Abortion Self-care: Circles of Trust

April 2023

Ipas DEVELOPMENT FOUNDATION

Suggested citation: IDF 2023. Abortion Self-care: Circles of Trust. Ipas Development Foundation; New Delhi.

@2023 Ipas Development Foundation

*This is a working paper

Ipas
DEVELOPMENT
FOUNDATION

Background & Context

The aim of this short paper is to explore formative findings from the abortion diaries research carried out by Ipas Development Foundation (IDF) in two major states of India. This document is prepared as a supplement to the document "Self-Managed Abortion Journeys of Women: A research study using diary method in two states of India".

This innovative research by IDF is an effort to systematically document and understand abortion self-care (ASC) journey through women's eyes and words. The aim of this research is twofold – first to understand and incorporate key findings into policy and programme and second, to bring key findings from women's voices to initiate discussions and dialogue with the broader community of individuals, collectives and institutions working to advance safe, respectful and high-quality abortion care.

Married women aged 18 and above were included in the study. Married women or their partners who accessed abortion drugs from chemist shops/pharmacies for SMA from October-2020 to March-2021 and voluntarily contacted the study team to participate were reached out to for enrolment in the study. Among the women who participated in this research most of them lived with extended families (father-in-law, mother-in-law, brothers and sisters in law and children), a few women were in a nuclear family living with their husbands and children only.

Although abortions outside of health facilities are termed as "self-care", women involve others in their journey. A recurring theme and a key finding from this research were the high value and importance placed on trust and privacy to drive interactions, decisions, and actions during the ASC journey. Trust was implicit in the records and a priority on privacy. This need for privacy was operationalized through trust-based decisions on the choice of individuals to include at each stage (information seeking, assistance in procuring medical abortion pills and of the ASC). This finding has implications for the broader safe abortion community on two levels:

1. Unpacking and exploring the role of trust in decision making during ASC as it is critical to have understanding and utilise for further programming within ASC.

2. Understand the roles and involvement of other individuals who influence an ASC journey.

This document is a distillation of selected key themes in relation to the insights around trust and privacy as identified from the abortion diaries research. These insights are presented with an aim to initiate dialogue among safe abortion stakeholders to improve ASC experiences in India through evidence-based programming.

Reporting on the reactions and behaviours of their husbands was noted for the initial 10 days of the abortion process among all but 1 participant. Among these, the level of detail presented was substantial for the initial 7 days and then gradually decreased in frequency and detail till day 10. The lack of specific reporting on family members' reactions and behaviours beyond the 10th day is consistent with the clinical process of a medical abortion. During this time period, it is clear that women are intentional in involving a set of stakeholders based on trust and need for privacy. It was noted that three categories of individuals were engaged. Based on a decreasing order of frequency for their involvement, key insights on each of them are presented below.

INVOLVING OTHERS IN THE SELF-CARE JOURNEY

Husbands were the most common individual involved

Husbands (as stated in the diaries) were the most frequently reported individual to whom women shared their decisions and actions across the ASC journey. Husbands were often actively involved in information seeking, decision making, procuring the method and during the abortion process. All women reported that the husband was the only individual with whom they had shared about undergoing the abortion, indicating that the ASC journey was potentially undertaken as a couple even though the woman was the one experiencing the physical and personal effects of the abortion. Husbands were one of the key stakeholders (sisters in law being the other) that supported women in navigating their personal and social experiences (within the household and in families) during the abortion. Records from the diaries indicate that the style, quality and context of spousal communications were of critical support for women undertaking self-managed abortion (SMA).

Among women who shared with their husbands, most of them indicated positive reactions and support from them during the abortion process (after taking the drugs and until the process was completed). Women indicated that husbands enquired about their well-being, supported them by sharing domestic tasks that were usually assigned to the woman (such as household cleaning, cooking); and were accepting of a temporary change in expectations (e.g., whatever was cooked was acceptable to husbands during the abortion process).

Some women also reported actions from husbands that were indicative of much more than acceptance of a temporary disruption in their daily routines. They indicated that their husbands brought them treats (e.g., fruits, samosas), helped with childcare, undertook efforts to keep them comfortable (make tea), and enquired daily about

Only my husband in my house knows that I had taken these pills but when my health deteriorated, my mother-in-law, elder sister-in-law and younger sister-in-law came to know then everyone supported me.

