

Moving from many missed opportunities to no missed opportunities: Post-abortion family planning among urban women in Uttar Pradesh, India

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Background

In India, where previous data has estimated 6.4 million abortions occur annually, previous research has found that approximately 70% of women report not using any family planning (FP) method after miscarriage or induced abortion, with variation by state, urban/rural location, and wealth [1, 2]. Among the approximately 30% of women who do accept a post-abortion FP method, about a quarter discontinue the method within a year, with the poorest and rural women and women using temporary modern methods more likely to discontinue use [1]. In situations where barriers to post-abortion family planning (PAFP) have been ameliorated or removed, uptake and continuation of PAFP may be significantly higher; one study in Bihar and Jharkhand found that 73% of women accepted either a reversible or permanent method after abortion, with up to 94% of women who accepted a reversible method initiating the method and continuing to use FP six months later [3]. To date, there is little research that has identified and assessed barriers to PAFP at multiple levels of the health system [4].

This study examines missed opportunities for FP provision to post-abortion clients in six cities in Uttar Pradesh, India. We triangulate multiple data sources to examine gaps in PAFP counseling, service provision, and acceptance with the goal of determining ways to reduce this unmet need and further missed opportunities.

Methods

Data come from the Measurement, Learning & Evaluation (MLE) Project. The MLE project is undertaking the impact evaluation of the Urban Health Initiative (UHI), implemented by FHI 360 and funded by the Bill & Melinda Gates Foundation. Multi-faceted reproductive health interventions, including integration of FP services with post-abortion and post-partum services and expansion of contraceptive choice and quality at high-volume facilities, were implemented by UHI in Uttar Pradesh, India starting in March 2010.

Longitudinal data were collected from women in 2010 and 2014 in six cities of Uttar Pradesh. At baseline, data were collected from a representative sample of households and women in each city, for a total of 17,643 women in the six cities. At endline, 14,043 women were successfully tracked and interviewed in the six baseline cities for the final endline sample. At endline, 362 women reported having experienced an abortion in the five-year period since 2009.

A service delivery point survey encompassing several data sources was also undertaken in 2010 and 2014. Longitudinal data was also collected through a facility audit for about 750 facilities. Provider interviews were carried out at all facilities at baseline and endline, with an endline sample of about 1,800 providers in each survey. Client exit interviews were carried out at all high volume facilities at baseline and endline with approximately 2,500 interviews at each survey wave. Of these, exit interviews

were conducted with 84 post-abortion care clients at baseline, and at endline, 59 post-abortion care clients and 61 abortion clients.

Results

Table 1 presents endline findings based on detailed questions on abortion experience (ever and in the last five years). Overall, about one-quarter of women report ever experiencing a miscarriage, an abortion, or a stillbirth. On the specific question about whether the women had an abortion in the last five years, 2.6% (or 362 women at endline) report that they experienced a recent abortion. Among the women who had an abortion in the last five years, only a quarter discussed the event with a community health worker (CHW) and 37.6% reported that they received FP information or counseling from a CHW or at a health facility after the last abortion. Notably, only 18.7% reported that they received a FP method, referral, or prescription after the last abortion. While these proportions increased from midterm (midterm data not shown), there clearly continue to exist missed opportunities for provision of post-abortion FP.

Table 2 presents results from the baseline and endline client exit interview data. The majority of abortion and post-abortion care clients were interviewed in high-volume private facilities at both time periods. Between baseline and endline, the percentage of post-abortion clients who received FP information or counseling increased from 14% to 42%; the proportion among abortion clients was even higher than among post-abortion clients at 65%. Conversely, although 23% and 22% of PAC clients were already using a method at the time of the appointment at baseline and endline, respectively, perhaps indicating method failure, only a small percentage of those clients received an FP method at the post-abortion visit. The percentage that received a method is higher among the abortion clients at endline, and none of these clients were already using FP at the time of the visit.

Finally, as shown in Table 3, while the proportion of facilities that offer PAC has remained about stable from baseline to endline, the proportion of providers who report offering PAC has actually decreased from about 40% to about 20%. Among the 40% of the facilities and 20% of providers who report that they offer PAC at endline, nearly all report that they routinely offer FP information or counseling at PAC visits. However, as shown above, less than half of exit interview clients report receiving FP information or counseling at the time of their health facility visit for post-abortion care. There are clearly wide distinctions between what providers and facilities report and what clients receive.

