

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 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 abortion medications (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 and understand the experiences of those who self-manage 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 clients seeking 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 (SHRI), and Family Planning Association of India (FPAI).

KEY MESSAGES

Many people were afraid to take abortion medications, even though **MA are safe and effective whether administered in a clinic or self-managed**. Knowing what symptoms and side effects to expect, how to prepare for the experience, and how to identify potential warnings signs can improve one's abortion experience.

Information gaps exist. People need more comprehensive information about the overall MA process from those providing the medication (usually pharmacists).

Stigma and fear, due to misinformation and lack of information, creates additional barriers for those seeking abortion care and can lead to incorrect use of the medications and challenges when seeking and accessing information and additional facility-based care for those who may want or need it.

WHAT YOU CAN DO

As a member of your community, **you can help create a supportive environment and network** for people seeking abortion care, especially those who are self-managing, by creating and joining spaces to discuss abortion and openly sharing personal abortion experiences with people you trust.

If you or someone you know are considering self-managing your abortion using medication, it is important to educate yourself and anyone supporting you during the abortion on how to correctly take the pills, what to expect during the process, and when to consider seeking additional care or support.

KEY FINDINGS

How did people find out they were pregnant?

Most people we spoke to took a **urine pregnancy test after recognizing their pregnancy symptoms or missing their period**. However, **some people didn't realize it was possible to become pregnant while breastfeeding**. It was also more challenging for people who have irregular menstrual cycles to know they might be pregnant.

Where did people get the abortion medications?

Most people got abortion medications from a pharmacy; in many cases male partners were the ones to go to the pharmacy to purchase the medication. **Pharmacists usually did not provide comprehensive information** about how to take the medication (including how many pills to take, when to take the pills, and how to administer pills), side effects, signs of potential complications, or what the process of abortion would be like.

People also rarely received information on where to seek post-abortion care if potential complications arose or if someone desired additional, facility-based care.

People also reported receiving misinformation about the safety and efficacy of abortion medication, leading people to believe the medication is dangerous and may severely damage their health or fertility.

Why did people choose to self-manage an abortion over other abortion methods?

People chose to self-manage an abortion for many different reasons, including:

- High cost of services in private facilities
- Limited or no abortion services at public facilities
- Fear of stigma and discrimination from providers
- Fear of judgment from others in their community
- Fear that people would find out they had been to a clinic for abortion care
- Someone in their social network had successfully self-managed an abortion already, which made them feel more comfortable with this method
- Fear of procedural abortion and preference for MA
- Self-managing was a way to have an abortion “silently” without other people finding out

Where did people get information about the abortion experience?

Throughout their abortion journey, people sought information from **community-based providers** such as traditional healers, Accredited Social Health Activists or Anganwadi workers and **close confidants** such as family members, friends, and neighbors.

What was the experience with abortion medications like?

All participants in this study had a complete abortion.

Some people **lacked information** about correct regimens and were fearful of dangerous side effects from the medication. As a result, some stopped taking the medication when their symptoms began rather than taking the full regimen, which may make abortion medication less effective. This misinformation may also discourage people from seeking help if they want or need it.

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. However, others decided not to seek follow-up care because of the cost of the visit and fear of being scolded by a provider.

People also expressed concern when their symptoms or side effects did not align with their expectations.

Among people who sought care at a clinic after self-managing an 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.

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

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%

What made the experience more difficult?

Fear of stigma and judgement from others, including loved ones, friends, pharmacists, and healthcare workers led people to feel isolated and hesitant to seek additional information or support when they needed or wanted it. Fear of judgement and stigma from providers was often based on past experience and led to anxiety when people wanted or needed post-abortion care.

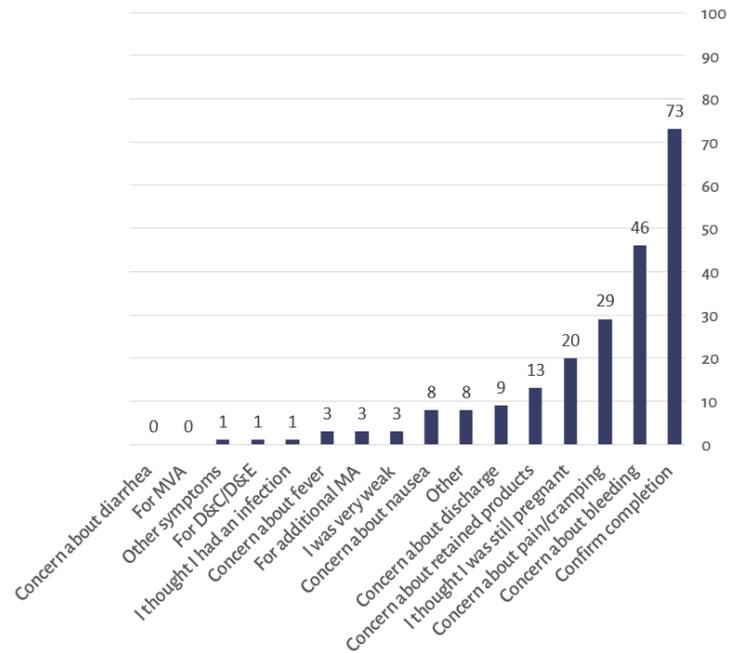
People were given **false expectations** regarding the amount of bleeding to expect for a medication abortion. For example, people were **incorrectly informed** that bleeding would last only two hours. These information gaps and misinformation led to confusion about how to identify potential signs of complication and when to seek facility-based care.

Inaccurate information about the safety of medication abortion also led to fear during the abortion process. For example, people received incorrect information that abortion medications are unsafe and cause bodily harm or infertility.

Lack of support from family members or partners led to emotional stress and additional worry during the abortion.

" 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

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

What made the experience easier?

- People valued **support from partners and family members** with procuring medication and household support during the abortion experience.
- **Knowledge** of what constitutes a sign of a potential complication can inform decision-making around seeking additional care/support, especially when this knowledge comes from **friends or family sharing about previous abortion experiences**.
- **Traditional healers and community health workers supported people self-managing abortions** prior to and during the process through sharing information, providing the abortion medication, and making referrals to facilities for those who wanted facility-based post-abortion care.

1. Singh S, Shekhar C, Acharya R, et al. The incidence of abortion and unintended pregnancy in India, 2015. *Lancet Glob Health*. 2018;6(1):e111-e120. doi:10.1016/S2214-109X(17)30453-9
 2. Moseson H, Jayaweera R, Egwuatu I, et al. Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls. *Lancet Glob Health*. 2022;10(1):e105-e113. doi:10.1016/S2214-109X(21)00461-7
 3. Abortion care guideline. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.