International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Hemlata et al. Int J Reprod Contracept Obstet Gynecol. 2026 Apr;15(4):1487-1494
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20260928

Review Article

Governmental healthcare provisions, benefits and quality care of abortion services in India: a narrative review

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Received: 14 February 2026
Accepted: 10 March 2026

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ABSTRACT

Abortion services are a critical part of reproductive healthcare, empowering individuals to make informed choices about their pregnancies. India has progressive legislation such as the Medical Termination of Pregnancy (Amendment) Act, 2021, and multiple national and state-level initiatives to improve access to safe abortion services. However, unsafe abortions remain prevalent due to limited awareness, provider shortages, and social stigma. This narrative review synthesizes peer-reviewed literature, government policy documents, and program reports on abortion services in India. The review examines legal provisions, service delivery availability, quality-of-care, and benefits of services by national and state-level programs. The review identified persistent gaps between legal provisions and service delivery, including uneven availability of abortion services, shortages of trained providers, limited financial protection for elective abortions, and deficiencies in quality-of-care such as informed consent and respectful care. Strengthening implementation of existing policies, expanding provider capacity, improving infrastructure, and promoting rights-based, stigma-free abortion care are essential to ensure equitable access to safe abortion services in India.

Keywords: Comprehensive abortion care, Quality of care, Abortion services, Reproductive rights, Medical termination of pregnancy amendment act

INTRODUCTION

Abortion services are an essential component of reproductive healthcare to ensure individuals have the right to make informed choices regarding their pregnancies and their outcomes. The World Health Organization (WHO) defines "safe abortion" as the use of recommended methods appropriate to gestational age and provided by trained health care providers, not only registered medical practitioner (RMP).[1] In 2022, the WHO released the Abortion Care Guidelines outlining evidence-based standards for quality abortion care.[2]

Access to safe and legal abortion is critical for achieving sustainable development goals (goal 3 of good health and goal 5 of gender equality). These services help reduce maternal mortality and morbidity, particularly through the identification of unintended pregnancies, health risks to mothers, or fetal anomalies. However, worldwide, different countries have varying laws regarding abortion on request. Some countries have liberal abortion laws, while others maintain restricted regulations.[3,4]

Globally, an estimated 73 million abortions occur annually, a substantial proportion of which are unsafe. In India, unsafe abortions continue to contribute significantly to maternal morbidity and mortality, despite progressive legal reforms.[5] In India, the government has progressively implemented policies to strengthen access to legal and safe abortion services. Recently, in 2021, the Medical Termination of Pregnancy (MTP) Act was amended to facilitate access to legal and safe abortion irrespective of a woman's marital status. Under the revised law, eligible women can seek termination up to 24 weeks of gestation, provided they meet the specified criteria outlined in

abortion guidelines.[6] Despite this progress, India continues to have unsafe abortions. A report, "seeing the unseen", highlights that 1 in every 7 unintended pregnancies in the world occurs in India.[5]

To support the implementation of the MTP Act, 2021, the Government of India and several states have introduced programs such as comprehensive abortion care (CAC), Biju Swasthya Kalyan Yojana, and Bihar's Yukti Yojana. However, limited awareness, social stigma, provider shortages, infrastructure gaps, and financial barriers continue to restrict access. This review examines governmental provisions, quality of care, and benefits of abortion services in India.

METHODS

Search strategy

A comprehensive literature search was conducted using the databases PubMed, Embase, MEDLINE, and Google Scholar for English-language publication from 2010 to 2024. Articles were retrieved using MeSH keywords such as abortion services in India, Medical Termination of Pregnancy Act, Comprehensive Abortion Care, safe abortion, quality of abortion care, government schemes, and maternal health. Grey literature was searched from official sources including the Ministry of Health and Family Welfare (MoHFW), National Health Mission, WHO, UNFPA, and Ipas Development Foundation.

This narrative review synthesizes evidence from peer-reviewed studies, policy documents, and program reports related to abortion services in India. Literature was selected based on relevance to abortion laws, governmental programs, service delivery, quality of care, and access. Findings were thematically analyzed and synthesized descriptively. Formal quality appraisal and quantitative synthesis were not undertaken, consistent with a narrative review approach (Figure 1).

