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Postabortion Complications and Management in Rural Uttar Pradesh

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Study Overview

Although abortion is available legally in India on a number of grounds, far more illegal induced abortions are performed than legal. Of the roughly 6.7 million abortions taking place annually in India, only about 1 million abortions are performed legally. Women with access to fewer resources, such as the rural poor and adolescents, are among those most likely to have abortion complications resulting from unsafe illegal abortions.

A 1998 PRIME site assessment identified that surprisingly few women with abortion complications present at registered public and private facilities. When suffering from abortion complications, where do women go for care?

To investigate the management of postabortion complications, in support of the State Innovations in Family Planning Services (SIFPSA) Project, PRIME designed and implemented a community-level assessment of postabortion complications and their management in rural Uttar Pradesh, India. The assessment was conducted at four villages in rural Uttar Pradesh, and facilitated by staff at Kasganj Christian Hospital and Kamala Nehru Memorial Hospital. The objectives of this community-level assessment were to address the following questions:

- What postabortion care is available at the community level?
- How do community-level health care providers help women with postabortion complications?
- What level of postabortion contraceptive counseling and services do community-level providers offer?

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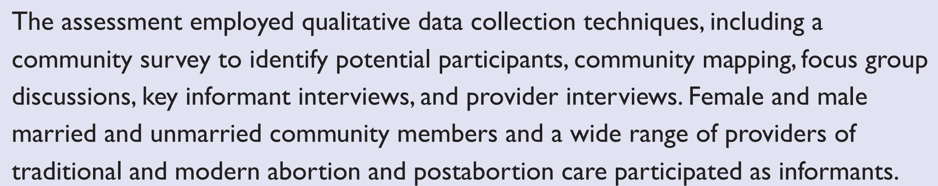

The assessment employed qualitative data collection techniques, including a community survey to identify potential participants, community mapping, focus group discussions, key informant interviews, and provider interviews. Female and male married and unmarried community members and a wide range of providers of traditional and modern abortion and postabortion care participated as informants.

The postabortion care currently offered in the villages studied exacerbates rather than alleviates the complications of abortion, according to assessment results. Postabortion complications were experienced by approximately half of all women interviewed who had induced abortion, and ranged from mild (prolonged bleeding, back and abdominal pain) to chronic (infertility, vaginal fistula), to life-threatening (intestinal gangrene, uterine perforation). Women who presented to health care providers in villages received inappropriate symptomatic care such as the use of vaginal applications, painkillers, and antibiotics where uterine evacuation was indicated, and inappropriate referral to other unqualified local providers. Village-level providers are often unaware of the need for referral to higher level care in case of complications. There is a limited understanding among both community members and village-level providers of the urgency of appropriate treatment for the complications of abortion. Care received at the village level is generally inadequate, and delays women seeking appropriate, higher level care.

In terms of provision of postabortion family planning, contraceptive counseling and services are inadequate at both the village and referral levels. Counseling tends to be judgmental rather than supportive. Providers who do offer contraceptives seldom offer a choice of methods, and even referral-level providers generally miss opportunities for family planning counseling.

Programmatic and Policy Implications

Recommendations to improve postabortion care in rural Uttar Pradesh are being made in three areas:

Promoting safe obstetric care

Behavioral change messages should be developed around the three broad areas of preventing unwanted pregnancies, preventing unsafe abortion, and accessing appropriate postabortion care. At the community level a range of target groups should be addressed specifically. These include decision-makers, such as husbands and mothers-in-law; married women of reproductive age; adolescent males and females; and providers such as dais, Auxiliary Nurse Midwives, medical shopkeepers, and Indigenous Systems of Medicine Practitioners. Specific messages for dissemination include: the fact that women with health problems deserve appropriate care; facts about the urgency and potential fatality of the obstetric complications of unsafe abortion; the fact that abortion is legal in India and that the treatment of women with complications is legal and a medical obligation; and information about the value and proper use of contraceptive methods. Additional messages targeting providers should emphasize that appropriate care starts at the village level and includes recognizing the complication and linking the patient to a primary or higher level health care facility.

Advancing postabortion care service provision

To improve availability of safe postabortion care at the village level, a range of rural-based health care providers can be trained to some degree in aspects of postabortion care, as appropriate to their professional qualifications. Rural-based health care providers can participate in a referral chain that facilitates women's access to the appropriate level of care for their situation. Training to recognize serious complications of abortion and to deliver appropriate emergency care will be required at a variety of levels. In addition, postabortion contraceptive counseling training for village-level providers should be undertaken.

Adopting and supporting a postabortion care policy at local, state, and national levels

India's postabortion care policy needs to be delineated, supported, and publicized. At national, state, and local levels, the legality and importance of providing postabortion care needs to be emphasized. Policy makers and healthcare providers at all levels should receive materials that demonstrate the importance of postabortion care in saving women's lives, the capacity of various levels of health care providers to provide postabortion care should be evaluated, and pilot demonstration projects to illustrate approaches to postabortion care tailored for various contexts should be created. Finally, workshops involving community members, providers, and policy makers, should be encouraged locally, regionally, and nationally to review progress in postabortion care provision.

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