Contraception 143 (2025) 110745

Contents lists available at ScienceDirect

Contraception

journal homepage: www.elsevier.com/locate/contraception

Exploring the availability and accessibility of medication abortion pills in Delhi, India: A mystery client study in community pharmacies☆,☆☆

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ARTICLE INFO

Article history:
Received 27 March 2024
Received in revised form 27 August 2024
Accepted 4 November 2024

Keywords:
Abortion
India
Mifepristone
Misoprostol
Mystery client
Pharmacy

ABSTRACT

Objectives: Although medication abortion drugs technically require a prescription in India, research suggests that they are often available directly from pharmacies. We conducted a mystery client study in the capital city of Delhi to explore the availability, accessibility, and pharmacy dispensing practices of mifepristone/misoprostol in the absence of a prescription.

Study design: Using two predetermined client profiles—one of an unmarried woman and one of her male partner—we visited community pharmacies in different neighborhoods. Mystery clients began the interaction with a request for "a pill to bring back" a period after a positive pregnancy test. We documented product availability, price, and outcome and assessed the quality of the client–pharmacy worker interaction. We analyzed these encounters using descriptive statistics and for themes.

Results: In late 2022, we made 172 visits to 86 pharmacies. Medication abortion pills were available at more than half of the pharmacy visits (n = 91, 53%), and our mystery clients purchased the drugs without a prescription during 22% (n = 37) of all visits. The woman and man clients purchased mifepristone/misoprostol on a similar number of occasions, but we assessed the pharmacy worker interactions with the man as more positive. Pharmacy workers provided varied information about the regimen, and the encounters were brief.

Conclusions: Medication abortion drugs appear to be available without a prescription in a sizable minority of pharmacies in Delhi, India. Our findings suggest that identifying ways to work with pharmacy workers to support their ability to provide medically accurate information about the optimal mifepristone/misoprostol regimen is warranted.

Implications: Pharmacy access to mifepristone/misoprostol has the potential to greatly reduce barriers to accessing abortion care in India. Despite technically requiring a prescription, medication abortion drugs are available behind the counter at a sub-set of pharmacies in Delhi. Future research on formalizing and supporting pharmacy access and exploring abortion seekers' experiences with pharmacy access is warranted.

1. Introduction

The Medical Termination of Pregnancy Act, 1971 legalized abortion in India [1]. In 2002, the Drugs Controller General of India approved the use of mifepristone for early abortion; misoprostol was already available for the prevention of gastric ulcers [2,3]. The original approval was for mifepristone/misoprostol use up to 7 weeks of gestation [4,5]. In 2008, the Drugs Controller General approved a mifepristone/misoprostol combination package (combipack) for abortion up to 9 weeks of gestation [6]. In India, obtaining medication abortion drugs technically requires a prescription from a registered medical practitioner, including physicians and advanced practice clinicians [7]. Mifepristone/misoprostol combipacks are

☆ Conflicts of interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

☆☆ Funding: This work was funded by an anonymous foundation and AMF's discretionary research fund. The funding sources had no role in study design, data collection, analysis and interpretation of data, writing of the report, or decision to submit.

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https://doi.org/10.1016/j.contraception.2024.110745

manufactured by several Indian pharmaceutical companies, and they are sold through retail pharmacies for a regulated price of USD 4.70 to USD 8.10 [8].

According to available estimates, 15.6 million abortions took place in India in 2015; 81% were with the mifepristone/misoprostol regimen, and 73% of these medication abortions occurred outside of formal health care settings [9]. Despite the official regulatory status, a growing body of evidence suggests that clients often seek medication abortion care directly from pharmacies without a prescription [10,11]. Previous research with pharmacy workers (including pharmacists, pharmacy technicians, pharmacy trainees, and pharmacy store clerks) in several regions of India indicates that their knowledge of the mifepristone/misoprostol regimen is limited [3,10–12]. Furthermore, sociocultural and gender dynamics appear to shape the information that pharmacy workers provide to different types of clients [11,13,14]. For example, research in Uttar Pradesh, India, found that even though pharmacy workers showed an overall willingness to sell medication abortion drugs to clients without a prescription, they were less likely to share complete information about the regimen with women compared to men, especially if the woman was unmarried [13,14]. We undertook this mystery client study to explore the availability and accessibility of medication abortion drugs through community pharmacies in India's capital city, Delhi, and evaluate the dispensing practices of pharmacy workers and their interactions with both an unmarried woman and her male partner.

