only two Misoprostol pills on day three.



I had taken a big abortion pill at night with plain water and then slept. Second day, I had taken two small abortion pills at night with plain water and third day, I have taken two small abortion pills with plain water.

[Woman, 30 years, village area, State 1]

On the first night at 11 PM I took the big pill with plain water. Next day, I took two small pills with plain water. Means after 24 hours of taking a big pill. It was said that if something doesn't start with 3 pills then after 12 hours take the last two small tablets with plain water. So, today, I took the remaining pills.

[Woman, 28 years, village area, State 1]

Day 4: While most of the study respondents completed their drug protocol by day three, there were a few women who consumed a varying dosage of Misoprostol on day 4. Others still had been advised to stagger their Misoprostol consumption between days three and four, based on the effect which the drug was having on them. These variations in drug protocols were based often on advice which pharmacists or their husbands had communicated to them regarding the consumption of pills based on their bleeding and pain level.



On the third day when bleeding was happening, I was very scared, so I did not take the medicine. When I told my husband at night that I had not eaten two pills, he said that I should take them in the morning. Complete the dose of medicine otherwise if complete cleaning is not done then what will happen? I took a small pill after breakfast in the morning and one tablet after dinner in the evening.

[Woman, 33 years, village area, State 1]

Yes, today I ate two abortion pills with water. There was a strip of 5 pills, out of which 1 tablet was taken on the first day, then after one day, 2 tablets were taken, and 2 tablets were taken today.

[Woman, 36 years, village area, State 1]

Further drug protocol deviations: In around 10 instances, women followed entirely distinct protocols. In some cases this was due to information provided to them by village doctors or pharmacists, while in other cases it was due to uncertainty regarding what they had been told. Still others deviated from the drug protocol due to the pain which they were already going through. Similar to the earlier pill protocol deviation, these deviations were also encouraged by the fact that women had been told through different sources to consume the pills as per their individual bleeding and pain levels.



On day 1 I took the big tablet with an empty stomach with warm water. My (local leader didi) had told to eat the second pill after eating the first pill, she told if I want to take orally, then to take 2 tablets orally if I don't want to eat then, keep 2 tablets in the vagina with clean hands, and remaining 2 pills do not take if bleeding starts, if bleeding don't start then consume them, so on second day, I consumed two tablets because how can I put tablets inside vagina by my hands I would have to call a doctor. Today is the third day and I did not take any tablets because my bleeding started by eating two pills, so, I did not eat the other two pills.

[Woman, 29 years, village area, State 1]

When the bleeding started yesterday, I was very scared, so today I did not take the medicine.

[Woman, 33 years, village area, State 1]

There were five pills in the packet, I have taken one pill each day. Today also I have taken one pill with water.

[Woman, 36 years, village area, State 1]

I got a total of 5 pills, I got information with the pills that five tablets are to be taken for 5 days one by one. Today, I have taken one pill small pill for abortion with water.

[Woman, 30 years, village area, State 2]

Any other underlying conditions/complications: Most women interviewed in the sample did not mention any underlying conditions or complications which affected their physical experience. Apart from abortion drugs, a few women had consumed medications for pain relief, headaches, fevers, or physical weakness. A few had consumed iron and vitamin tablets. One woman had lumps in her uterus, and she consumed her regular medicine along with the abortion drugs.



I had been taking the medicine for the lumps in the uterus, taken the same medicine.

[Woman, 26 years, village area, State 1]

I had taken medicine for headache and fever in the daytime (on day 1).

[Woman, 28 years, village area, State 1]

(I) have taken a Pudeenhara tablet with warm water because of gas in my stomach (on day 3).

[Woman, 30 years, village area, State 1]

For abortion, due to weakness, I have taken the vitamin syrup (on day 6).

[Woman, 27 years, village area, State 2]

I have taken Tonic for weakness, feeling very weak (on day 7).

[Woman, 30 years, village area, State 1]

2.5.2.2 PHYSICAL EXPERIENCE OF DRUG CONSUMPTION

The various physical states which women experienced were linked with the changes which their body was undergoing as a result of the drugs consumed. In line with the various drug protocols which they followed, i.e. consumption of Mifepristone alone on Day 1 or consumption of both Mifepristone and Misoprostol on Day 1, their reporting on physical effects were different. Women also experienced the physical effects differently, as some women (those who had experienced previous pregnancies or had a higher pain threshold) were able to cope with the abdominal pains and cramps better than others.

While in a few cases women experienced no changes from routine or very minimal changes such as mild pain and light bleeding, there were also a few women who experienced a high degree of pain and clotting.



Day 1: I was feeling well, there was no problem. Blood did not come in the day and at night, but by night there was a slight pain in the stomach, legs, and head.

[Woman, 33 years, village area, State 1]

Day 1: After about 1 hour of taking the pill, first a large blood clot started coming out and after that slowly the blood started coming. Also, there was a lot of pain in the waist, abdomen, and the entire lower part of the body.

[Woman, 24 years, town area, State 1]

Day 1: Today there is no change in health. It is the same as every day.

[Woman, 28 years, village area, State 1]

Between the second and the fifth day, women started speaking of the effects of both Mifepristone and Misoprostol. As both drugs were now affecting their

body, the symptoms narrated were heavy bleeding and intense pain in their bodies. For different women, the intensity of the pain varied greatly. While some spoke of ‘heaviness’ and ‘tiredness’, others spoke of their reactions to the pain in phrases such as ‘I started crying’ and ‘I want to die’. Since most women were unprepared for the impact which the drugs would have upon them, the combined effect of both drugs seemed unexpectedly strong on them, physically and mentally.

For all cases, the most physically intense part of the journey was after consumption of 2-3 pills of Misoprostol. In general, this coincided with the second to fifth day of their abortion journey. In a few cases, women continued to experience pain into the seventh-ninth days. However, even in these cases, the intensity of the pain was weaning off gradually.



Day 2: By the afternoon, light bleeding started. After taking the second pill in the evening, the blood started coming heavily from midnight. There was also mild pain in the body.

Day 3: My health remained the same as yesterday. Bleeding remained like a period, the cramps and pain in the feet sometimes intensified and sometimes slowed down.

Day 4: Today when I take the pill again, the amount of blood has increased. For 1 hour my stomach, legs and back was paining. The pain became so intense that I started crying.

Day 5: My health was very bad, there was a lot of stomach ache all day. For an hour, the pain was getting out of tolerance, when two big clots of blood came out then the pain subsided. Until then the body was falling apart, I did not feel like opening my eyes.

Day 6: My health was not well for the last 3 days but today after this afternoon my health felt good. Bleeding continued but today blood clots did not come out and there was not much pain in

the stomach.

[Woman, 33 years, village area, State 1]

Day 2: Today I feel a little strange, I do not feel like working. Nothing is happening right now, blood is not coming out, there is water like discharge, there is pain in the lower stomach.

Day 3: Feeling fine. Yes, blood is coming out and there is pain in the stomach.

Day 4: Yes, Health is not right today. Today blood is coming out in clots, there is abdominal pain and feeling weakness.

Day 5: Today my health is fine, but I am feeling weak. There is pain in the stomach and also blood is coming out.

Day 6: Blood clots are coming out, there is a lot of pain in the stomach, there is also a lot of weakness in the body, there is a lot of tightness and pain in the whole body.

Day 7: Blood is coming out, there is a pain in the stomach, there is also weakness and pain in the body.

Day 8: There is pain in the stomach, bleeding and weakness is also there, blood is also coming out so there is more weakness.

[Woman, 32 years, village area, State 1]

Day 3: Today my health is not well at all, I have a severe pain in the stomach and there is too much bleeding and clots are also coming out. It seems like someone has put something heavy on the stomach. There is a lot of pain in the waist and arms and legs, because of the pain there was a feeling of vomiting.

