

Portland State University

PDXScholar

---

OHSU-PSU School of Public Health Annual  
Conference

2024 Program Schedule

---

Apr 4th, 1:00 PM

# Supporting Self-managed Abortion Care in “practice not premise”: Provider Perspectives, Roles, and Referral Pathways in India

Laura E. Jacobson MPH  
*OHSU-PSU School of Public Health*

Caila Brander  
*Ibis Reproductive Health*

P. Balasubramanian  
*Rural Women's Social Education Centers*

Sruthi Chandrasekaran  
*Ibis Reproductive Health*

Blair Darney  
*OHSU-PSU School of Public Health*

Follow this and additional works at: <https://pdxscholar.library.pdx.edu/publichealthpdx>



Part of the [Social Justice Commons](#), and the [Women's Health Commons](#)

## Let us know how access to this document benefits you.

---

Jacobson, Laura E. MPH; Brander, Caila; Balasubramanian, P.; Chandrasekaran, Sruthi; Darney, Blair; Goodman, Julia; Jayaweera, Ruvani; and Gerdt, Caitlin, "Supporting Self-managed Abortion Care in “practice not premise”: Provider Perspectives, Roles, and Referral Pathways in India" (2024). *OHSU-PSU School of Public Health Annual Conference*. 11.

<https://pdxscholar.library.pdx.edu/publichealthpdx/2024/Posters/11>

This Poster is brought to you for free and open access. It has been accepted for inclusion in OHSU-PSU School of Public Health Annual Conference by an authorized administrator of PDXScholar. Please contact us if we can make this document more accessible: [pdxscholar@pdx.edu](mailto:pdxscholar@pdx.edu).

---

**Presenter Information**

Laura E. Jacobson MPH, Caila Brander, P. Balasubramanian, Sruthi Chandrasekaran, Blair Darney, Julia Goodman, Ruvani Jayaweera, and Caitlin Gerdtz

# Supporting self-managed abortion care in “practice not premise”: Provider perspectives, roles, and referral pathways in India

Jacobson LE<sup>1-3</sup>, Brander C<sup>3</sup>, Balasubramanian P<sup>4</sup>, Chandrasekaran S<sup>3</sup>, Darney BG<sup>1,2,5</sup>, Goodman JM<sup>1</sup>, Jayaweera R<sup>3</sup>, Gerdtz C<sup>3</sup>

<sup>1</sup>OHSU-PSU School of Public Health, Portland OR USA  
<sup>2</sup>Oregon Health & Science University, Portland OR USA  
<sup>3</sup>Ibis Reproductive Health, Oakland CA USA  
<sup>4</sup>Rural Women’s Social Education Centers (RUWSEC), Tamil Nadu, India  
<sup>5</sup>Instituto Nacional de Salud Publica (INSP), Centro de Investigacion en Salud Poblacional (CISP), Cuernavaca, Mexico

**OBJECTIVE:** To explore perspectives on self-managed medication abortion (SMA) from a diverse group of providers (medical, community and pharmacy); understand the roles they play in SMA; and identify referral practices and pathways to facility- and self-managed abortion care in India.

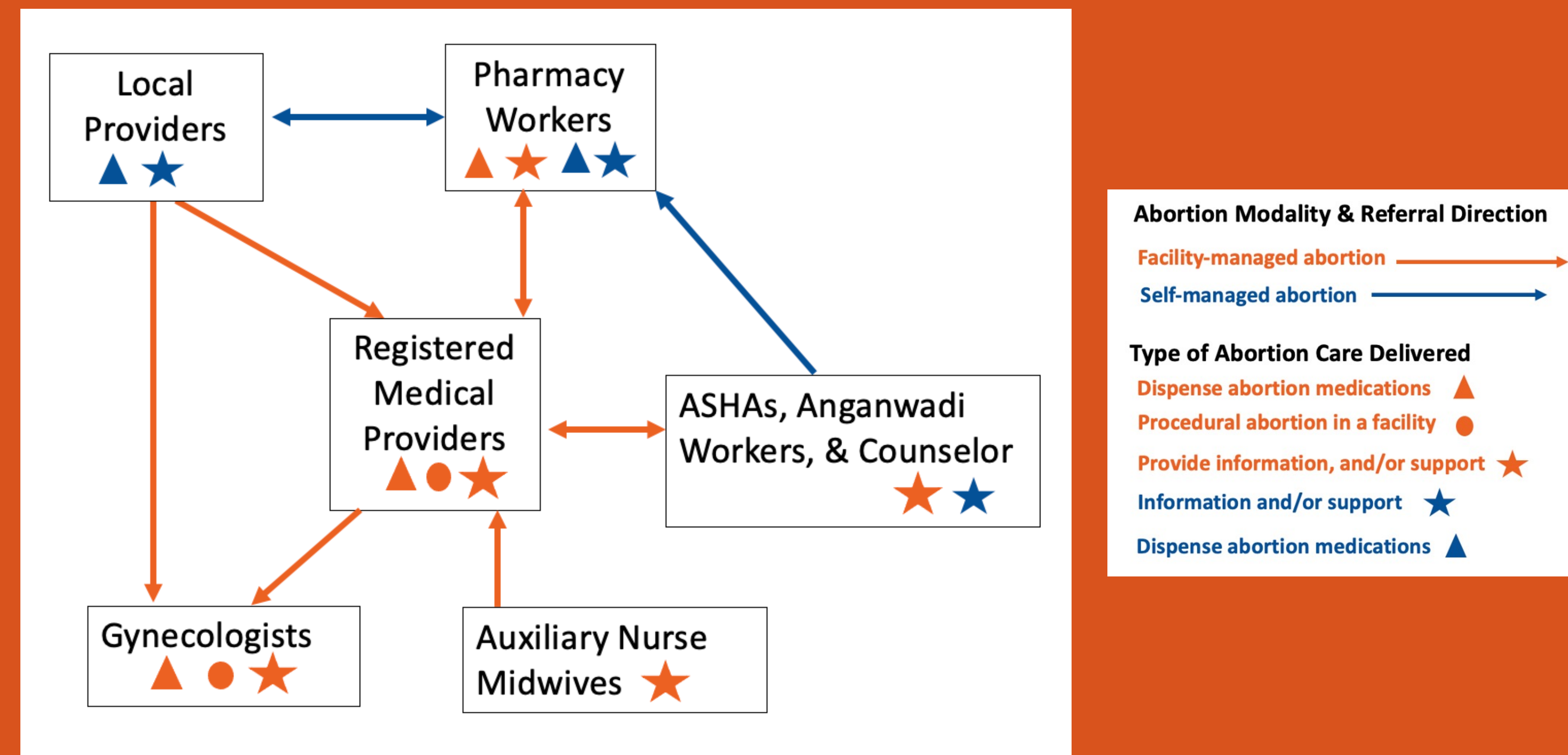
**METHODS:** We conducted a qualitative study of 33 semi-structured interviews with a diverse range of providers (medical, community health, and pharmacy) in India from February-June 2022. We conducted a thematic analysis and identified mentions of referrals including the type of provider, the abortion care modality (in-facility or SMA), and the reason.

