

EXPERIENCES SELF-MANAGING AN ABORTION USING MEDICATION IN INDIA

Results from studies conducted by Family Planning Association of India, Rural Women's Social Education Centre, Sanitation and Health Rights, and Ibis Reproductive Health

BACKGROUND

In 2015, approximately 73% of 15.6 million abortions in India took place outside of clinic settings by people using abortion medication (MA) to self-manage their abortions (1). A self-managed medication abortion is when a person takes pills to end a pregnancy without supervision from a healthcare provider. Research has found that when people have access to information and support during their abortion process, **self-managing an abortion with medication is as safe and effective** as when a person takes MA with clinical supervision (2). In 2022, the World Health Organization recommended self-managed medication abortion as a safe and effective model of abortion care (3).

WHAT WE DID

To explore the experiences of those who self-managed a medication abortion at all stages of their journey, we conducted **in-depth interviews with 43 people** over the age of 18 who had a self-managed medication abortion in the past 5 years. We recruited these participants across more than six states in India, including Tamil Nadu, Jharkhand, Bihar, West Bengal, Maharashtra, and Madhya Pradesh. Interview participants were primarily women from rural and poor, marginalized communities.

We also recruited **156 survey participants who sought post-abortion care after self-managing** using MA from three Family Planning Association of India (FPAI) clinics in West Bengal, Maharashtra, and Madhya Pradesh to take a survey. The survey measured expectations around bleeding and cramping, experiences with side effects and symptoms, reasons for care seeking, and MA outcomes. Quantitative results were analyzed using Stata 15; interview transcripts were coded and analyzed thematically in MAXQDA. In this brief, all statistics come from the survey, all quotes come from in-depth interviews, and the key findings emerged from both studies.

This research was conducted in partnership between Ibis Reproductive Health, Rural Women's Social Education Center (RUWSEC), Sanitation and Health Rights in India (SHRI), and Family Planning Association of India (FPAI).

KEY MESSAGES

Combat stigma. There are many reasons someone might choose to self-manage an abortion, and they deserve dignity and respect no matter what abortion method they choose. It is important not to scold or further stigmatize people who choose to self-manage abortions, and to combat stigma from your colleagues and in the workplace.

Provide support. Post-abortion care seeking is not necessarily an indication that someone is experiencing a true medical complication. Someone who self-managed an abortion may seek care for reassurance or due to concerns about symptoms or completion. Providers, pharmacists, and others interacting with people who have self-managed an abortion can contribute to a higher quality self-managed abortion experience by providing non-judgmental, comprehensive, and person-centered post-abortion care, information, and referrals regardless of the abortion method.

Share information. No matter how people get abortion medication, more comprehensive and accurate information about MA is needed in communities. Formal healthcare providers, Accredited Social Health Activists, Anganwadi workers, traditional healers and other community health workers need to spread accurate information about MA in the community, so that anyone who needs a abortion medication (with or without supervision from a healthcare provider) can choose this method with more accurate knowledge of the overall experience and can take the medication according to a recommended regimen.

KEY FINDINGS

Choosing to self-manage

There are many reasons people choose to self-manage abortions instead of seeking care at a facility, including:

- Fear of judgement or poor treatment from providers at health facilities
- Financial constraints, particularly for private health facilities
- Lack of awareness of all available options, as some people only knew about MA available at pharmacies
- Fear of procedural abortions
- Friends or family may have had a successful self-managed abortion already and recommended it
- To maintain privacy and confidentiality

Misinformation and Information Gaps

We observed **widespread misinformation about the safety and efficacy of MA**. People were afraid the medications would severely damage their fertility and health. This misinformation can lead people to take fewer pills than recommended (incomplete dosage), be very fearful when self-managing an abortion, or be afraid to seek help if they want or need it.

People who self-managed an abortion did not get the information they needed from pharmacists.