The findings from the reviewed literature are organized under three major thematic domains: governmental healthcare provisions for abortion services, quality of abortion care, and documented benefits of abortion services in India.

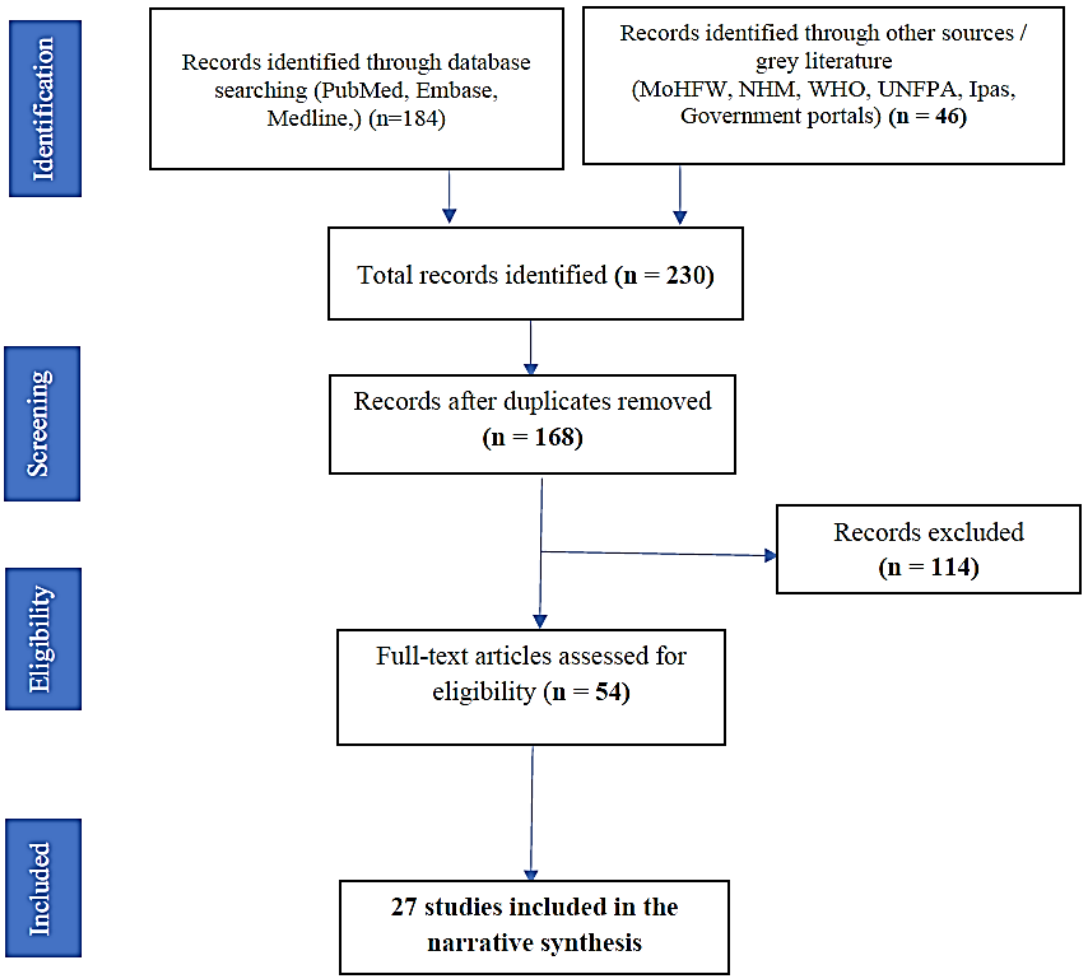

Figure 1: Literature search flow for the narrative review.

GOVERNMENTAL HEALTHCARE PROVISIONS FOR ABORTION SERVICES

Legal and policy framework for abortion services

In India, abortion services are governed by the Medical Termination of Pregnancy Act 1971, with the recent inclusion of the 2021 MTP Amendment Act, which expands access to information related to safe and legal services and enhances the potential use of telemedicine for abortion consultations to ensure high-quality abortion services by trained medical professionals. (Table 1).[6]

Availability of abortion services in public health facilities

Facility-based abortion care (FBAC) is a fundamental component of sexual and reproductive health services, and assessing services availability at health facilities is a critical indicator of abortion care delivery. As per national guidelines, medical abortion (MA) using the medical method of abortion (MMA) regimen is permitted up to nine weeks of gestation at certified facilities and by trained providers. The provision of abortion services in our country is through a network of automatically certified public healthcare facilities like primary health centers (PHC), community health centers and district hospitals.