**RESULTS:**

- Referral pathways to a facility-managed abortion care were most frequently discussed by all provider types.
- Providers' perception of SMA safety coupled with liability concerns resulted in discouraging clients from seeking SMA, instead promoting pregnancy continuation and future contraceptive use or facility-managed abortion.
- Participants acknowledged three areas where providers played a role in SMA: providing information, dispensing medication, and support.
- SMA referrals pathways occurred bidirectionally between pharmacy workers and informal local providers. Some community health workers provided referrals to pharmacies but more often only provided information and support.
- Providers used language that would distinguish the use of abortion medications outside of a facility as a different action than getting an abortion in a facility.



Despite concerns, providers played a critical role in self-managed abortion care in India: providing information on medication usage and potential side effects, dispensing medication, and providing support during and after the abortion.



**Figure 1. Abortion provider referral practices and pathways, three states in India, 2022**  
 This figure shows a map of provider types that were interviewed in this study or mentioned for abortion related referral, the abortion modality (facility-managed in orange and self-managed in blue); the referral direction; and the type of care delivered. Support includes managing medications, managing pain, and/or providing contraceptive counseling.

**Definitions:** Pharmacy workers: pharmacists, chemists, and shop workers; ASHA: accredited social health activists; counselor: health counselor

**Table 1.** Participant characteristics, health care providers in three states in India, 2022 (n=33)

Characteristic	mean (range)
Age	36.5 (21-55)
Years in practice	12.1 (2-26)
Education	n (%)
Completed secondary	9 (27.3)
College degree/diploma/technical	17 (51.5)
Post graduate degree	7 (21.2)
Married	29 (87.9)
Sex	
Female	20 (60.6)
Provider type	
Pharmacy workers (Pharmacists, chemists, shop workers)	7 (21.2)
Informal local providers	6 (18.2)
Accredited social health activists (ASHAs)	7 (21.2)
Anganwadi workers	2 (6.1)
Health counselors	1 (3.0)
Auxiliary nurse midwives	6 (18.2)
Registered medical providers	4 (12.1)
State	
Bihar	12 (36.4)
Jharkhand	15 (45.5)
Tamil Nadu	6 (18.2)

**Table 2.** Quotes from providers that distinguish medication abortion outside of a facility from procedural abortion in a facility

Provider	Quote
ASHA	“Then we tell the woman that she should try with the medicine, if it is successful, well and good, <b>but if the medicine does not work, then you will have to go in for an abortion</b> if you don't want to keep the baby.” (12 years in practice, Jharkhand)
Pharmacy worker	“We give the suggestion to our friends, <b>you should not go for abortion you should use the pills.</b> ” (2 years in practice, Jharkhand)
Pharmacy worker	“I tell them that first you try to use the medicine if it happens from this then you don't have to go for abortion. <b>If you get medicine, then eat it and if it happens with it then it is okay. Otherwise, last condition is to do abortion.</b> ” (20 years in practice, Bihar)
Pharmacy worker	“I had a friend, he didn't want to keep the child. He wanted a gap of 3 years between his 2 kids. He is educated, <b>so he got a miscarriage done.</b> ” (5 years in practice, Jharkhand)
Pharmacy worker	“Out here the local provider <b>here cannot do abortion they will only suggest medicine.</b> ” (5 years in practice, Jharkhand)

Laura E. Jacobson, MPH, PhD(c)  
 jacobsonlaura@gmail.com

Scan for draft paper

