A REPORT

BASELINE ASSESSMENT

ENHANCING WOMEN RIGHTS TO SAFE ABORTION AND CARE IN MANIPUR, INDIA

A collaborative initiative

NATIONAL RURAL HEALTH MISSION
NRHM
राष्ट्रीय ग्रामीण आरोग्य अभियान
MANIPUR

ISRD

AMPLIFYCHANGE

Background:

The incidence of unsafe abortion in Manipur remains unacceptably high, 24 percent of last pregnancies in the five years ended in termination or foetal wastage (abortion, miscarriage, or stillbirth). Abortion is the most commonly reported type of foetal wastage, accounting for 12 percent of all pregnancies, and miscarriages accounted for 11 percent, besides a need for contraceptive services, the need for safe abortion care remains a priority in the State of Manipur.

The two main reasons for seeking abortion reported by women were unplanned/unintended pregnancy (49%) and complications in pregnancy (6%). 14.1 % of the reasons for abortion is reported to be due the last child too young and 5% of the reason is reported to be due to female foetus.

In Manipur, the most common methods used for performing abortions were medicines (51%), manual vacuum aspiration (MVA) (23%), and other surgical methods (25%). The largest percentage (41%) of abortions were performed in the private health sector and 33 percent were performed in the public health sector. Nine percent of women reporting an abortion reported having complications from the abortion.

While access to safe abortion inside and out of the medical system has been evident, barriers to access remain high due to abortion stigma, legal restrictions, political unawareness, the socioeconomic status of women, and unavailability of services.

In Manipur, the median age at first marriage is 22.9 years among women age 25-29 years and around 16 percent of women age 20- 24 years got married before attaining the legal minimum age of 18 years. The total fertility rate in Manipur is 2.2 children per woman, however the total fertility rate in urban areas, is at 1.8 children per woman, and in rural areas, at 2.4 children per woman

In Manipur, there is a strong preference for sons. Nearly one-quarter of women and one-third of men want more sons than daughters, but only 7 and 3 percent of women and men want more daughters than sons.

More than 50 years of family planning propaganda has also firmly established the small-family norm among a vast majority of women, but modern spacing methods of contraception are neither widely available nor desired even when available. The absence of comprehensive sexuality education and lack of access to contraception makes abortion the only way to prevent an unintended pregnancy for many adolescents and young women.

Current clinics and health care services doesn't display abortion as a service offered and is provided or accessed mostly with an intent, not to disclose, which has been influenced by social determinants and the current policy environments.

Stigma around abortion is a common phenomenon in the state and was/is present at the individual, community, organizational, and political level, including among healthcare providers.

India's legislation under British rule in 1860 punished abortions with a prison sentence, or fine, or both. It was only in 1971 that a separate law for reproductive rights—in the form of the Medical Termination of Pregnancy (MTP) Act was drafted and passed by the Indian Parliament.
However, acknowledging the limitations of the law, the Indian Parliament first amended the Act in 2003 and then in 2021 to make provision for medical termination of pregnancies for up to 24 weeks for special categories of women such as rape survivors, minors, women with mental disabilities, women with foetuses abnormalities, etc. The Act, nonetheless, systematically excluded single women in consensual relationships, depriving them of their bodily autonomy.

Despite these pitfalls, the Supreme Court 2022 judgement to include women irrespective of their marital status under the MTP act, which allows them to terminate pregnancies up to 24 weeks reaffirm India's commitment to treat safe and legal abortion as every woman's constitutional right.

However, Anecdotal evidences suggest, stigma around abortion as a stronger barrier to safe abortion care than the legal and political context, generally based on social and gender perceptions, underscored by cultural and religious norms. The lack of awareness and misinformation among the general population, including health care personnels and the associated stigma hampered service provision and demand for safe abortion services.

Objectives of the baseline assessment:

The baseline assessment aims to assess the status of safe abortion as a basic component of women's reproductive health and rights, the accessible of quality services, and the demand of women for safe and respectful care. The focus of this baseline assessment was also to ascertain the availability of abortion services, present barriers to service provision and the perspectives of women on the right to safe abortion.

The report presents the results of the baseline study undertaken in the districts of Imphal East, Imphal West, Bishnupur and Thoubal in the state of Manipur. The report covers the background, objectives, the methodology of the study and the key findings of the study and discusses potential directions for advocacy in the state.

