

2<sup>nd</sup> World Congress on

# MEDICAL SOCIOLOGY & COMMUNITY HEALTH

September 25-26, 2017 | Atlanta, USA

## ESTIMATING USER COSTS ASSOCIATED WITH ABORTION SERVICES AT GOVERNMENT FACILITIES IN MADHYA PRADESH: A POLICY DISCUSSION ON DEMAND SIDE INFLUENCES ON ACCESS IN INDIA

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**S**tatement of the Problem: Problem of rising out of pocket payments to access healthcare within the Indian health system is significant, exacerbated by problems of marginalization and vulnerability. Reproductive health reveals similar patterns, impacted further by patriarchal systems that limit women's access to care. In particular, despite a relatively liberal abortion policy, unaffordability of services leaves women unable to seek specialized abortion care. Methodology & Theoretical Orientation: A mixed methods policy study using pre-collected secondary data as well as extensive policy review has been analysed. Ensor and Cooper's three delays model served as the theoretical framework. Findings: Average total cost of an abortion in Madhya Pradesh was Rs.710 (\$11.5), with non-medical costs, on average, higher than treatment costs, suggesting high OOP expenses act as factors for delays in care-seeking. OOP burdens were highest on those most vulnerable, the poorest and those younger than 20 years of age. Surgical methods were widely used in abortion with majority use of invasive dilatation and curettage (D&C) requiring longer facility stay post procedure. Minority used contraception during time of conception and few were offered family planning methods post-abortion. More women used facilities for post abortion care rather than terminating a pregnancy, although latter is cheaper. Although intangible cost calculations have been excluded, time cost estimates were highest on those least well off, as they spent the longest time reaching the facility and staying there in comparison to the richest. Conclusion & Significance: Increasing use of Manual Vacuum Aspiration, not relying extensively on D&C, offers less invasive procedures and on average, lowers inpatient time at facility, reducing user costs. Addressing non-medical costs in accessing care, which are out of pocket, are vital, particularly for lower income households. However, greater contraceptive access and availability, including better knowledge on using these methods is foremost priority.

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