Key information gaps included:

- How to take the medications -- including how much medication to take and when
- What symptoms and side effects to expect
- How to tell the abortion is complete
- Warning signs of a potential complication
- Where to seek post-abortion care if potential complications arise or if someone desires additional, facility-based care

When people don't have this information, it leads to:

- Fear when taking the medications
- Taking incorrect dosages, usually taking less misoprostol than recommended (incomplete dosage) because bleeding had already begun or they feared the medication was dangerous
- Fear when symptoms or side effects did not align with expectations
- Uncertainty or hesitation related to additional care seeking

*"I was hopeful that I wouldn't face much of the problem in having the [self-managed medication] abortion, and that's the reason I also quickly decided that this is the right choice."
22 years old, married, rural Bihar*

Information received prior to post-abortion care-seeking among people who self-managed with MA

What to expect after taking the pills	68%
Where to seek care	67%
The pain you might experience	65%
Warning signs and how to identify potential complications	50%
How to prepare for the amount of bleeding to expect	46%
Ways to manage any pain you might experience	44%
Common side effects of the medication	42%
How common side effects of the medication should be managed	28%

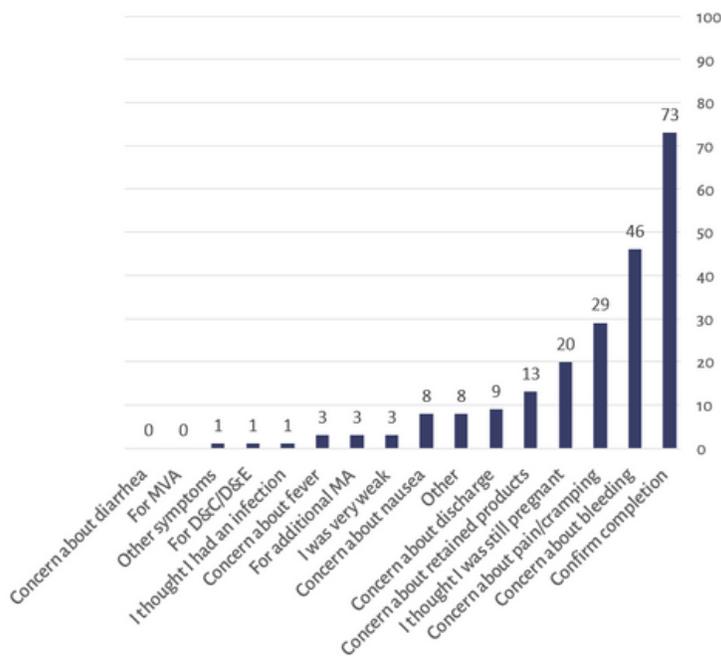
*"[The pharmacist] should have told me that it will pain a lot, that I need to eat these things at such a time, there will be a lot of bleeding. He should have told me all this but he didn't tell me."
24 years old, married, urban Maharashtra*

Many people decided not to seek additional follow-up care during their abortion process.

For some, this was because they did not feel they wanted or needed additional care, but others decided not to seek follow-up care because of the cost of the visit and fear of being scolded by the provider.

Among people who sought care at a clinic after self-managing the abortion, **the most common reasons for seeking care were to confirm completion or due to concerns about bleeding and/or cramping**. Almost no participants reported symptoms or treatment aligned with a severe complication.

REASONS FOR SEEKING FACILITY-BASED CARE AFTER SELF-MANAGING WITH MA



" If somebody has people to take care [of them], then they have no problem. However, those who do not have anyone to take care of them face a lot of problems."
22 years old, married, rural Bihar

30%

were worried about how they would be treated by providers



36%

reported it was difficult to get to the clinic



22%

were worried about family or friends finding out about the abortion

Referral pathways

Community health workers like Accredited Social Health Activists and Anganwadi workers as well as traditional healers can provide support prior to and during the abortion process. In our study, community health workers shared information, provided medication, and made referrals to facilities when post-abortion care was wanted or needed.

Stigma and fear of judgment

People choosing to self-manage an abortion feared that other people, including their loved ones, friends, pharmacists and healthcare workers they interacted with would judge them for having an abortion. This **stigma made those who self-managed an abortion feel isolated** and hesitant to seek additional information or help if they needed it.

What you can do

- Educate yourself on the safety and effectiveness of self-managed medication abortion and be prepared to provide information on MA regimens, contraindications, symptoms and side effects, and potential warning signs of a complication.
- Advocate for destigmatizing abortion and self-managed abortion.
- Support those in your community who are self-managing with information, understanding, and empathy.

" I think if it wasn't such a big taboo for women to get an abortion, women who choose to have an abortion, it would have been a much, much more easier process."
28 years old, unmarried, urban area