Limitations

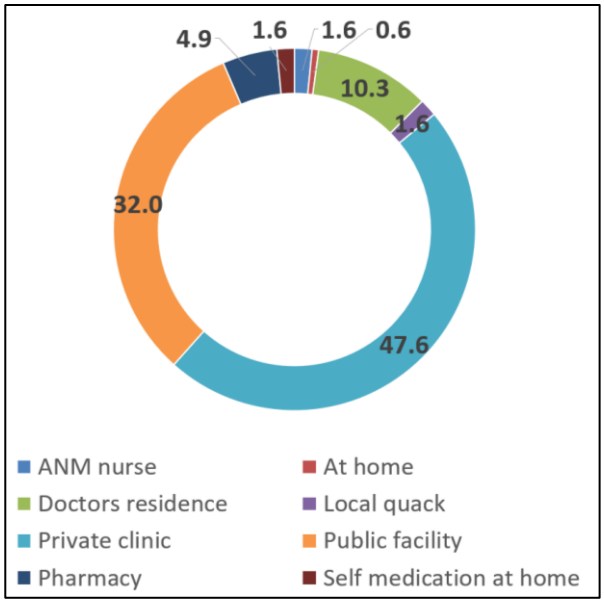
The baseline assessment covered only four districts of the state, this limits its general application to the state as a whole. Although the official collaboration has ben signed officially with the Manipur state government authorities. Permission to visit and study the government health facilities are yet to be obtained, as the official memorandum of understanding has been signed recently after the primary data collection from 513 women. The current baseline assessment is limited to the women as the main informant and the healthcare facilities and other key informants are yet to be interviewed. Although meeting with key community leaders and religious were conducted, to inform the program implementation. The baseline assessment report is yet to

Results:

A total of 513 women participated in the baseline assessment, and was found that 99% (508) women has ever undergone abortion. It was evident that unwanted pregnancy 36.6% of the total women undergone abortion, as found to the most common reason for getting abortion done, 28.8% miscarriage, 16.2% birth spacing related, health issues, 12.9% including poor health conditions, 5.5 % family and financial issues.

Besides unwanted pregancy one of the common reason for the abortion, only 16% of the participants have ever used any contraceptives. Inconvinient to use contraceptives (66.9% of the total participants) is the most common reason for not using contraceptives. Responses from the participants revealed that 63% of abortion occurs within 9 weeks of gestation period, 28.7% within 12 weeks of gestation perion and 8% beyond 12 weeks gestation period.

Preference of abortion facility is determined by various factors, that could influence the patient to decide, however it was documented that 47.6% of the participants received abortion services from a private clinic and 32% received from Governent facility. 10.3% received through the clinics at doctor's residence and 4.9% still recieves from pharmacy. Few participants 1.6% through self medication at home and the same participants 1.6% from local quacks.

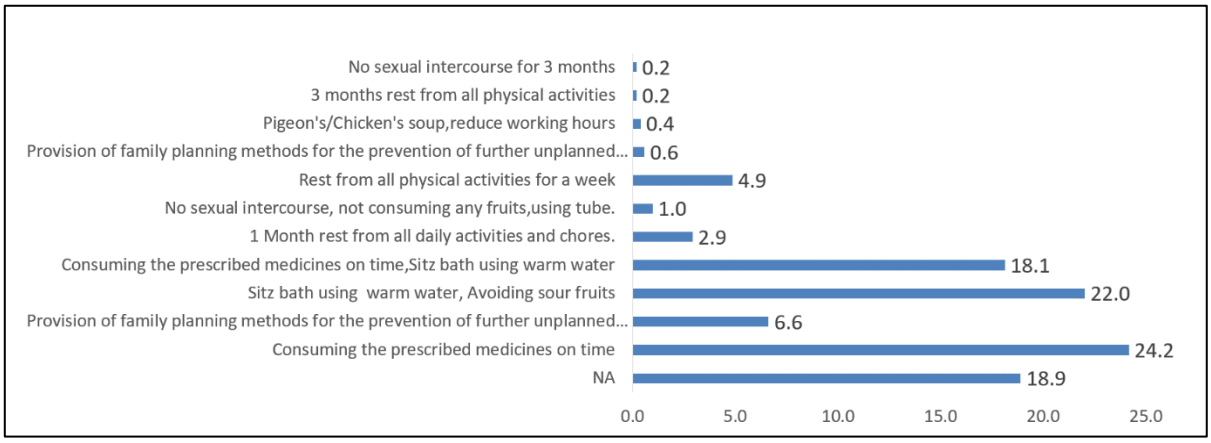


The most common reason for choosing the facility for abortion was 63.5% easy to access, 23% known service provider, 8,4% friendly services and 5.1% the service centers near the house. It was was reported that among the 508 women who has undergone abortion 91.8% felt safe, however only 2.1% felt respected at the abortion facilities.