2. Materials and methods

2.1. Study site

In December 2022, we used convenience sampling [15] to identify community pharmacies in Delhi. We divided Delhi into four regions: North, South, East, and West (see Fig. 1). Within each of these regions, we purposively identified pharmacies in diverse neighborhoods and high-footfall areas such as those closer to metro stations, markets, universities or colleges, and major hospitals (including both government and private facilities) to ensure the inclusion of communities of varied socioeconomic backgrounds living in Delhi.

2.2. Data collection

Initially, we aimed to visit a total of 100 pharmacies, 25 pharmacies in each of the four regions of Delhi. We made efforts to include two to five pharmacies in each selected area that were not in a high concentration/crowded area. We included both chain pharmacy stores (e.g., TATA 1mg, Guardian Pharmacy) as well as independent pharmacies to reflect the diversity of the retail pharmacy sector. We identified the pharmacies on Google Maps.

AD, a Postdoctoral Fellow in the Interdisciplinary School of Health Sciences, and DS, a PhD candidate in Population Health at the Faculty of Health Sciences, University of Ottawa, served as the mystery clients for this study. Both are Indian (from Delhi and Mumbai, respectively) and have experience conducting qualitative and mixed-methods research. In order to ensure that we responded authentically and consistently to any questions asked by the pharmacy worker during the interaction, we developed detailed mystery client profiles (see Fig. 2). AD presented to pharmacies as an unmarried woman, and DS presented to pharmacies as her male partner.

Each mystery client visited each pharmacy separately, with at least 1 day between the two visits. Our mystery clients approached the pharmacy counter and initiated the interaction by stating, "I'm looking for a pill that can bring back [my/my girlfriend's] period." The mystery client then allowed the interaction to unfold organically and responded to questions based on the mystery client's profile. When applicable, the mystery client asked questions about brand and price. If available, the mystery client purchased the medication abortion drugs before leaving the pharmacy. We later donated the pills we purchased to a local nongovernmental organization.

We collected information about the location and type of facility (independent or chain store) as well as the availability of medication abortion drugs, including brands and their retail prices. After the interaction, we also recorded information about the questions posed by the pharmacy worker and our responses, any information provided by the pharmacy worker, our assessment of the quality of the interaction and the pharmacy worker's attitude, reflections on privacy, and the outcome of the interaction. Finally, we also wrote up a description of the pharmacy itself and the pharmacy worker (including perceived age and gender). All interactions took place in

Fig. 1. Map of India with Delhi highlighted [24] and map of Delhi with the four study areas marked with a pharmacy symbol.

AD profile	Priya is a 28-year-old woman currently looking for a job after completing a diploma in management. She lives as a paying guest with a roommate. She has no children and is in a steady relationship with her boyfriend Aditya. She occasionally uses external condoms but sometimes has unprotected sex with her boyfriend. Her last menstrual period was about 8 weeks ago. When she didn't get her period about a 4 weeks ago, she thought that it might be related to stress. However, when her period still didn't come after several additional weeks, she suspected she might be pregnant. About a week ago, she took a home pregnancy test which was positive. Her roommate told her that there is a pill to bring back her period so that she would not have to go to a doctor for an abortion procedure, but she does not know the details. She decided to go to the pharmacy to get more information and, if possible, the medication. She has never been pregnant before. She has no pre-existing conditions and has no allergies to medications. She does not have sex regularly and thus is not interested in ongoing contraception.
DS profile	Aditya is a 32-year-old man currently working with an accounting company in Delhi. He lives with 2 other young professional men in an apartment. He has no children and is in a steady relationship with his girlfriend Priya. He occasionally uses external condoms but sometimes has unprotected sex with his girlfriend. About a week ago, Priya informed him that she had a positive home pregnancy test and that her period is about 4 weeks late. Priya's roommate told her that there is a pill to bring back her period so that she would not have to go to a doctor for an abortion procedure, but she does not know the details. Aditya decided to go to the pharmacy to get more information and, if possible, the medication. His girlfriend has never been pregnant before. She has no medical issues or conditions and has no allergies to medications. He would be open to purchasing external condoms if offered.