[Woman, 30 years, town area, State 1]

Day 2: Today there is no change in my health, but my body seems to be a little heavy. I am having a little pain in my stomach after two hours of eating medicine. In the evening little blood was seen which kept on coming light-light at night with stomach ache.

Day 3: Today my health is not good. Along with waist pain and stomach pain, a heavy amount of blood is also going on. Clots are also coming out. I am feeling weakness very much. In the night little part of flesh piece also came out.

Day 4: Today something has improved in my health. Today, waist pain is also less. Stomachache also occurs after a while. Only blood is coming with stomach ache. Sometimes a small clot is coming.

Day 5: Today, my health is looking absolutely fine, but sometimes light blood comes with stomach pain. Waist pain is fine. The mind also seems to be lighter.

Day 6: Today, my health is somewhat better than the previous day. Stomach pain is also not happening, the body also looks light, but the blood of light red color is still coming sometimes. Now I am not feeling weak.

[Woman, 28 years, village area, State 2]

2.5.2.3 PSYCHOLOGICAL EXPERIENCE OF DRUG CONSUMPTION

The psychological state which the women expressed throughout their abortion journey were related to external factors which were looming large in their mind. Without adequate knowledge around coping mechanisms women were left to deal with their pains and fears alone, which led to increasing degrees of irritation and frustration at their situation. These unfamiliar stressors were exacerbated or eased by the degree of support which they were confident of receiving from others around them. Therefore, in cases where women were left to deal with their physical

condition alongside the burden of housework and childcare alone they were significantly more affected by the process. They also had allied feelings of anger and resentment towards their husband, these feelings related to a number of stated events namely (i) lack of support with housework, (ii) lack of financial certainty, and (iii) getting the woman pregnant.



Day 1: There are only thoughts that medicine should work, and all my work is done, and no problem should come. Do not have to go to the hospital. I am feeling very nervous, I was feeling anxious and scared too.

Day 2: The mood is not good at all, the same feelings are coming over and over again that God I should get well soon, don't have to go to the hospital. If I had to go to the hospital, it would be difficult. This is the fear and worry that I should not fall ill.

Day 3: The thought is coming in my mind today to tell Swati's (name changed) father (my husband) that ask how many more days it will take to recover from where he had brought the medicine and how many days health will continue like this. After how many days everything will be alright. It is heard that after four to five days it will be relaxed. It was in my mind throughout the day that within 2-4 days I'll be alright.

Day 4: It seems that due to excessive bleeding, I will die.

[Woman, 27 years, village area, State 1]

Day 1: I did not like anything. Was very nervous.

Day 2: I did not feel good, feeling irritated.

Day 3: I felt tired and weak. There was a

stomachache, the food also did not taste good.

Day 4: It was just going on in my mind that when will I get rid of this process. When will I be fully fit? I was unable to take care of our children because of my poor health.

Day 5: I was feeling very weak, tired, and very irritable. Just wanted to lie down all day.

Day 6: My mood was not good, only one thing is going on in my mind that how soon should I get rid from this problem.

[Woman, 28 years, village area, State 1]

Day 1: I was very scared that my health might not get worse, but I did not let anyone know about this.

Day 2: Because of the pain in the stomach, the mood is not good, but I cannot tell anyone anything. I am getting too much pain; I'm feeling just lying down quietly.

Day 3: Mood is very bad today, not able to understand anything. What to feel in pain, nothing is feeling just the pain is too much.

Day 4: The mind is very nervous that all the blood is coming out of the body, I do not know what will happen in the future. That everything should goes well, and the household members don't get to know anything.

Day 5: The mood is not good, there is a lot of nervousness and confusion, irritability is also happening. Weirdly angry at myself.

[Woman, 22 years, village area, State 1]

As the days progressed, women experienced an easing of their physical pain alongside their external stressors. They expressed relief at the fact that the perceivably most intense part of their journey had now passed, which also meant that they had successfully avoided detection and complications surrounding self-managed abortions. Additionally, women felt more secure now that they knew they weren't in need of hospitalization and that no other additional expenses would have to be incurred.

Women mentioned feeling more 'relaxed', their nervousness dissipating, upswing in their moods and being in a calmer state of mind. This phase of their journey had the most positive feelings associated with it, as it was a state where they had overcome the worst and hadn't yet begun to think of the future or of precautions which they needed to take moving ahead.



Day 5: Today I feel a little relaxed and my mind is feeling less nervous too. Because the blood loss has reduced.

Day 6: The mind seems to be fine, only thoughts are coming when it will be over. I'll start my work; all the work is missed. Feeling a little worried just nothing else.

Day 7: I feel that now I am completely well. I have no problem, my mood is good and the mind feels light. Feeling good, looks like I've come out of trouble.

[Woman, 27 years, village area, State 1]

Day 7: My mood was good, there was just one thing going on in my mind that by when it would be finished

Day 8: I was just thinking that I did not get bleeding since noon, so I was thinking that I have come out of this problem

Day 9: My mood was good, I was feeling very happy that now I got rid of this problem and everything was done well, I did not have to face many problems.

[Woman, 28 years, village area, State 1]

Day 6: Today my mind is completely calm because the thing that I was afraid of did not happen, everything was settled quietly. Nobody got to know.

[Woman, 22 years, village area, State 1]

2.5.3 EXPERIENCES IN THE DAYS POST CONSUMPTION OF BOTH DRUGS

In the final phase of their abortion journey, i.e. after the consumption and effect of both drugs upon them, women gradually acclimatised with the various feelings which they had gone through in a fairly rapid timeframe and began to come to terms with the completion of their abortion. This coincided with expressed feelings of avoiding any such future scenarios and an intention to use contraceptive methods. This phase of the journey was also physically similar to regular menstruation for women, and so their ability to manage the symptoms and feelings which they experienced was greatly increased.



Day 7: My health is better than before, bleeding today is more than yesterday. Today I am feeling dizzy and have a mild stomach ache.

Day 8: Today bleeding is very less, but there is a lot of pain in the head for which medicine was not available at the right time, so I got vomiting.

Day 9: Today my health is absolutely fine, I have neither pain nor weakness today. My bleeding has also stopped today.

[Woman, 30 years, town area, State 1]

Day 7: Health is fine today; bleeding is also less. It is not happening like before. Not too much red blood is coming out. Torsion and pain in the stomach is less, there is pain in legs, waist, and head but not as much as before.

Day 8: My health was fine; bleeding is happening like the third-fourth day of the period. The medicine was eaten, so there was no abdominal pain in the legs and stomach. Now the mind is starting to feel lighter.

[Woman, 33 years, village area, State 1]

2.5.3.1 ABORTION COMPLETION DAY (WHEN COMPLETED AS PERCEIVED BY RESPONDENT)

Despite the discrepancy in drug protocols which had been followed; all women successfully completed their abortion through self-care. Women perceived abortion completion through various markers, with reduced bleeding and subsiding pain being the most common. In line with these, women also considered the absence of nausea, heaviness, tiredness, and body aches as signals that their abortion journey had come to a close.

A majority of the women (60) perceived their abortion as completed within 6-10 days. There were 8 women whose abortion was completed after 10 days. Seven women mentioned their abortion was completed within 11 to 15 days while one woman took 21 days to complete the process.



2.5.4 ROUTINE AND DAILY LIFE ACTIVITIES DURING THE ABORTION JOURNEY

Considering the psychological and physical ups and downs which women were undergoing, continuing with their daily routine proved difficult for them. In general, the first few days of the abortion journey i.e. during decision-making, drug purchase and consumption of Mifepristone, women were able to continue performing their basic household tasks. Despite a change in their moods and the anxieties with which they were dealing, they continued with the duties and responsibilities of household management. At this stage they were not looking for active support in terms of routine activities from those around them.