Only 9.7 % participants responded that they got free abortion service, 40.9% spend 2500 to 5000 INR, 16.4% 200 to 1000 INR, 15% 10000 to 20000 and 6.4% 20000 to 45000 INR.

More that half the participants 54.6% reported that provision of post-abortion contraceptive services, including emergency contraception was available and 45.4% reported not available.

Post abortion care adopted by 99% of the total participants, consuming the prescribed medicines



on time to be the most common response, 24.2% consuming prescribed medicine on time and 18% sitz bath including avoiding of sour friuts.

It was also recorded that 77.2% of the participants were not provided contraception method after abortion, 5.8 % were provided with condom related information, 8.6% on use of copper T for 5 years.

Access to pregnancy testing kit will also play a key role in ensuring early detection of pregnancy, majority of the participanst know about their pregnancy when their periods are missed and only 4.7 knows about their pregnancy through pregnancy testing kit tested at home.

142 (27.7%) participants didn't faced issues during and post abortion, however 29% faced constipation, nausea, body aches and fatigue, 13.8% faced fever. Bleeding and nausea during and post abortion.

Table on issues faced during and post abortion:

Issues faced during and post abortion	No. of participants	Percentage
NA	65	12.7
Constipation, Nausea, Body aches and fatigue	149	29.0
Abdomen pain (5-6days) post abortion, problems occurred as family wanted a child	1	0.2
Unable to perform daily activities for some time.	7	1.4
Abdominal pain, discomfort and painful during abortion, was unable to eat properly for a long time.	12	2.3
Missed period for 3 months due to consumption of prescribed medicines.	1	0.2
Unable to focus, light headedness	2	0.4
Constant pain below the hip, unable to conceive post abortion.	18	3.5
Irregular period	16	3.1
Fatigue, pain in the arms etc	3	0.6
Loss of appetite, Continuation of household activities without any rest as no one was there to help.	6	1.2
Uterine haemorrhage, abdomen pain, bleeding, fever etc	2	0.4
Fever, bleeding, nausea	71	13.8
Hypertension	5	1.0
Missed period for 2 months due to consumption of prescribed medicines.	1	0.2
Constipation, back pain, hypertension, formation of thyroid	4	0.8
No problem	142	27.7
Oral numbness	1	0.2
Hormonal imbalance	7	1.4

Surprisingly, only 10.1 % of the partcicpants have ever heard about the MTP act and 89.9% have not heard of the MTP act. 45.2% are not aware that abortion os legal in India, if the practices are performed in lines with the guideline provided by the Government of India.

91% of the praticipants believe that the abortion service faciity should be near the the facility, and 2.9 suggested to provision should be located in every district. 94% responded the doctors and nurses are well trained and 50.7% recommended for free cost abortion services.

Attitudes of the service provider will also plays a key role in providing quality and friendly services, 33.9% suggested that service providers must respect someone's choices &,encouragement and 16.2% respect for the person getting the abortion

8.0% of the participantsa feel that any problem faced by the patients should be able to express to the members of the community freely.

The results will be translated into action points to initiate concerted actions please.

Annexure:

Institute of Social Research and Development (ISRD)

Baseline Assessment

Project: Enhancing Women Rights to Safe Abortion and Care in Manipur

INFORMATION SHEET AND INFORMED CONSENT FOR IN-DEPTH INTERVIEWS

Khurumjari, my name is……, and I am part of Institute of Social Research and Development team.

In this study we are trying to understand what women do when they are faced with an unplanned pregnancy, how decisions are made on whether or not to continue with the pregnancy, and whether women have access to information and services for safe termination of pregnancy, if they choose not to continue with the pregnancy.

We are talking to women in different villages about these issues and have requested you here to participate in discussion.

No personal benefits will be gained from participating in this study. But this study will contribute to advocacy with the government to improve access to safe abortion services for all women. Participation in this discussion will take about one hour. We also seek your consent to audio-record the discussion. Whether to participate or not in this study is completely voluntary. If you decide to participate, you could also decide to stop participating at any time. You are not required to answer questions that you are not comfortable with.

The answers will be kept confidential and you name will not appear anywhere. You are not expected to share any personal experiences in the discussion. If you are sharing the lived experience of another woman, please do not share her identity. The information that we collect from this project will be kept confidential. Background information about the interviewee and the health facility that we collect in the field will be detached from the transcripts and stored in a file that will not have any name on it, but a code number assigned to it. The name associated with the number assigned to each file will be kept under lock and key and will not be divulged to anyone except the responsible staff. No individual names/ facilities or identifiers, will be presented in the report, only consolidated figure/ responses will be provided.