Fig. 2. Mystery client profiles used in the study on medication abortion pills in Delhi, India, in December 2022 ($N = 172$).

Hindi although many words from English (i.e., Hinglish) are also in common parlance in Delhi. Each discussion lasted for approximately 5 minutes, excluding the waiting time at the pharmacy.

2.3. Data analysis

We recorded our observations and interactions immediately after each visit using Google Forms and analyzed the data using descriptive statistics in Microsoft Excel. Through the process of reviewing field notes and memos, we analyzed the data for content and themes using deductive and inductive techniques [16]. We reviewed the results and interpreted the data during our regular meetings and resolved any differences through discussion. RD and AMF, both global health researchers, provided guidance throughout all phases of the project.

2.4. Ethical considerations

Based on the criteria laid forth in Article 2.1 of the Tri-Council Policy Statement, 2nd Edition, the Office of Research Ethics and Integrity at the University of Ottawa determined that this study did not require a Research Ethics Board review [17]. In presenting our results, we removed identifiable information about the pharmacy (name, address) and pharmacy workers.

3. Results

3.1. Pharmacy and pharmacy worker characteristics

We visited 86 pharmacies for a total of 172 contacts: 42 in the North, 50 in the South, 44 in the East, and 36 in the West region of Delhi. The remaining 14 pharmacies were closed or nonexistent (despite being listed on Google Maps). In 158 (92%) and 14 (8%) visits, we believe our mystery client interacted with a man or a woman, respectively. We perceived that 119 (69%) of the pharmacy workers we interacted with were aged ≤40 years; the remaining 31% ($n = 53$) appeared to be aged > 40 years. Most of the pharmacies we visited identified as local allopathic "chemist shops" (independent stores); these stores also stocked groceries and cosmetics products. In addition, we visited a few government generic medicine pharmacies ($n = 2$) and homeopathic pharmacies ($n = 2$).

3.2. Availability of medication abortion drugs

Fifty-eight pharmacies (67%) had medication abortion drugs, all in the form of a mifepristone/misoprostol combipack, during at least one of our visits. Mifepristone and mifepristone combipacks were available in 91 (53%) of all pharmacy visits; combipacks were not available in the other 81 (47%) visits. Of those who did not carry a mifepristone/misoprostol combipack at all, several pharmacy workers explained that they could make arrangements to get medication abortion drugs if our mystery client provided a prescription. Others explained that they do not keep it in stock or instructed our mystery clients to "Go to the next pharmacy." A few pharmacy workers shook their heads or refused to make eye contact after they indicated that medication abortion drugs were not available.

In all the pharmacies where medication abortion drugs were available, the mifepristone/misoprostol combipack was kept behind the counter and not displayed or visible to customers. Of those pharmacies where the combipack was available, we were able to purchase the medication abortion regimen without a prescription about 40% of the time (37 encounters, 22% of all visits). Our unmarried woman mystery client purchased a mifepristone/misoprostol combipack without a prescription on 19 occasions; our unmarried man mystery clients purchased a combipack without a prescription on 18 occasions. Twelve pharmacies (14% of those in the study) sold a mifepristone/misoprostol combipack to both mystery clients. In all the cases where the pharmacy stocked the mifepristone/misoprostol combipack but did not sell the mystery client the product, it was because the mystery client did not have a prescription. In some interactions, the pharmacy worker advised the unmarried woman mystery client to go to a doctor or clinic near the pharmacy.