In the following days, as women consumed Misoprostol, they entered the most physically intense part of their journey (Days 2-5). During this phase their ability to continue with routine activities diminished. In most cases they performed the perfunctory responsibilities that were expected of them. If they had supportive husbands or family members, they mentioned taking extended durations of rest. In cases where such support structures were not available, women still continued with their responsibilities during this journey. There were no cases reported where women neglected their household or childcare responsibilities, even as they underwent an extremely difficult experience.



Day 1: My day was ok; I did not have any problem. I did all the work all day though I do not feel like doing work. But still I have done all the household work, I ate whatever I cooked, there is so much works at home so I do not get time for rest.

Day 2: Having stomach ache and bleeding, I don't feel like working, but I made food, washed dishes, moping, only. I have washed clothes and cleaned. Don't like to eat food but had some, had tea in late had rest in morning for two hours but not slept due to pain could not sleep.

Day 3: How will the day be, when the health does not feel good, at this time doing few households works which are very important like cooking food, washing utensils only. My husband sweeps the entire house, before going to work. At this time, I do not sit for a long time for work, so my mother-in-law cut the vegetables, I did not wash clothes, somehow only washed dishes. I had to eat medicine that is why, I ate food otherwise today I do not feel like to had food. Rested all day after completing few works.

Day 4: Even today the day was not good, because of eating abortion medicine had heavy bleeding and stomachache all day, so I do not want to do work but still made food, wash utensils, wash cloths, at this time, only few household chores are doing.

Day 5: Today was a good day because there is not much trouble today. Today I washed heavy cloths bedsheets, Quilt cover, husband, and daughter's cloth, made food and sweeping.

Day 6: Feeling better than earlier, so day is good, I was thinking today to go market and buy some things but did not went because not in a mood. I am doing work, made food, done sweeping and moping, wash utensils also did sewing. Had rest for hour but not slept. These time feels like to eat spicy food.

Day 7: Today I have done all household work perfectly, also talk with 2-3 people on phone, earlier not in mood to talk to anyone. Today morning ate food properly. Take 2-hour rest and slept half an hour.

Day 8: I was easily able to do household work from yesterday. Ate food properly, had breakfast in the morning, had lunch in afternoon and evening tea comfortably. At present time takes milk two times day and night. Take rest 2 hours but not slept.

Day 9: Having a good day because all my troubles are gone, had done all household work - cooked food, done mopping, feel no trouble to sit and work. Today, I was also in mood to do work from inside. Do not take rest today, because all the things in the house had been keeping here and there for long time. Had breakfast in the morning. Had lunch and dinner and tea in the evening.

[Woman, 28 years, village area, State 1]

While women continue to meet their domestic responsibilities, most women avoided any activities beyond their home such as outdoor labour or working in their fields. Women also mentioned a distinct change in their appetite, with their appetite reducing between days 2-5 and then growing following day 6. There were instances where they mentioned an aversion to food alongside experiencing nausea.

During days 2-5 their sleeping patterns were also heavily affected. This was a culmination of a few different factors namely a change in their appetite, pains and aches in their body, profuse bleeding, weakness, and fatigue. Their psychological state of being fearful or anxious further increased their insomnia in these days.



Day 1: Today, I have not done any work; I have been resting since morning. There is a change in routine, so not been able to do any household work. There is a lot of pain in the whole body. Younger sister-in-law (Devrani) cooked the food, the food does not look good at all. I'm not able to eat anything have drunk tea two or three times a day.

Day 3: Nothing feels good because of the pain. No work was done; my sister-in-law did all the work. I lay there for the whole day, not feeling like speaking to anyone. There is a change in daily work, I am lying in bed for 3 days, my family is good and younger sister-in-law does all the work.

Day 5: It was a good day. My devrani cooked the food and I helped her. I have been resting all day, since yesterday I am feeling fine. Today I ate

vegetable and bread and almost always keep resting. But the fear in the mind is not coming out.

[Woman, 36 years, village area, State 1]

Day 2: The day was okay. There is lot of changes came in my daily routine like preparing food, washing clothes, cleaning, etc. Not able to work as much as I used to do before. Feel tired. Prepared breakfast, lunch, did cleaning, bathing and etc. work, I have not eaten anything in the morning, ate rice in the afternoon. Took rest for a while, slept less at night, feeling worried that what will happen next.

Day 3: Today the day was difficult for me, I have to do household chores like cleaning, cooking, bathing, washing, bathing children etc. There is a change in the daily routine. Not able to work like daily due to taking the pills. I am not feeling hungry. Ate a little rice in the afternoon and vomit it out.

Day 6: The day was almost good, taking care of the children, preparing food, cleaning, washing, bathing, etc. there are lots of changes came in the daily routine. I have not gone anywhere since the first day of abortion. Neither had gone out for the work. I only did household chores today. I ate a little puffed rice (murhi) in the morning and ate some rice in the afternoon and now I have taken the rest for a while.

[Woman, 27 years, village area, State 2]

Day 1: Today my mood is irritating. There is no mood of doing anything. I want to do rest only due to taking the pills. Today I had not done anything, only did sweeping. Today I have eaten vegetable, rice, took rest for two hours. I have not slept whole day. Due to the pills whole day spent like helter-skelter.

Day 3: My stomach had been aching whole day. I had to do all the household chores, had to cook the food, had to winnow the rice, had to wash the

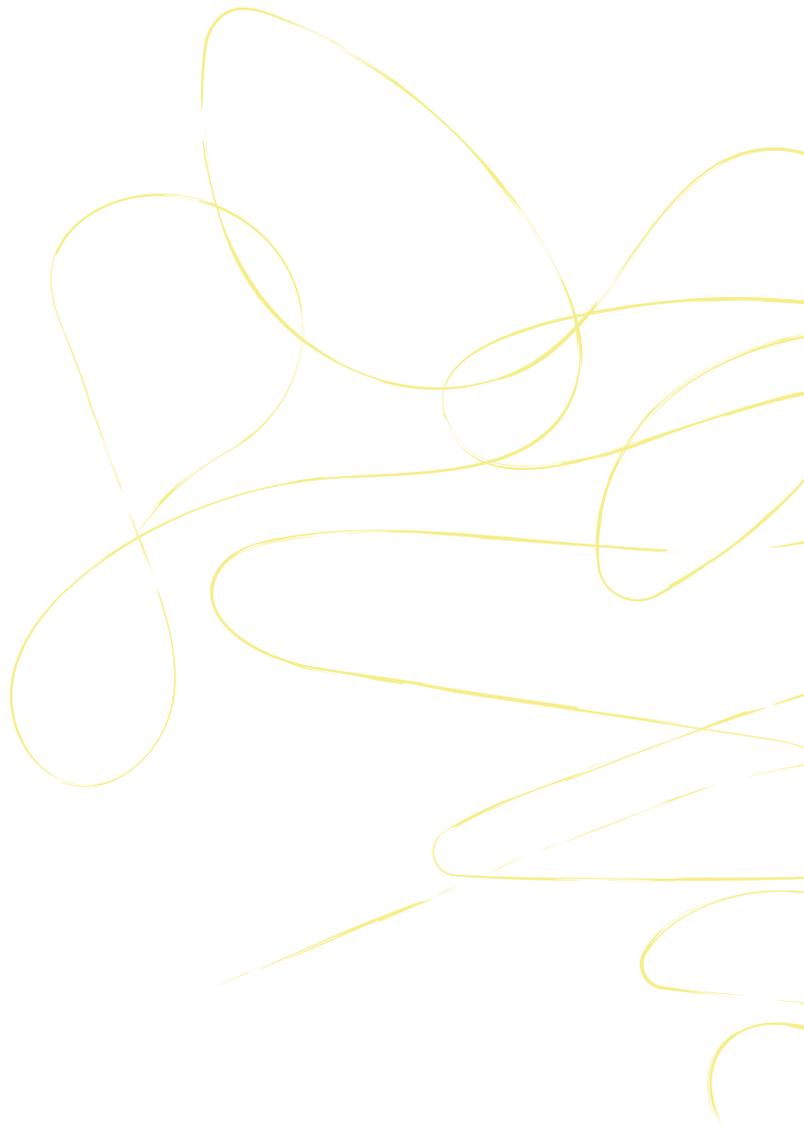
clothes. But I only prepared the meal. I ate roti with vegetables, and had some rest, but have not slept. I rested for an hour. Because of taking the pills, changes have been occurred in my routine. I had to winnow/sort the rice and wash the clothes, but I could not do them.