30-YEAR-OLD WOMAN, STATE 1

I first talked to my husband about this, he also felt that our income is not enough to think about more children. It is difficult to run a house in such high inflation, then how will we feed more children, we (me and my husband) have taken this decision together.

28-YEAR-OLD WOMAN, STATE 1

Husband's behaviour was fine, he took care of the child in the morning and gave me milk, at night, when he came home on time, so I got a lot of support.

30-YEAR-OLD WOMAN, STATE 1

Husband supports but men are men, no one can understand anyone's pain. my husband does not help me in work.

29-YEAR-OLD WOMAN, STATE 1

their health. Women in their diaries indicated that such actions by their husbands made them feel supported and were comforted during the abortion process. This also alluded to a deeper and dyadic foundation to the relationship between women and their husbands during the ASC journey.

Recordings from the diaries indicated a deeper and more equal nature of spousal communication than for contraception and possibly other reproductive or health decision making. It was evident that there was a high level of convergence on preferred outcomes ("cannot have another baby now") that aligned and facilitated communication. In addition to this high quality of spousal communication, the nature of spousal support offered during a self-managed abortion process highlights the trust and care within the relationship. These insights provide a slightly variable definition to the nature of spousal trust, comfort and communication that can be further explored and potentially utilised for programming interventions to improve the experience of a self-managed abortion.

My husband stayed at home all day, and he took care of the cattle himself. My husband said till you get well, don't get out of bed, what you say will be done. Husband's behaviour was very good.

29-YEAR-OLD WOMAN, STATE 1

"Today when I told my husband that my feet hurt so much, he massaged my legs and head and boiled water for drinking.

29-YEAR-OLD WOMAN, STATE 1

My husband goes to the city to sell milk; he stays outside all day. But since he came to know, he comes early to feed the animals and pick up the cow dung. My husband is not used to speaking much. He knows that I am in trouble, so he does all of the work outside himself.

35-YEAR-OLD WOMAN, STATE 1

He knows everything , so these days he neither quarrelled with me, nor said anything wrong to me. He loves me very fondly, if I ask for a phone to talk to someone, he gives it.

35-YEAR-OLD WOMAN, STATE 1

INVOLVING OTHERS IN THE SELF-CARE JOURNEY

Involvement of other family members

All women in this research reported disclosing/sharing their decisions and actions around an abortion and involving at least one other person, often more across the different steps in their ASC journey. Disclosure and involvement of others was a consistent feature although the individual who was involved varied across all stages of the abortion process except for husbands. Although the study followed women who were identified to be undergoing a self-managed abortion (SMA) or practising abortion self-care (ASC), it is critical to recognize the involvement of other individuals across each step of the journey.

Reactions from family members beyond the husband were more variable across this research. Apart from husbands, the most frequently reported individual in ASC was the sister-in-law. In most of the diaries, the sister-in-law is reported as a critical and often trusted source of information and support, on topics around managing an unwanted pregnancy, procuring and using medical abortion pills, support during the abortion process and seeking additional care if needed. They are often influential within the family and a strong source of support as women navigate the different stages of ASC.

Information seeking during an ASC journey was based on trust with individuals rather than their real or perceived level of knowledge and training on abortion care. Trusted individuals beyond the sister-in-law, were, not surprisingly, other family members, particularly the mother-in-law, mothers and aunts were also reported as key stakeholders from whom information or support was sought and obtained during the ASC journey. However, their involvement was variable and often mixed with some women indicating support and others seeing them as key stakeholders who had to be convinced to prevent additional challenges during the abortion process (e.g., challenges around allocation of household duties and potential support if additional medical care was needed). The involvement of these family members was overall less frequent. It was often greater during the process of information gathering and decision making around self-use of medical abortion pills than during an abortion process itself.

In addition to my husband I also talked to my sister-in-law, she advised abortion with pills.

27-YEAR-OLD WOMAN, STATE 2

Only husband and devrani (sister-in-law) know about it and their behaviour is good. My devrani (sister-in-law) does not allow me to do any work. If I do, she refuses. When the mother-in-law saw me sick, she asked what happened, but I did not tell her anything.