The average price of the mifepristone/misoprostol combipack was INR 407 (USD 4.9) but ranged from INR 320 (USD 3.9) to INR 600 (USD 7.2). The most common brand we purchased was Unwanted Kit ($n = 23$), followed by Mifty Kit ($n = 6$), Clear Kit ($n = 3$), Remove Kit ($n = 2$), and Preganot Kit, Sioabortion Kit, and Nowill ($n = 1$ each). In

addition to the medication abortion drugs, in six cases, pharmacy workers also sold our mystery client omeprazole (for acid reflux), dicyclomine and paracetamol (for pain and cramps), ondansetron (for nausea/vomiting), metronidazole (an antibiotic), and Carored Gold (a nutritional supplement). One pharmacy worker who did not provide the medication abortion pills recommended that AD take a pregnancy test, sold her the test, and asked her to confirm the pregnancy and then go to a doctor for a consultation. None of the pharmacy workers offered our mystery clients another abortifacient medication (such as misoprostol alone), and we were only offered mifepristone/misoprostol as a combipack.

3.3. Knowledge and provision of medication abortion pills

The overwhelming majority of pharmacy workers we interacted with mentioned the need for a prescription for dispensing medication abortion drugs, including those who ultimately sold our mystery client the mifepristone/misoprostol combipack without a prescription. To ascertain eligibility for dispensing the pills, pharmacy workers typically asked about the timing of the woman's last period, whether she had gone to a doctor, whether she had a positive pregnancy test, and whether she had ever taken the pills before. A few pharmacy workers immediately asked if our mystery client wanted to purchase an "abortion kit" or wanted "pills for cleaning."

Most of the pharmacy workers who dispensed the mifepristone/misoprostol combipack to our mystery clients gave instructions on how to use them by pointing at each pill. However, the information they provided was variable and limited. All pharmacy workers who provided instructions counseled to take the mifepristone first. However, the recommended timing for misoprostol administration varied from two to four pills after 12 hours or after 24 hours. Most pharmacy workers provided little information about the route of administration (sublingual, buccal, or vaginal), and some instructed the mystery client to take the misoprostol orally. Pharmacy workers advised the mystery client that there would be bleeding and pain, and some also recommended and dispensed pain relief medications. A few pharmacy workers also asked personal questions, including the name, marital status, or sexual history of the mystery client.

3.4. Pharmacy workers' attitudes toward mystery clients

In about half of our encounters (90 visits, 52%), we characterized the pharmacy worker's attitude as neutral. Many of these encounters were transactional and impersonal, and the pharmacies were busy. In 50 visits (29%), we characterized the encounter as positive because the pharmacy worker was helpful, supportive, and/or nonjudgmental. We characterized the remaining visits (32 visits, 19%) as negative because the pharmacy worker was dismissive, critical, judgmental, or aloof or the pharmacy worker behaved in a way that reflected either pronatalist values (such as expressing that the mystery client would want a child after marriage) or paternalism (e.g., referring to the mystery client as my daughter, my son, or my child).

Overall, our two mystery clients had similar experiences with pharmacy workers from the same pharmacy. However, our unmarried woman mystery client characterized 25 visits (29% of her encounters) as negative, whereas our unmarried man mystery client characterized only seven of his encounters (8%) as negative. Indeed, the unmarried man also reported receiving more detailed information from pharmacy workers about the regimen, routes of administration of misoprostol, and what to expect than the unmarried woman. And on one occasion, a pharmacy worker refused to dispense medication abortion pills to our woman mystery client without identification but did sell a mifepristone/misoprostol combipack to our unmarried man without requiring identification. We observed no association between the characteristics of the encounter and the assumptive demographic characteristics of the pharmacy worker.

4. Discussion

We found that medication abortion was available in more than half ($n = 58$, 67%) of the 86 pharmacies we visited in the large metropolis of Delhi. This is likely a minimum, as some pharmacy workers might not have disclosed stock availability without a prescription. Prior studies have shown large variations in stocking practices in different states of India. While medication abortion was not stocked at all in Rajasthan and a negligible number of pharmacies (1%) stocked it in Maharashtra, stocking was higher in Uttar Pradesh (66%) and Bihar (38%) [18]. Another study found that 1% of pharmacies in Punjab, 2% in Haryana and Tamil Nadu, 7% in Madhya Pradesh, 34% in Delhi, and 70% in Assam stocked medication abortion drugs [19]. Our study adds to this knowledge base and provides insights into the availability of medication abortion in pharmacies in India's capital.