Day 4: Today, my day has been very hard for me, I had to do all the household chores, had to prepare the meals, had to wash the clothes, had to mop. Today, I cooked roti only, and ate vegetable-roti. I was having rest whole day, but not have been slept. Taking the pills for the abortion, I do not have the mood to do any work. Changes had been there indeed.

Day 5: My day has been hard today too. Today, I have to prepare meals and wash clothes along with cleaning house. I only cooked food today, ate vegetables and rice along with chutney of tomato. I had been taking rest whole day, but not slept. I was feeling weak too. Indeed, there is change in my routine. I could not complete my chores.

Day 7: Today my day was very well. Today I had to prepare food, cleaning and winnow the paddy. Today I prepared food, did cleaning and made the rice.
[Woman, 19 years, village area, State 2]

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PSYCHOLOGICAL CHANGES DURING THE SELF-MANAGED ABORTION JOURNEY •

PRIOR TO DRUG CONSUMPTION •

~1-7 days before consumption of mifepristone

1. Fear of detection
2. Fear of side-effects
3. Nervousness around consumption
4. Lack of coping mechanisms
5. Anxiety around effect on family and finances if abortion was not successful
6. Doubts and uncertainties regarding what the experience would entail

DURING DRUG CONSUMPTION •

Usually Days 1-5

1. Extreme irritation, frustration, and anger due to situation being new and unmanageable
2. Doubts and uncertainties regarding what the experience would entail
3. Lack of experiential knowledge to fall back upon
4. No coping mechanisms for pain
5. Lack of support from family members in husbands in some situations

DURING DRUG CONSUMPTION •

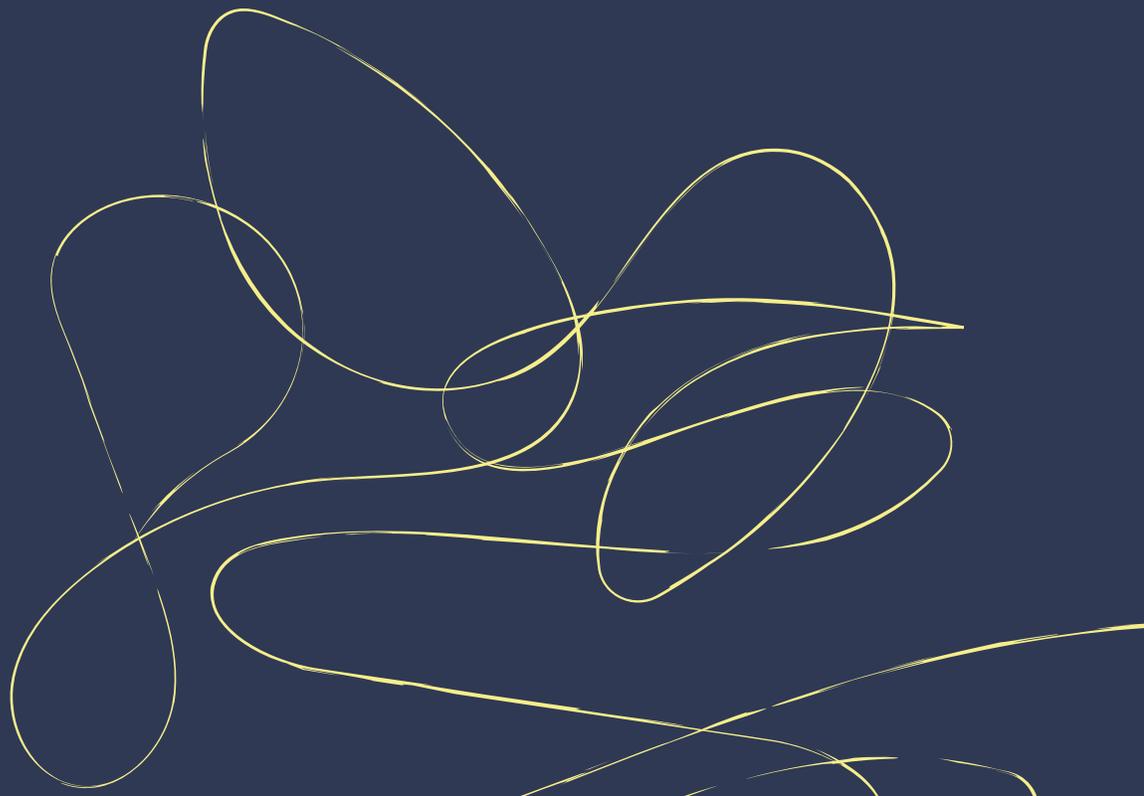
Usually Days 4-6

1. Gradually coming to terms with the fact that the abortion was successful
2. Relieved that the worst part of the journey had subsided and hospitalization had been avoided

POST DRUG CONSUMPTION •

Usually Day 7 onwards

1. Relief and comfort at successfully avoiding shame and possible stigma due to detection
2. Intention to use contraceptives or other methods to avoid the complexity of the situation again





Support Systems

In managing their abortion journeys, women leaned on various support structures which were available to them. These structures, and the various individuals on whom they could lean on, provided varying degrees of support across different aspects of their journey. Most women had access to a few key support systems i.e. marriage, family, peer-group relationships, and the formal or informal healthcare system. As elaborated in the following section, these structures supported the woman's journey across four broad aspects, physical support, financial support and psychological support, and informational support.

2.6.1 PHYSICAL SUPPORT

Given the significant physical experience which women were undergoing and their needs in this condition, physical support was the one for which they most commonly leaned upon their support systems. Women leaned upon their husband or female relatives for their support in going to the medical store and procuring the medication for them. They subsequently leaned on their family members and their husbands to support them with their daily household and childcare chores. Based on the level of support which they received, women experienced their journey differently. Additional physical support meant higher durations of rest, leading them to recover physically and mentally from their journey.



I got help from my husband. He bought the tablets from a medical store, and I faced some problems after taking tablets like pain, bleeding, and weakness. He supported and helped me in household work.

[Woman, 32 years, village area, State 1]

I told my sister-in-law, and she is the one who told me about the medicine, and she had brought the medicine for me.

[Woman, 35 years, village area, State 1]

Yes, I told my mother, mother-in-law, and my husband. After taking the pills, I got a lot of support from them. My mother-in-law supported my work very much.

[Woman, 26 years, village area, State 2]

In many cases women had not informed their family members about their abortion. Where this was a concealed decision between the couple alone, women often made excuses surrounding their physical condition but were still able to lean on their families for some physical support.



Day 1: No one knows at my house except my husband. Mother-in-law, father-in-law, elder brother-in-law, and elder sister-in-law (Jethani) do not know anything. When I felt a little sick, my mother-in-law started asking me what the matter was. So, I said nothing. Then she asked whether I had a fever, so I said "yes". Then she said that I should take the medicine.

Day 5: Nobody knows about this mother-in-law, father-in-law, elder brother-in-law, and brother-in-law. That is why everyone behaves as before. Elder sister-in-law (Jethani) comes to know, so she takes my well-being.

[Woman, 28 years, village area, State 1]

Day 1: Initially only my husband in my house knew that I would be taking pills, but when my health deteriorated, my mother-in-law, elder sister-in-law and younger sister-in-law came to know, then everyone supported me. There was no difference in the behavior of anyone.

Day 2: Everyone knew about it in my house and everyone's behavior was good, everyone was supporting me.

