

Access to Abortion Services among Urban Poor Women during COVID-19 Pandemic Induced Lockdown: Evidence from Agra, India

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Background

The purpose of this research is to learn about the experiences of women in slums who needed abortion services during the COVID-19 lockdown in Agra, India.

According to the report by IPAS Development Foundation (IDF) report entitled “Compromised Abortion Access due to COVID-19: A model to determine impact of COVID-19 on women's access to abortion” it is estimated nearly 1.85 million abortions were compromised at all points of care including public and private health facilities and chemist outlets during the COVID-19 lockdown (25 March 2020 to 24 June 2020 in India).

Restricted mobility during the lockdown led to unprecedented challenges related to women's access to sexual and reproductive health services. In the domestic sphere, forced isolation led to a steep rise in unprotected and/or forced sex resulting in several unplanned/unwanted pregnancies (Chandrashekhar et al, 2020).

Methods

Qualitative interviews in slums were conducted with 20 married slum women in the age group of 20-35 years who underwent abortion during the COVID-19 lockdown. The purpose was to understand their lived experiences challenges in accessing abortion services during COVID-19 lockdown and coping methods adopted. Women in settlements were identified with the help of Urban Health Resource Centre (UHRC) mentored women's group members and ASHA workers.

Key Informant Interviews were conducted with 10 frontline health workers (Accredited Social Health Activists or ASHAs) and private nurses in health facilities to understand the situation more comprehensively and learn about supply side challenges in facilitating/providing FP and abortion services.

In-person interviews were conducted with women in during the months of September-December 2020. Interviews were audio recorded with their consent and thematically analysed.

Results

Difficulties in accessing abortion services: These included closure of most Govt and private hospitals for abortion services as they were providing only COVID-19 related services. Frontline health workers were unsupportive and scared of contracting COVID-19 infection. Couples seeking abortion services had to resort to finding abortion services in the city on a bicycle as they were repeatedly refused abortion services in different health facilities owing to fear of COVID. In the words of 33-year-old Sarita¹ “*When I found out that I was pregnant, me and my husband decided to undergo abortion as we already had two children. We visited a PHC where we were told that they cannot perform abortion as they can only cater*

¹ Names have been changed in the interest of privacy of the respondents.

to COVID-19 patients. We then visited two private hospitals who also refused. Both of kept roaming on the bicycle looking for a hospital and were routinely subjected to police questioning. My stomach hurt every time our bicycle hit a ditch. We identified a Marie Stopes clinic, but they asked for a COVID-19 RT-PCR negative report. It was risky to give the sample but there was urgency. We gave the sample and waited for three days. Fortunately, we tested negative and could proceed with abortion.”

Aborting unplanned pregnancies in many instances got delayed owing to fear of COVID-19 infection, hesitation, and the associated ignominy and social ridicule. Some women had to borrow money and underwent abortion in private facilities as the cost was more.

Way out managed by women: Some women consumed abortion pill (a combination of pills that induce medication abortion)² as they perceived it to be a secretive, low-cost, low effort to abort baby. A few women purchased from medical store, the owner of which would sometimes be known to them. These resulted in excessive bleeding and other complications including incomplete abortion. Rama, a 31-year woman recounts “I obtained the abortion pills upon discovering my pregnancy and consumed them. This resulted in excessive bleeding, passage of clots and weakness.”

A few women went to a local *dai* (local traditional untrained birth attendant) residing in the neighbourhood, for abortion. Abortion was usually done at Dai’s house. Women felt they were at risk but in desperation they got abortion done by *Dai*. In many cases, this resulted in post abortion complications including prolonged heavy bleeding and incomplete abortion.

Some women sought services of private trained nurses who used in reside in or near slums and maintain a small facility at home for abortion. Leela, a 29-year woman recounted “I discovered my pregnancy in May 2020. Fortunately, I knew a nurse who was living in my lane. I contacted her and she agreed to perform abortion at her place. It was done smoothly, and no one go to know of it.”

A few women could avail abortion services at Marie Stopes clinic (social franchising perhaps) and sought tubal ligation to preclude such possibility in future. Marie Stopes clinics in Agra provide economical reproductive health services.

Post Abortion Complications: Excessive bleeding resulted in the woman becoming very weak and having trouble in doing housework. They developed palor, a sign of anemia. In a few cases, the woman had to undergo abortion twice as the *Dai* was unable to fully abort the fetus in the first attempt. This led to aggravated blood loss. In few cases, consumption of oral pill did not lead to complete abortion and women had to seek emergency services to undergo surgical abortion and subsequent blood transfusion since they lost much blood. Saroj, a 34-year-old woman said “I discovered my pregnancy during lockdown. I had no option but to use abortion pills to abort it. I got pregnant once again and had to use the abortion pills a second time. I experienced excessive bleeding in the days to follow. I visited my mother in my hometown after lockdown and she took me to a nurse. The nurse examined me and told me that I need to undergo surgery as some part of foetus is still stuck with my uterus. I had to undergo surgical abortion and subsequent blood transfusion as I bled excessively. I am recuperating now.”

Other challenges: Pre-existing undernutrition and anemia owing to food insecurity in lockdown also led to post-abortion complications of worsening of anemia and severe exhaustion. Many slum families did

² Medical abortion pill: Medical termination of pregnancy kit has Misoprostol and Mifepristone is recommended for medical termination of intrauterine pregnancy of up to 63 days gestation based on the first day of the last menstrual period.

not receive free ration that they had heard of through announcements and from others from administration, nor from the Public Distribution System. This led to many slum families skipping meals, borrowing food or purchasing on a high cost.

Discussion

Studies on abortion in the context of urban slum women have brought the challenges of reliance on traditional practices, home-based abortion, unskilled practitioners, and associated stigma (Banerjee et al., 2017; Behera et al., 2015). The pandemic led to exacerbation of these challenges as limited mobility and existing health services catering to COVID-19 infected patients made it difficult for urban poor women to seek safe abortion services. Fear of contracting COVID-19 infection and associated social disgrace played a key role in many women undergoing complications.

Various media reports published accounts of women seeking abortion services during the pandemic and have highlighted similar challenges (Srivastava, 2020; Panicker, 2020). Our study has added to knowledge by also focusing on coping methods adopted by some women which potentially helped them pursue abortion many times associated with risks, even during the pandemic. (For e.g., service by trained nurses residing in or near slums).

Recommendations

Health Department should maintain emergency service such as abortion during emergencies, epidemic like circumstances which already put a lot of pressure on the poor owing to livelihood loss, exhausted savings. These emergency services should consist of mobile clinics, MCH services.

Community can be made more aware about risks of abortions, the toll it takes on the woman's body, so they use contraceptives. Contraceptives should be rapidly distributed to women as soon as any disaster, epidemic happens in future to reduce unwanted pregnancies, abortions, and unwanted births.

For future epidemic, disaster, should partner with private doctors/nurses near slums. Co-opting private trained nurses in the health system and provide them training in safe abortion so they can provide these services safely during situations like a major epidemic or any form of disaster that affects the Government healthcare system. Evidence from India also suggests towards the potential of nurses and AYUSH doctors in performing manual vacuum aspirations (MVA) effectively and to the need of expanding provider base to increase access to safe abortion in India. (Warriner et al, 2011, Jejeebhoy et al., 2011; 2012).

To mitigate food crisis during pandemic or similar situation, rolling of excess stock of food grains and distributing it among the poor can help the poor deal with food insecurity and undernutrition. (Drèze, 2020)

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