We purchased the mifepristone/misoprostol regimen without a prescription from 25 distinct pharmacies (29%). Although we only procured medication abortion drugs in 22% of our visits, this finding does indicate that the mifepristone/misoprostol combipack is available to both potential users and their partners in a sizable minority of pharmacies. Our findings align with prior mystery client research that found that 24% of pharmacy encounters in Uttar Pradesh [20] and 71% of pharmacy encounters in Madhya Pradesh [12] resulted in the client being able to procure medication abortion drugs. That the mifepristone/misoprostol regimen is widely available directly from pharmacies without a prescription in multiple Indian states offers an opportunity to explore demedicalized strategies to support greater access to abortion care. This might include identifying ways to support abortion seekers who are obtaining medication abortion drugs directly through pharmacies, through online telemedicine services, via telephone, or through community health workers [21,22].

The information about medication abortion provided to our mystery clients was highly variable and sometimes inaccurate or incomplete. Although mifepristone/misoprostol combipacks contain information about the drugs in the product monograph insert, this information is not especially patient friendly. This points to a need to work with pharmacy workers to ensure that they have sufficient training to provide accurate, nonjudgmental information about the regimen. Interventions in India have recently shown that a simple paper-based infographic given to health care providers can improve knowledge, but not behaviors [20]. Thus, any intervention would need to focus on how to translate knowledge into practice. Both our woman and man mystery clients were able to purchase similar numbers of medication abortion combipacks. This finding is consistent with the results of a study in Lucknow, Uttar Pradesh, where providers sold medication abortion drugs to mystery clients regardless of their gender, age, or marital status [14]. We characterized the encounters with the woman mystery client as slightly more negative than the encounters with the man mystery client, which is also consistent with the results from the study in Lucknow [14]. Further research on exploring the stigma associated with unmarried women seeking medication abortion drugs appears warranted. Our study also contributes to the minimal literature on male partners' access to medication abortion drugs in India, particularly among unmarried couples [23].

4.1. Limitations

Although we visited 86 pharmacies across four different regions of Delhi, this is still a small number of pharmacies in a large urban setting. We cannot be sure that our findings are transferable. It is

possible that our two mystery clients interacted with the same pharmacy worker at an individual pharmacy, and thus, some of our encounters may not have been strictly independent. As our mystery clients presented as an unmarried heterosexual couple in their late 20s or early 30s, our study does not provide insight into what married women and men, transgender, gender nonbinary, or gender fluid individuals, or adolescents seeking medication abortion in pharmacies might experience. Our assessment of the quality of the encounter was subjective; other research teams may have felt differently during these interactions. Finally, due to the way we designed our study, we were not able to determine the professional status of the pharmacy worker (pharmacist, pharmacy technician, pharmacy trainee, etc.). Future research would benefit from teasing out differences between members of the pharmacy team in order to design targeted interventions.

5. Conclusion

Our study shows that medication abortion drugs in the form of the mifepristone/misoprostol combipack are available and accessible without a prescription in Delhi, India. Frontline staff at pharmacies play a key role in the provision of medication abortion drugs. However, information provided by pharmacy workers was modest and variable. Our findings support the strengthening of pathways for pharmacy workers to provide medically accurate information on the optimal use of the mifepristone/misoprostol regimen and improve the ways in which they interact with unmarried women clients. Further exploration of women's experiences seeking medication abortion care through pharmacies is also warranted.

Author Contributions

D.S.: writing – review & editing, writing – original draft, formal analysis, data curation, conceptualization. R.D.: Writing – review & editing, supervision, methodology. A.M.F.: writing – review & editing, supervision, resources, methodology, funding acquisition, conceptualization. A.D.: writing – review & editing, writing – original draft, formal analysis, data curation, conceptualization.

Acknowledgments

The authors are grateful to the Family Planning Association of India for accepting the donation of the medication abortion pills and other medications collected during this study. The authors are also thankful to the pharmacies that we visited and their representatives.

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