

## ***Delay in Seeking Care and Health Outcomes for Young Abortion Seekers***

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### **EXECUTIVE SUMMARY**

Pregnancies outside wedlock exert tremendous pressure on women and their families. Seeking abortion makes it a more painful experience. Adolescent girls and young women in India have limited authority and limited control over resources and must depend on others. Due to gender-specific social differences, in many situations young girls venture into clinics for abortion only in advanced stages of pregnancy. Abortions for advanced pregnancies involve high mortality and reproductive morbidity.

This study was undertaken to identify the spectrum of reasons that causes girls and young women, in the 10-24 age group, to delay seeking medical terminations and related health care. It also aimed to understand the opinion of health care providers about abortion services for young women. In addition, the study recorded the immediate effects of abortion on young women's health and tried to understand the role of gender-specific inequalities in the delays.

The cross sectional and descriptive study was done at the Family Welfare Centre (FWC) of the Government Medical College in Thiruvananthapuram, Kerala. Of the total sample of 109, 34 were unmarried women who had come for first and second trimester abortions, 33 were married women in their second trimester, and 42 were married women who sought first trimester abortions. Fifteen abortion care providers were also interviewed. Of these, 10 were medical practitioners and five were non-medical personnel.

The reasons for delays were collected using an interview schedule. To be comprehensive, reasons were collected for five stages from the time of conception to abortion. These stages were suspected pregnancy, confirmed pregnancy, decision to terminate, accessing the health care system for abortion services, and the delays in availing abortion services after accessing health care facilities. A gender-sensitive framework was used for the analysis. Data was collected over a period of seven months. Analysis domains were evolved after free listing the responses. Responses were coded and summarized using semi-quantitative qualifiers.

For almost all the unmarried women the fear of telling family members about their suspected pregnancy played a significant role. Most of the unmarried women had no support for the medical termination of the pregnancy from their sexual partner. A majority had been through consensual sexual relationships; about 25 per cent said they were coerced. For some married Women, their spouse's lack of consent delayed the decision to terminate the pregnancy .A few women decided on medical termination of pregnancy because of foetal congenital anomalies detected in the second trimester.

Delays in accessing health care in many cases were related to reasons such as illness of family members, unavailability of any person to accompany the woman to hospital, the husband's unavailability because he was away and his consent could not be obtained, lack of financial resources, and diseases such as chicken pox or psychiatric illness amongst the women.

For 19 women, abortions were delayed even after approaching the HCFs. Some reported problems such as differing opinions amongst doctors, delays because the HCF insisted on the women arranging for blood, having to wait for an ultrasound, delays due to a lack of female bystanders, or because the women had concurrent diseases that needed treatment. Some women talked about incorrect guidance given by the health care providers, which delayed

confirmation of the pregnancy. Some said HCF staff insisted on fees they could not immediately afford. A lack of control over resources and the lack of the power to make decisions did not differ much across the women's marital status.

Women at the clinic had several doubts and misconceptions. Approximately half of the women in their second trimester said they didn't know until what stage MTP was possible. About half of the unmarried women said they didn't know if abortion services were available only for married or unmarried women or for both. A majority said that abortion was bad because it would cause health problems in future, it was a sin, and only bad women had abortions. About half said that abortion was good because it enabled them to look after their families well.

Opinions of the health care providers about the women related to their lack of physical cooperation, incorrect information given by the women about their health and pregnancy status which compromised the quality of the health services, the need many unmarried women expressed for effective contraception, and the total absence of support from their male sexual partners. The providers spoke about such issues as lack of facilities at the HCFs for ruling out different infections and for post-abortion counselling, and problems of privacy in the clinic.

Overall, it was clear that married women had better sources of support for medical termination of pregnancy. Often married women were forced to abort while unmarried women were willing because their pregnancies are generally deemed socially unacceptable. Issues of secrecy, privacy and confidentiality existed for all the women seeking abortion.