The information will be thoroughly analysed and the results will guide better programs for SRHR. The findings of the study will be mainly used to advocate with different stakeholders for promoting the availability of safe abortion services. The report will be shared with key policy makers and other stakeholders and we also plan to conduct dissemination meetings with the key persons. The results will help prioritise programs on safe abortion.

You are free to ask us, if you have any questions about this study. We will do our best to answer. For any further clarifications, you may also contact the person from ISRD for this study: Mr. Ksh. Dinesh Singh (Director), Mobile Number: 7005303385

DECLARATION: I hereby declare that I have been given the above information regarding the study, I also understand that my participation is entirely voluntary, and that we are free to discontinue the study at any time. We understand that our identities and the given information will be kept strictly confidential. We do agree to take part in this study, and for the discussion to be audio-recorded.

Respondent Signature: ……

Respondent Name: ……

Age: ……

1. Have you ever undergone abortion? (Multiple abortion) (Age of abortion)

a) Yes b) No

If yes reason for undergoing abortion?

……..……

……..……

If no, have you ever heard/known/accompanied for getting abortion services

b) Yes b) No

(If no, stop the interview, if yes continue with the interview to share the experience)

2. What were the reasons for getting abortion?

……..……

……..……

3. Number of weeks of pregnancy while getting the abortion service? **Tick**

a) Within 9 weeks b) Within 12 weeks c) Beyond 12 weeks

4. Where was the abortion service received?

a) Private clinic, b) Doctors residence, c) Local quacks, d) ANM nurse,

Any other specify ……

5. Why were the service center chosen? (May tick multiple)

a) Easy to access, b) Friendly service c) Known service provider d) Near House

Any other specify ……

6. What was the total cost of the abortion service? …… (Please specify the year ……...)

7. Were there any extra charges, besides the abortion cost? Please specify the reasons for the extra charges?
   ……..

8. How do you feel about the abortion service you receive?

   a) Safe b) Unsafe, c) Service provider attitude, feel respected d) Felt being judged, e) Fear of being disclosed, f) Felt neglected, g) Felt mistreated, h) Felt stigmatized
   Any other please specify ……
   ……
9. What were the post abortion care information provided? (Probe Guide: Information on managing side effect like Fever, Bleeding, Vaginal discharge, Pain and cramps, Nausea, Vomiting, Diarrhoea, Sadness, Depression)

   ……
   ……

10. Was there provision of post-abortion contraceptive services, including emergency contraception?

a) Yes b) No

11. What were the post abortion care you adopted? **Probe**
    ……
    ……
12. Can you please share the information were provided on contraception methods after abortion?

    ……

13. How did you know you are pregnant?

a) Missed menstrual cycle, b) Getting tested at home d) Visited a doctor

   Any other please specify ……
   ……

14. Methods/Process of abortion? (May respond in the way you know) **Probe**

    ……
    ……

15. Can you please specify the type of service provider?

    ……

16. What are the issues faced during and post abortion? Please elaborate. **Probe**

    ……

17. Have you heard of MTP Act? (Probe Guide: Medical Termination of Pregnancy (MTP) is a legalized method of termination of pregnancy by authorised personals (as in the act), intentionally, before its full term.)

a) Yes b) No

18. Are you aware that abortion is legal in India?

a) Yes b) No

19. Are you aware that abortion of unmarried individuals are also legal in India?

a) Yes b) No

20. List the method of contraception you know? Have you ever use any contraception methods? **(Probe Guide:** Oral contraceptive pills, implants, injectables, patches, vaginal rings, intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods. Please share if you know of any traditional methods of contraception**)**
……..
21. Reason for not using contraception (if not used) (**Probe Guide:** Fear of side effects, Partner/husband not willing to use, not accessible, inconvenient to use, lack of knowledge, not able to afford etc.)

……..

22. Factors contributing to unsafe abortion:
……..
23. Were you recommended for follow up visit after the abortion (Within one or two week)?

a) Yes b) No

24. Can you please share what could be the best abortion service facility?

(Probe Guide:

About the Location: ……..

About the Service Providers: …….

About services: …….

About cost: …….

About attitude of community: ……..)

Any other specify and elaborate: Probe

…….

…….

Thank You for the valuable information, this will help many women in need

If you are interested in joining our movement on "Enhancing women rights to safe abortion and care," you may join as a member of our network.