Day 4: Everyone in my house knew about my abortion and everyone is with me. There was no change in the behavior. Everybody was helping me with my household work and also taking care of the children.

[Woman, 30 years, village area, State 1]

2.6.2 FINANCIAL SUPPORT

Financially, it was the women's husbands who supported them through the journey in a majority of the cases. Husbands procured and paid for the abortion drugs. They also took the woman for any medical check-ups or medical follow-ups which she needed. The provisioning of any other medications and sanitary napkins was also financially supported by husbands in a number of cases. Where husbands were not residing with their wives, they mentioned transferring extra money to them for their household and self-care needs.

In cases, where the husbands were not supportive, the women were usually the earning member of the household and relied upon their savings to complete their abortion journey. There were no cases where women approached members outside of the couple-unit for financial support. There were instances mentioned where the pharmacist gave them the medicine even without receiving the payment the same day, this loan was repaid by the couple in the next few days.



I only told my husband. And then he brought pills for me, there was no need to go to anywhere and my abortion was completed by staying at home only.

[Woman, 26 years, village area, State 2]

My husband supported me, after taking the pill my bleeding had become very heavy. Then I was very nervous, so my husband immediately asked the village doctor. The doctor gave me an injection and medicine, then I got some relief. My husband was there by my side.

[Woman, 44 years, village area, State 1]

Day 3: My husband supports me.

Day 6: My husband calls every day 5-6 times and takes information about my wellbeing. The day before yesterday he sent 2000 so that I can take milk and fruits and eat.

Day 8: My husband cares for me and my children. That's why just for money he's working far away.

[Woman, 32 years, village area, State 1]

2.6.3 PSYCHOLOGICAL SUPPORT

The emotional and psychological journey formed the most complex part of women's experience when proceeding with self-managed abortions. While, in a conventional medical procedure a lot of the decision-making, management and support would have come through an institutional mechanism, in these self-managed journeys women were reliant on their own capacities to navigate the experience. Therefore, women searched for psychological strength through their available channels.

Women sought out those closest to them to share their journey, beginning from the decision-making stage. In some cases, their husbands became their deepest confidants and most reliable support structures. Husbands not only helped them through the journey, but also helped them navigate their relationships and interactions with other family members. Their husband's attitude also determined how much other family members respected and supported them through this process. When this information was known to all family members, women also felt eased of the psychological burden of carrying a secret which could cause them potential shame. They felt safe and supported through the journey, by both their husbands as well as other members of their family.



Day 1: In my house the behavior of everyone was good as every day, my father-in-law, mother-in-law, and husband knew that I had taken medicines, so no one was angry.

Day 2: All the members of my household know that I have taken medicine. So, nobody says

anything, and my mother-in-law tells me to take rest, relax and don't do work.

[Woman, 30 years, village area, State 1]

Day 1: My family members are very good. I have two brothers-in-law, mother-in-law, an elder sister-in-law, and a younger sister-in-law. Everybody's behavior is very good; everybody cares for me a lot.

Day 3: The behavior of the family is very good. My younger sister-in-law has been cooking for 3 days, and my husband also cares for me a lot. There has been no change in anyone's behavior, all people talk to me. Seeing my health, all the families are nervous. Till the time everything is alright, the family members will be worried.

Day 4: The behavior of the family is good. There is no change, everybody cares a lot. Sister-in-law prepares food for both times, cleaning the house, cleaning utensils, and cleaning the clothes of my children. I have to bear the pain; all the people in the house are taking care of me.

[Woman, 36 years, village area, State 1]

Another aspect of psychological support was receiving attention and care, especially from their husbands. Women who had a caring relationship with their husbands, and where husbands were able to perform acts of service and care for their wives, the abortion journey was much more psychologically stable for women. Women were extremely conscious of the effect which their condition had upon others in their household, and where this consideration was reciprocated women spoke of their experiences in a more positive manner. Simple actions such as enquiring about their health, covering them up with a blanket, bringing fruits for them, and allowing them to rest were extremely significant to women. In these cases, women were also confident that their children were well looked after which made their psychological state much more calm.



Day 1: The behavior of my husband was good with me. He was paying attention to me as well as did not let me go to plant potatoes (to do labor) in the field.

Day 3: The atmosphere is somewhat sad, my husband is bit more nervous, he is helping me and supporting me in all my work. He took care of the children.

Day 4: My husband looked sad because of me. He was very attentive to me. Today he has not gone out for work.

[Woman, 28 years, village area, State 2]

Day 1: My husband kept asking that if I feel any problem, I should tell him immediately and he'll immediately take me to the doctor by arranging a vehicle, my daughter did all the work.

Day 2: My husband stayed at home all day, did all the work. My husband said that till I get well, don't get out of bed, everything will be done by them. My husband's behavior is very good.

Day 3: Today my husband took a lot of care, due to fever it seemed very cold and my husband frequently covered me with a blanket and made tea for me several times.

Day 4: My husband repeatedly asks me about my health and he himself bought sanitary pads from a medical store to avoid any complications that may happen using cloth.

Day 5: Today when I told my husband about the pain in my legs, he massaged my legs and head and gave me boiled water for drinking.

Day 9: My husband always asked me about my

health, all the time his behavior was supportive, he never asked me to do any work.

[Woman, 29 years, village area, State 1]

A few women received support from people beyond their families as well, particularly female acquaintances. The conversations helped them cope better with their fears and anxieties as they were able to relate to others who had been in similar situations, or who had close knowledge of the same. This provided women the mental strength and heuristics which they leaned upon during their abortion journey.



The (local leader didi) had given information about taking the pill and she said that if I do not get it from the medical store then tell her. When I took the pill, she used to ask about my health and my well-being on the phone. She said to call her if there is any problem, she will consult with the doctor for me.

[Woman, 29 years, village area, State 1]

Yes, I shared this with two females who came to the sewing center. One who comes to learn sewing and one is my friend. They helped me. They told me before about the problems and difficulties during abortion. So, I got help from this. I was afraid before, but after discussing it with them, I was prepared for this in my mind.

[Woman, 25 years, village area, State 2]

2.6.4 INFORMATIONAL SUPPORT AND FOLLOW-UP TREATMENTS

A large majority of the women did not seek any treatment or consult with anyone externally during the course of the journey. Their consultation was limited to the decision-making process where they gathered information on abortion drugs and its effects. Subsequently, in the course of the following week they reflected on the same advice and coped with their symptoms through home-remedies. At home, those who

had shared their situation with other family members, received some informal support and remedies similar to those which women followed during menstruation.



Day 1: No, I have not taken any treatment. I have taken the advice from my mother-in-law.

[Woman, 19 years, village area, State 2]

Day 15: No, I have not taken any treatment for abortion. I only consulted with my husband, and he bought calcium and iron tablets from the shop. I only took those medicines.

[Woman, 22 years, village area, State 1]

Day 5: Yes, I went to the medical shop person from whom I had brought the pills and I talked with him because I am bleeding a lot. Vomiting is also happening, so I was scared. I am feeling dizzy due to the weakness in the body. Then he told me not to worry. Such kinds of things usually happen.

[Woman, 27 years, village area, State 2]

Day 3: Today I have not taken any treatment. I only talked with “ASHA” regarding stomach pain.

[Woman, 19 years, village area, State 2]

Day 2: When my health deteriorated after eating 2 tablets, bleeding started very heavily, pain started in the stomach and back, I told my husband he said let's go to Barabanki, then I told to call a nearby doctor, then the doctor came and gave 2-3 doses of medicine and injection for pain.

[Woman, 29 years, village area, State 1]

Day 3: There was a lot of pain, cough was also there. There is a lot of weakness, I am feeling dizzy all the time. I brought and took cough and pain medicine from the village doctor.

[Woman, 36 years, village area, State 1]

While there were a few cases of heavy bleeding, fatigue, and acute pain, there were no cases reported of any post-abortion complications or follow-up treatments related to the abortion itself. In all 68 cases, women completed their abortion successfully through self-managed medical abortions.