Conclusion

This study demonstrates a number of points of missed opportunity for the provision of post-abortion FP counseling and provision of a FP method at the time of the abortion or post-abortion care. While providers report offering these services, clients are either not hearing this or not comprehending what is offered (or providers are not offering). While the provision of PAFP information and counseling as reported by women and in exit interviews has increased since baseline, and more women in the general survey report receiving a method after an abortion in the last five years, the proportion of PAC exit interview clients who report receiving a FP method or prescription for a method has actually decreased since baseline. Additionally, provision of PAC services has remained stagnant among facilities and decreased among providers, reducing an opportunity to provide integrated FP services. Provision of information and counseling is important, but without actual method distribution and acceptance, women will continue to have unmet need in the post-abortion time period and remain at risk of another unintended pregnancy. Providers need to be trained to improve the services they offer to clients,

particularly services for post-abortion clients, to ensure that there are no missed opportunities for FP provision. Review of facility protocol and clinical guidelines could also identify ways to bridge the gap between provision of information and provision and acceptance of effective FP methods during the post-abortion time period.

References

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Table 1. Abortion experience and exposure to family planning in the post-abortion period	
Percent distribution of women who experienced an abortion in the five years preceding the endline survey and percent distribution of abortion seekers exposed to FP. MLE endline data, India 2014.	
<u>Abortion experience</u>	n=14,043
Ever miscarried, had an abortion or stillbirth	
Yes	23.4
No	76.6
Had an abortion within the last five years	
Yes	2.6
No	97.4
<u>Exposure to family planning among women who had an abortion in the last five years</u>	n=362
Discussed last abortion with a community health worker	
Yes	22.9
No	77.1
Facility visit and type of facility for last abortion	
Went to a public facility	18.8
Went to a private facility	64.9
Did not go to a facility	16.3
Received FP information or counseling at health facility or from CHW after last abortion	
Yes	37.6
No	62.4
Received a FP method, referral or prescription at a health facility or from a CHW after last abortion	
Received a FP method	10.9
Received a referral for FP	1.8
Received a prescription for FP	6.0
Did not receive anything	69.8
Was already using FP	1.0
Did not go to a facility or meet with a CHW	10.5

Table 2. Family planning information, counseling or services received by exit interview clients at abortion and post-abortion care visits

Percent distribution of exit interview clients receiving FP information, counseling or methods at abortion and PAC visits at high volume health facilities. MLE baseline and endline data, India 2010, 2014.

	Baseline	Endline	
	PAC client (%)	PAC client (%)	Abortion client (%)
Type of facility			
Public	9.5	8.5	11.5
Private	90.5	91.5	88.5
Received FP information or counseling during health facility visit			
Yes	14.3	42.4	65.0
No	85.7	57.6	35.0
Received a FP method, referral or prescription at health facility visit			
Received a FP method	1.2	0.0	11.5
Received a referral	0.0	0.0	0.0
Received a prescription for FP	6.0	0.0	0.0
Did not receive anything	70.2	78.0	88.5
Was already using FP at the time of visit	22.6	22.0	0.0
Number of women	84	59	61

Table 3. Family planning information routinely offered by facilities and providers at post-abortion care visits

Percent distribution of facilities and providers offering PAC services and percent distribution routinely offering FP information at PAC visits. MLE baseline and endline data, India 2010, 2014.

	Baseline	Endline
Facility offers PAC	n = 732	n = 741
Yes	35.4	37.9
No	64.6	62.1
Among facilities that offer PAC, percent that routinely offer FP information	n = 259	n = 281
Always provided on the same day	95.4	95.0
Sometimes provided on the same day	2.7	4.3
Require the client makes an appointment to come back	0.8	0.4
No appointment made, client always told to come back	0.4	0.0
Do not offer FP	0.4	0.4
Missing	0.4	0.0
Provider offers PAC	n = 1753	n = 1583
Yes	39.2	21.1
No	60.8	78.9
Missing	0.1	0.0
Among providers that offer PAC, percent that routinely provide FP information during PAC visits	n = 687	n = 334
Yes	75.0	85.9
No	25.0	14.1