

# The Cost of Abortion in India

Unwanted pregnancies have substantial social, health, and financial consequences for women and their families. Nationally, 21% of reported births in the past five years are unplanned or unwanted by women (3). Data available suggest that 3-9 % of pregnancies are terminated through induced abortion (2), and 18% of maternal mortality can be attributed to induced abortion (4).

## Objective of this pamphlet

While there are state and social pressures to limit fertility, state-sponsored abortion services fall short of the demand (4). Private professionals and traditional practitioners flourish as a result, creating an unregulated and often unsafe abortion market with arbitrary pricing. The financial burden of abortion for women, and their households, needs to be clarified in order to identify the cost barriers to services, to better plan publicly-provided services and ensure safety. Here we summarize some factors known to affect costs of abortion in India.

## Costs and influencing factors

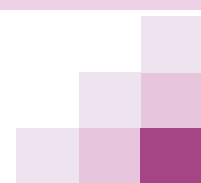
Several parameters affect the cost, including accessibility of services, type of facility, method, region, pregnancy duration, marital status, anaesthetic use, complications after the procedure. The costing of abortion has not been studied at a national level, and the narrow scope of micro-level studies limit comparability across the available literature. Yet we here summarize what is known at this time regarding cost and expenditure.

A handful of studies conducted between 1989 and 2004 have been done in various **geographic regions**. Abortion expenditure at the household level as ranged from a minimum of Rs 135.8 in rural Gujarat at a government hospital, to Rs 1497 in rural Madhya Pradesh where free services were unavailable (7). The studies considered together reveal that the costs vary substantially by state, and the average cost tends to range between Rs 500-1000 (7). Second trimester abortions (performed after 12 weeks) are more rarely offered and available at an average cost of Rs 2000-3000 (2). In Rajasthan 82% of abortion spending was out-of-pocket (7). This statistic reveals the lack of state support for women seeking induced abortions. There is also a cost disparity between what is charged to **married versus unmarried** women seeking abortions. For example, a clinic in Delhi reported charging Rs 400-Rs 600 for married women, but Rs 1200 for unmarried girls (7). *Abortions for sex-selection also cost more (2), perhaps because of the illegality and also because of the ultrasound test that would precede it. While only one clinic surveyed openly reported this double-standard, it is likely to be a common practice.*

Transportation, room fees, and medicines contribute to the abortion spending, and each of these is influenced by local infrastructure **availability and accessibility**. Government hospitals in theory provide free-of-cost abortion services, which means the availability and accessibility of the services themselves is also a major determinant in average household expenditure. However, these services are free only after adopting long term or permanent contraception, deterring many women from the government system. Larger facilities may cost on average double the charge of a smaller facility, possibly due to more expensive equipment, medicine, and additional testing (2,6). In a population-based study done in Madhya Pradesh in 1990-91, the average expenditure on an abortion was nearly three times higher in the **rural** sample where cost-free services were not as accessible, as compared to **urban** areas (7). Moreover, the classic irony is that the poorest of households tend to pay the most. Subsequent studies indicate that the average household expenditure in cities such as in Delhi, Calcutta, Mumbai, and Lucknow can be up to 40%-90% higher than in some rural localities, but there is no systematic within-study comparison between rural and urban expenditure (7).

Women report having to spend on doctors fees at all **types of facilities**. Studies conducted between 1995-2002 among those who used government services indicate average spending ranges from Rs 135 to 873 (7). Government services and state subsidized services are often conditional on accepting long term or permanent contraception (sterilization, IUD), which may deter women from using public facilities and instead turn to various types of private providers (2, 1). Clinics catering to poor and lower-income women tend to charge between Rs 400-600, while clinics catering to middle income women tend to charge between Rs 1000-3000 (2).

**Surgical methods** under local anesthesia have been reported to cost between Rs 600-Rs 1000, while abortive procedures under general anesthesia cost Rs 1600-Rs 3000 (7). Literature reviews suggest that manual vacuum aspiration may reduce costs across multiple domains: equipment, anesthesia, post-procedure necessary medicines, hospital stays (7), providing savings for health systems as well (5). Still, the traditional dilatation and curettage (D&C) is more prevalent in India among the surgical methods.

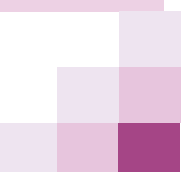


**Medical abortion** (relying on pharmaceuticals versus mechanical procedure) is an attractive alternative to surgical methods for early pregnancy termination because it is just as effective and requires much less infrastructure (1, 7). Today, pricing of the Mifepristone tablet can range from Rs 90 through a social marketing channel, to Rs 360 at a chemist. Misoprostol costs Rs 30-40 for 4 tablets. It has been duly noted however that while the use of these drugs in the first trimester is extremely safe, the unsupervised use of these drugs at a higher gestation could lead to serious complications (such as hemorrhage and incomplete abortion). These are rare (fewer than surgical abortion according to research) but would need hospitalization and add a substantial cost to the procedure (1).

**Post-abortion complications** have an economic impact on the national health sector as well as households (8). About 15-20% of maternal deaths are attributed to unsafe abortions (2). At the household level, women must sometimes pay thousands of rupees to treat post-abortion complications, including botched herbal attempts (6). In one survey, nearly a fifth of rural and tribal women went to multiple providers because of complications, thereby increasing the cost incurred for the procedure; about one-sixth of these women paid over Rs 3000 in costs for their abortion after including complications. While some traditional abortion methods are cheaper up front, the cost of post-abortion complications make these procedures ultimately more expensive (6).

### **What next?**

Evidence to date suggests that providing women with safer abortions requires eliminating some of the cost barriers to such services by regulating the pricing. The state can also play a role in providing better training to a wider section of the public health cadre regarding newer abortion techniques such as MVA and abortion pills, which research suggests is as safe and more cost efficient. A useful step would be to advocate inclusion of abortion among services covered by various insurance schemes.



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