2.6.5 UNSUPPORTIVE JOURNEY EXPERIENCE

There were some women who highlighted that they did not receive any support during their abortion journey. Though their husbands and families were aware of the situation, they were extremely unsupportive and caused additional difficulties for the women in this situation. The circumstances described by these women were physically and financially abusive. The abortion was particularly detrimental to their health and well-being due to this vulnerable social position in which they were situated.



Day 1: Everyone knows that I have taken the medicine. Behavior is not like that, nobody is worrying.

Day 2: I have taken medicine, even then I continue to work whether I live or die, the day I do not work I get beating that day. Children are small. I have to do work every day.

Day 3: My father-in-law and mother-in-law never talk well. Everybody knows that I am going through the process of abortion, yet there is no kindness in anyone's behavior.

Day 4: The behavior of the family remains the same as every day. Quarrel remains every day, what to do. I have to deal with everything.

Day 5: My family members treat me like - sometimes they talk and sometimes fight, they behave the same way nowadays.

[Woman, 26 years, village area, State 1]

Day 1: The behavior of the family is absolutely useless. Whether I die or live, there is no meaning with the family. The family members do not support at all; this is how I live my life. Just living for my children. Nobody supports me.

Day 2: My mother-in-law is very bad. Don't even want to see me, nobody is supporting me. I have to do all the work by myself. Her face remains upset at all times. I am also living because of my children.

Day 3: The condition of my house is very useless. I have no respect at home. My mother-in-law is not supporting me at all. In this way, I keep facing all the problems, there is no effect on the family. Whether I live or die, my mother-in-law does not cook food even for my children.

Day 4: Poverty is very much; it is very difficult to run a house. My mother-in-law also treats me very dirty due to my husband.

Day 5: The behavior of the family is absolutely useless, what can I say? My life is hell, my mother-in-law makes bad faces all the time. My home environment is very bad, both father-in-law and husband are alcoholic. Abuses occur throughout the night, there is no peace in this house.

Day 6: The behavior of the family is very bad. The family did not provide any support. Used to make a bad face all the time seeing me. My mother-in-law is very bad; my children were crying with hunger, then also my mother-in-law did not come to see.

[Woman, 40 years, village area, State 1]

Day 1: I was feeling restless, my husband's behavior was not good towards me. Thinking of my husband's behavior, I feel scared.

Day 3: My husband came drunk and brought two addicts with him.

Day 4: My husband is behaving like he does every day.

Day 5: Husband is like before, there is no change in him.

[Woman, 30 years, village area, State 1]

Day 1: My husband is a laborer; his habits are not good. He drinks alcohol, comes home in the evening, then abuses a lot. Do not hit me but give a lot of tension.

Day 2: I do not even have the support of my husband. He only needs meals twice a day.

Day 4: I have not heard from my husband for the last four days.

Day 5: My husband drinks alcohol, then starts abusing me in the evening. My life is hell.

[Woman, 30 years, village area, State 1]



SELF-MANAGED ABORTIONS REACTION AND SUPPORT SYSTEMS •



Psychological



Physical



Financial

Husband

Support with decision-making and negotiation;
information to navigate any inconveniences

Purchase of drug and support with housework

Family Members

Support with decision-making and negotiation;
information to navigate any inconveniences

Support with housework and allowing time
to recuperate

Previous Users

Information to navigate any inconveniences





Overall Journey Satisfaction

As women completed their abortion journeys, they reflected on their overall experiences with the drugs. Women were able to reflect on both the physical and psychological aspects of their journey and the level of satisfaction which they felt in retrospect. The overall journey was perceived differently by all women, and the spectrum of experiences ranged from being perceived highly positively to another end perceiving it extremely negatively.

Section 2.7.1 and 2.7.2 elaborate on the positive and negative journey perceptions among women. However, even within the negative and positive experiences, certain aspects such as the low cost of abortion drugs (Section 2.7.3) and the level of information needed (Section 2.7.4) was perceived in similar ways by the respondents.

2.7.1 OVERALL PERCEPTION OF THE JOURNEY

At one end of the spectrum, women perceived the journey in an overall positive manner. Their perception was based on the entire journey and its outcome. While they had also experienced the side-effects, pain and disruptions due to consuming the drugs, they did not perceive these as unbearable. There were some women among these who had a relatively easier physical and psychological journey, i.e. the drugs affected them for a couple of days and then life resumed back to normal. These were women who spoke of the journey in the most positive manner.



The abortion pill did not harm me. I only felt trouble on day two and day three, had heavy bleeding and severe stomach ache, and relaxed from day four. Day two I took stomach ache medicine, but pain was not reduced. Then I did compression (sekai). But I got relief by eating medicine, did not have to go anywhere. I feel that, whether I bring the pill or take it from the doctor, the medicine will be the same. So, I ordered the medicine after seeing it (learning about it) on my mobile, and medicine does good work, I did not have any problem, I have no problem even after abortion.

[Woman, 28 years, village area, State 1]

Yes, I did not have any problem eating these pills. Just two or three days blood came out, a little weakness was felt. Then everything went well, I liked this medicine very much, money was spent even less, and no one was able to know and in 8-10 days everything went well. My advice is this, if someone wants to take medicine, then she can use this medicine comfortably, there is no problem.

[Woman, 28 years, town area, State 1]

Within the women who had broadly positive experiences, there were also those who felt that the benefits which they received from the drugs outweighed the negative aspects of the experience. In these cases the drugs had

caused them some problems often over longer durations (5-7 days), yet they had also helped them effectively and conveniently terminate their pregnancy at-home. From a broader perspective, they saw these effects and problems as something which had to be worked through in order to achieve the outcome which they wanted.



I have an experience about the complete abortion process which is - all 5-6 days your all work will be disturbed, lots of fear that how will happen? In excessive bleeding feeling was that may be my body will become anemic, or I have to go to the hospital, but after 4-5 days of taking abortion pill everything became normal as earlier. But during the whole abortion process fear and worry had remain continuously.

[Woman, 27 years, village area, State 1]

If I remember that time, I had a lot of problems. I faced different problems like - excess bleeding, weakness, fatigue, cramps in hands and legs, stomach pain, headache, and irritability. Did not feel like eating food, but I did not face any complicated problems. I was happy about this at the end.

[Woman, 26 years, village area, State 1]

When I took the decision of abortion with pills then I was feeling nervousness and was feeling scared. There were lots of thoughts running in my mind before taking the pills. What will happen after taking the pills, how many problems will occur, the child who was in my womb was a boy or girl, what would his/her future be like. The same thing keeps going on in my mind. After going through the process of abortion, I faced a lot of trouble, my family members especially my husband and my mother-in-law supported me in this. They helped me totally.

[Woman, 27 years, village area, State 2]

First of all, I have taken one large pill with water and after one day I have taken all four pills with water. After the second day of taking the pill, blood clot started to come out. Many times, I was scared when the bleeding started. But after that there was only blood. Waist pain was negligible, and health was quite light and now feeling that my abortion has completed. I was afraid before but now I am normal.

[Woman, 25 years, village area, State 2]

Women on the positive end of the spectrum also expressed confidence in recommending the drugs to other potential users. They did not perceive the drugs as having caused unmanageable or risky complications, and thought it was a viable option which other women could also use. They were also willing to share information regarding their individual journeys and ways in which to deal with a self-managed abortion if they were approached by others in a similar situation.



If someone asks for any information from me then I will tell them that these pills are good. One can do her abortion through pills at home. After 2 to 4 days of discomfort, it becomes like before again. The weakness will come in the body which can be taken care of by taking juice, spinach, and some tonic.

[Woman, 26 years, village area, State 1]

If my friend or relative ask me about the abortion then I will tell them whatever all happened with me and will advise them about the abortion through pills only, because some problem occurs but there is no danger of life, and we can abort by staying at home only and no one comes to know about this.