28-YEAR-OLD WOMAN, STATE 1

My family member’s behaviour is good towards me. They are also supporting me in my household work, saving me from stress and taking full care of me. They are taking care of my children. That’s the reason I am getting time to rest.

30-YEAR-OLD WOMAN, STATE 2

INVOLVING OTHERS IN THE SELF-CARE JOURNEY

Involvement of others - friends and health workers

In addition to the family members mentioned above, the other stakeholders that were engaged included friends of the woman and a range of community health workers. The range of health workers that were engaged at the different phases of ASC were pharmacy workers, accredited social health activists (ASHAs), auxiliary nurse midwives (ANMs) , and anganwadi helpers. It is interesting to note that these health care providers were contacted only for information seeking (in some cases) and procuring the medical abortion drugs (in most cases) but were not seen to play a key role in decision making as recorded in diaries. In addition, health workers (community and facility based) were rarely contacted for advice or support during the SMA.

I came to know about abortion pills from ANM Didi, who lives in my neighbourhood.

29-YEAR-OLD WOMAN, STATE 2

Fig 2: Circles of trust in Abortion Self-care

Decision-making

Key actors: Self, husband, sister-in-law, mother, aunt and a few cases father-in-law.

Information seeking

Key actors: Women majorly reached out to husband, aunt, sister-in-law, mother-in-law and their mothers. A few reached out to ANM/ASHA, pharmacist and village doctor.

Accessing medicines

Key actors: Husbands, sister-in-law, and pharmacist. Majorly husbands purchased the medicines, followed by the woman herself.

During abortion

Key actors: Husbands, sister-in-law, mother-in-law, ASHA/ANM and doctor.

Reflection

Self-reflection on the abortion experience.

HUSBAND
SISTER IN LAW
MOTHER
PHARMACIST
DOCTOR
ANM/ASHA
FRIENDS
AUNT
FATHER IN LAW
MOTHER IN LAW

Unengaged within a stage
Engaged within a stage

Key takeaways

1.

All women in this research reported disclosing/sharing their decisions and actions around an abortion and involving at least one other person, often more across the different steps in their ASC journey. Disclosure and involvement of others was a consistent feature although the individual who was involved varied across all stages of the abortion process except for husbands.

2.

Trust was implicit in the records and placed a priority on privacy. This need for privacy was operationalized through trust-based decisions on the choice of individuals to include at each stage (information seeking, assistance in procuring medical abortion pills and of the ASC).

3.

Information seeking during an ASC journey was based on trust with individuals rather than their real or perceived level of knowledge and training on abortion care. Thus husbands, sisters-in-law, mothers, mothers-in-law and aunts and friends are the most common sources of information, influence and support.

4.

Recordings from the diaries indicate a deeper and more equal nature of spousal communication in comparison to contraception and possibly other reproductive or health decision making. The high level of convergence on preferred outcomes for an unwanted pregnancy ("cannot have another baby now") aligned and facilitated communication.

5.

Records from this research indicate a deeper and dyadic foundation to the relationship between women and their husbands during the ASC journey.

Research & Programme Probes

1.

How can stakeholders within the safe abortion community in India, map and describe the abortion self-care journey for women - what implications do these insights have in relation to:

1. Definition of self-care for common understanding and programming
2. A holistic understanding of key stakeholders for ASC
3. What are some critical intervention opportunities and ideas on ASC?
4. How can we understand and adapt to the changing nature of abortion programming?

2.

Trust in healthcare has always been an integral part of decision making and care seeking, even more so for stigmatised health services. How do the insights around trust and their role in abortion self-care influence the wider stakeholder communities' understanding and thinking?

1. How do we design, implement and measure trust-based interventions or interventions to improve trust in abortion care?
2. Obtain a deeper understanding of the relationship between trust and abortion stigma in the Indian context, especially for unmarried women and adolescents.
3. Centring around the woman, can and should we engage and work with stakeholders who are trusted within the ecosystem? If so, what could be ideas and opportunities to attempt such an effort?

Ipas Development Foundation (IDF)

Third Floor. #2, Paschimi Marg, Vasant Vihar
New Delhi 110 057, India
Phone: 91-11-4166.2006
E-mail: idf@ipas.org

Ipas
DEVELOPMENT
FOUNDATION