[Woman, 28 years, village area, State 2]

I would advise anyone that after eating a pill, it is silently cleansed, but the pain that is caused by the pills it's very difficult to hide from family members.

[Woman, 22 years, village area, State 1]

In contrast, at the other end of the spectrum, there were women who felt that overall their abortion journey had been extremely difficult and they viewed it very negatively. For these women, the journey had left a severe impact and the experience had been difficult enough that they had not yet psychologically moved past it. When recounting their experiences, the pain, fatigue, tiredness and irritability were all mentioned vividly. Even in these cases, a few women did feel that the abortion drugs were necessary to their circumstance and it was the only viable option available to them, however they did not view the experience in a positive manner.



The pills that I took in the beginning did not affect me, but when the process of abortion started, my condition deteriorated completely. My health also worsened. I had to face a lot of difficulties. There was unbearable pain in the waist and abdomen. The body had become lifeless. According to me, that time was very difficult.

[Woman, 28 years, village area, State 2]

Eating tablets is a very bad thing. I will never eat tablets again. Although tablets clean properly it also causes extreme weakness in the body. One does not feel like working at all, even the days don't feel good. I keep having negative thoughts regarding life and death. When a woman consumes a tablet at that time she is fighting for her life.

[Woman, 28 years, village area, State 1]

If I talk about the process of abortion with pills, then there are many problems like backache, bleeding, fatigue, weakness, and irritability. I Doesn't feel like talking to anyone, i just wants to rest all day.

[Woman, 32 years, village area, State 1]

Among the women who perceived the overall experience negatively, most of them were wary of recommending the drugs to other women. Women on the negative end of the spectrum had experienced difficulties and complications, and they were not confident that the drugs would not affect others in the same way. While some of these women suggested at least a consultation with a medical practitioner before moving ahead with the drugs, there were others who were firmly against self-managed abortions in the future instead recommending sterilization or other in-person procedures where people may require to terminate pregnancies.



I will tell them while going to the medical store for medicines for abortion, he will give you a kit, which will have five pills, one big pill and four small pills. On the first day the big pill has to be taken with water, next day no pill is to be taken, on the third day two small tablets are to be taken with water and the remaining two tablets are to be kept in the vagina. The entire process of abortion lasts for about 9 days. During which heavy bleeding occurs, dizziness and weakness are felt. If someone asks me, I will tell him/her about this process. But I would advise him to consult a doctor at least once. Due to my family situation and financial situation, this step was taken without consulting the doctor. But in such a situation it is very important to seek medical advice.

[Woman, 30 years, town area, State 1]

I lost a lot of blood in this; I can feel like nothing is left in my body. I ate well so, I am able to move otherwise even moving around would have been a problem. I will tell everyone to not take the medicine, if they do not want to have children then they should undergo an operation (sterilization) if possible. It is possible that someone might not suffer much whereas someone might suffer to an extent that their life could be in danger.

[Woman, 28 years, village area, State 1]

I am so nervous by myself so what information will I give to others? I will say that never take

abortion pill from the fake doctor. If you have to take it, then take medicine from a good doctor in a government hospital or private. I have lost my courage; I am holding my ear. I will never eat medicine and recommend no one.

[Woman, 44 years, village area of Shahjahanpur (4), State 1]

I felt discomfort, pain, restlessness during this abortion. Accordingly, I will not give any information about abortion pills to anyone. This step is quite annoying and unbearable. I will tell them that they should proceed with this procedure only after consulting any ASHA or doctor.

[Woman, 28 years, village area, State 2]

2.7.3 COST OF SELF-MANAGED ABORTIONS

While women's perceptions regarding the overall experience of self-managed abortions may have differed, there were certain aspects on which there appeared to be a broad consensus. The low cost of self-managed abortions was a prominent leveler in the experiences recounted by the women. Almost half of the women belonged from below poverty line (BPL) households. These women were curtailed by various socio-economic factors in accessing healthcare, some of which being social support, mobility, income, and access to information. Abortion drugs were viable for these women as they conveniently overcame several barriers which were present while approaching other options.

Most women mentioned that the total cost incurred by them to purchase the drugs was between INR 250 to INR 500 [USD 3.5 TO USD 7]. Apart from the abortion drug's cost women mentioned a few other costs such as the pregnancy test kit to confirm their pregnancy; medicines for aches, fevers, or nausea; and the cost for sanitary napkins. When measured against the potential

costs of an in-clinic abortion, self-managed abortions were financially within their reach and could be easily managed at home without any additional high-costs. Self-managed abortions also removed the external elements of traveling and dependencies on clinics and practitioners, which further eased the financial burden on households.



Bought this medicine silently from the medical store and ate it, no one even knew it, and everything was done. Second thing, I got this medicine for INR 500 and everything went well. Otherwise, go to the hospital and do the cleaning, everybody would have to know and INR 3000 to 4000 [USD 42 to 56] would have been spent and the body would have been exposed with tools. So, I found this medicine very good, I would say it should be used. I got relief, I took it for the first time. I liked this medicine.

[Woman, 26 years, village area, State 1]

Everyone in the village asks where to get medicines which work for less money. In private they take 3-4 Thousand Rupees and then they do the cleaning. Here, through abortion medicine, work was done in 250 Rs and no one in the family came to know. The pill is very good.

[Woman, 40 years, village area, State 1]

2.7.4 MISSING LINKS OR INFORMATION

As elaborated earlier in their psychological journeys, women were unaware of several aspects surrounding abortion drugs and the process of self-managed abortions. Women reflected on these gaps in knowledge and the lack of access to information as they recounted their experiences with self-managed abortions.

Women spoke about how their fears and apprehensions had been aggravated due to not expecting the effects which the drugs had upon them. Due to lack of reliable sources to reach out to, they retrospectively felt that the

advice from a medical professional would have been helpful for them to go through this journey. Apart from the physical effects of the drugs, they were also unaware regarding related practices which they should have maintained in their nutritional intake, sexual health, and daily pain management.

While women had been able to complete their journeys even in the absence of this information, a commonly expressed sentiment was that additional information and support mechanisms would have eased their journey to some degree.



I feel that I should have consulted a good lady doctor before taking this step. I should have taken the right information about this.

[Woman, 28 years, town area, State 2]

During the abortion, bleeding, clotting in that much amount, I was therefore very scared. But after two to three days everything was normal, I would not have been so nervous if I knew.

[Woman, 25 years, village area, State 2]

I was not at all aware that bleeding is so heavy and weakness during abortion. During this time, it is very important to be careful about the diet. During abortion, one should not stay in relation to the husband.

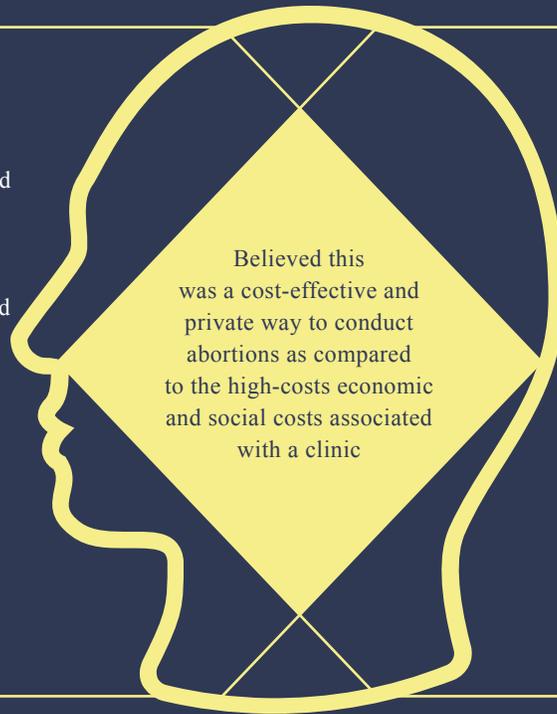
[Woman, 30 years, town area, State 1]

Before the abortion, I did not know that there would be problems in the process of abortion like blood clots, bleeding and everything will be fine in two days, I had to face many difficulties. These things should be known.

[Woman, 25 years, village area, State 2]

SELF-MANAGED ABORTIONS OVERALL JOURNEY PERCEPTION •

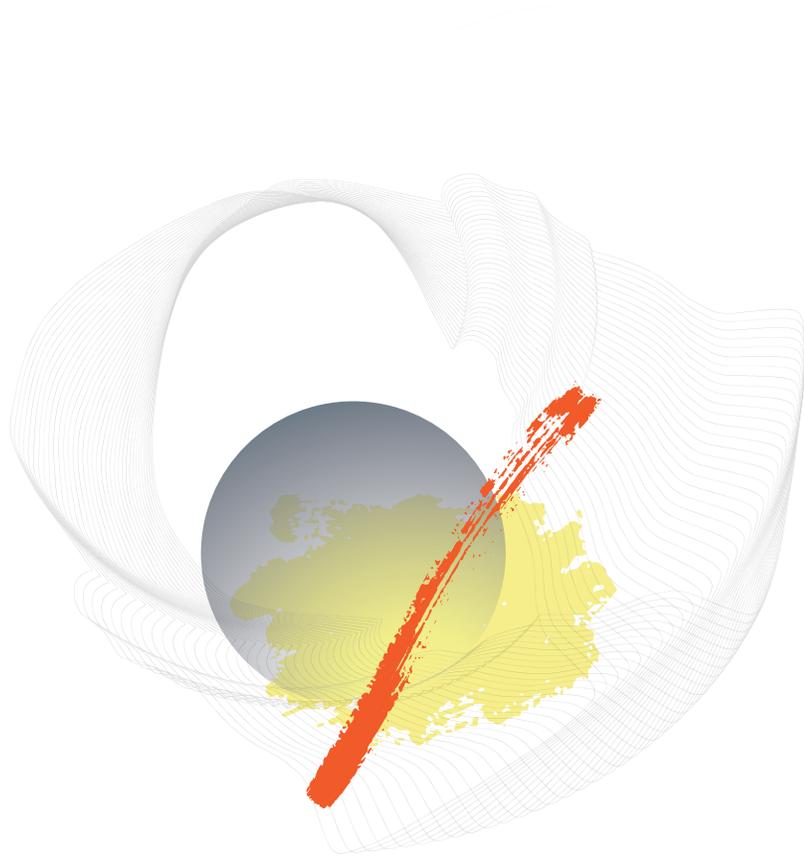
- Felt that the physical pain and the 1-2 week-long disruption in their life was alright considering the abortion was successfully completed
- Expressed fear, doubt and anxiety about the process which reduced gradually as abortion was completed smoothly
- Were likely to recommend self-managed abortions as a viable way to other women



- Suffered from acute physical pain and the disruption in their life and routine impacted them significantly
- Expressed increased levels of fear, doubt, anxiety along with regret and guilt which they did not wish to experience again
- Unlikely to recommend self-managed abortions as a viable way to other women; felt that alternate options would be better including active contraception use or sterilization (where possible) and that pills should be a last resort



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DISCUSSION

This study, a pilot and first of its kind as per our knowledge, aimed to capture the journey of self-managed abortion (SMA) using an individual diary as a tool for data collection. The real-time experiences of women captured through the abortion diaries provided evidence of a woman's SMA journey and highlighted a new body of knowledge with areas for future interventions. The findings have shown the process by which women choose self-managed abortions, how they access abortion drugs, the various support structures on which they lean, and their perception of the journey experience in two states of India.

KEY FINDINGS WITH AREAS FOR INTERVENTIONS

The findings show that the decision to opt for abortion intersects across different factors and is an important stage in the abortion ecosystem to ensure an enabling environment for the women. Socio-economic condition of the household and completion of the family were the majorly reported factors that affected decision making around abortion. The findings also show that irrespective of their agency, married women opted for abortion only with support from their husbands. Husbands were information providers and purchasers of abortion drugs.

The existing social norms, gender roles and power relations between a married couple influences such behaviour which cannot go unconsidered. These findings are in alignment with findings from reviews (Strong, 2022) and studies conducted in other low and middle income country setting like Kenya (Rehnström Loi, Lindgren, Faxelid, Oguttu, & Klingberg-Allvin, 2018) and Mozambique (Frederico, Michielsen, Arnaldo, & Decat, 2018). However, unlike these studies, the participants did not report any concerns or queries around legality of abortion in the decision-making process. Designing interventions solely for women without involving their husband/partner might not be effective in creating an enabling environment for the abortion. Hence, the findings throw light to a new body of knowledge that suggests a possible shift of lens of intervention from only women centric to a couple-centric approach for an enabling abortion ecosystem.

Also support of family members is not necessary but is helpful for the women in her abortion process as it reduces anxiety and stress created by the pressure of maintaining secrecy of the procedure. To ensure a healthy (both physically and psychological) abortion journey, it is important to create an enabling environment for the women and therefore social and behaviour change communication (SBCC) intervention for family members can also be implemented.

Lack of knowledge and awareness of medical abortion was observed among most of the study participants. They weren't aware of the process of abortion, expected

outcomes vis-à-vis complications, common-side effects, and drug protocol. This led to a lot of stress, fear, anxiety, and uncertainty among women throughout the abortion journey. We can infer from the narratives that the women and their husbands seek information on abortion once they have decided to opt for it, therefore targeted interventions at correct time points are essential. Interventions like interactive digital platforms through a telephone helpline where women can ask their personal questions and obtain guidance during their abortion journey (before, during and postabortion) can be implemented. Well-trained Tele helpline consultants can provide correct information to women / partner and address their doubts and questions throughout the abortion journey. It can also provide mental health support by linking women with trained counsellors who can help them in managing the stress, fear, and anxiety during abortion.

The narratives reported that pharmacists were providers of abortion drugs but their attitudes' acted as a hindrance to a women's agency of accessing resources. Strategies focused on capacity building of pharmacists and sensitizing them to reduce their biases can be implemented. This can be through training, providing information leaflets, YouTube videos which will make them aware about the correct information to be provided to the client and be facilitators for women who self-procure abortion drugs.

Points of MA drug purchase like pharmacists and rural medical practitioners can be linkages to connecting the women/ her husband with the telephone helpline, where a trained counsellor can help in accessing reliable information and in addressing their queries related to abortion.

Internet was found to be another source of information for women. To facilitate correct channels of information, a user-centric AI Chatbot and other digital solutions can be used. In addition to that, dedicated YouTube channel can also provide information on drug protocol, normal

side-effects, danger signs and signs of completions of the abortion process. Both these can be in local language. In addition to phone and internet-based digital solutions, community-based peer leaders (both male and female) can also be trained to provide counselling and information to clients availing abortion services.

Some women undergoing SMA retrospectively reflected on non-use of contraception and expressed their willingness to use contraception post completion of abortion. Targeted intervention to facilitate access of information on contraceptive services post abortion using tele counselling through a helpline number or peer leaders can be implemented. This will help bridge the gap between intention to action.

IMPLICATIONS FOR FUTURE RESEARCH

Future research could explore the ways in which factors external to medical abortions (relationship with husband; couple decision-making; role of family support; existing psychological burden; physical labour in household) affects the experience for different segments of users.

Furthermore, this pilot study can also be implemented in urban and rural areas of different states to understand and compare abortion journeys in different contexts and among different cohort of women.

LIMITATIONS

The report has attempted to capture and analyse these intricate personal accounts; however, it may still not completely represent all the experiences which a woman goes through during a self-managed abortion. The sample selected were only of married women and therefore is not representative of experiences of all cohorts of women opting for abortion. Furthermore, the study documents experiences as recalled and self-reported by the participants and therefore doesn't account for recall bias.





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