Table 1: Key components of abortion care provision under the MTP Act and National Guidelines in India.

Area	Provision of care
Legal framework	Allows abortion: up to 20 weeks for specified conditions with one RMP (up to 12 weeks) and two RMPs (12–20 weeks); up to 24 weeks for special categories (incest, minor, survivors of rape); and beyond 24 weeks in cases of fetal abnormalities, subject to medical board approval.
Abortion services providers	Registered medical practitioner (RMP)/postgraduated doctor in obstetrics and gynaecology with one year of experience and six months house job in obstetrics and gynaecology.
Availability of services at	Primary health centres, community health centres, district hospitals, and approved private clinics/hospitals
Cost and accessibility	Free of cost/low-cost services under national health mission (NHM), private clinic charge based on service quality
Medication and procedures	Medical abortion (MA) using the MMA regimen is permitted up to nine weeks as per national guidelines; surgical abortion: manual vacuum aspiration (MVA), dilatation and evacuation, curettage and suction in later gestations.
Post-abortion services	Free post-abortion care, post-abortion contraception counselling, and distribution of free contraceptive methods as per the woman's choice under family planning services

Source: Adapted from the Medical Termination of Pregnancy (Amendment) Act, 2021, and Ministry of Health and Family Welfare (MoHFW) Abortion Care Guidelines

An Indian study reported that more than 55% of medical terminations of pregnancy were conducted in public facilities of the North-eastern States of India, such as Assam.[6] While studies report that a substantial proportion of abortions occur in public facilities, service availability remains uneven, particularly in rural and underserved areas, leading to continued reliance on private providers.[7,8]

Collectively, these findings indicate that while abortion services are formally integrated into the public health system, actual availability remains uneven across states and facility levels, with rural and underserved areas experiencing the greatest access gaps.

Provider availability and health system capacity

India follows a three-tier public health care delivery system for abortion services, regulated by guidelines issued by the Ministry of Health and Family Welfare (MoHFW).[10] Safe abortion services are part of basic emergency obstetric care (BEmOC) and are intended to be available at all three facility levels; however, persistent facility-level and workforce shortages at primary and secondary tiers continue to limit effective implementation.[8]

Primary health centres (PHC) are established by the State Government under the Minimum Needs Programs (MNP)/basic minimum services (BMS). According to MTP Act 1971, PHCs are intended to provide first-trimester abortion services, if certified and adequately staffed according to MTP rules. The reported MTP caseload at PHC is eight cases, with medical abortion accounting for approximately 50% of procedures.[11] Despite this mandate, service availability at PHCs remains limited in several settings. A facility-based study from Bihar reported that nearly 66% of PHCs did not provide medical abortion services, and only 3–14% were actively offering such care. These gaps were attributed to shortages of trained personnel, inadequate equipment, and poor availability of essential medications, highlighting the need to strengthen PHC capacity, particularly in rural and underserved areas.[8,9]

Community health centres (CHCs) function as secondary-level facilities within districts and are designed to manage cases directly or receive referrals from PHCs. CHCs are expected to provide first-trimester abortion care, with an average MTP caseload of 12 cases, half of which involve medical abortion.[10] However, studies indicate that 77% of CHCs do not offer abortion-related services.[11] Data from the Rural Health Statistics (2021–22) report further reveal

a 69.7% shortage of obstetricians and gynaecologists at CHCs, with 56.1% of sanctioned positions remaining vacant, significantly limiting service delivery capacity.[12]

District hospitals and medical colleges provide comprehensive abortion services, including second-trimester procedures and management of abortion-related complications. MTP Act allows up to 20 weeks with 1–2 RMP opinions, 24 weeks for specified groups with 2 RMP opinions. These facilities offer comprehensive abortion care, post-abortion contraception, and 24×7 services, with a national total of 767 district hospitals.[13]

Overall, shortages of trained providers and facility readiness at primary and secondary levels substantially limit access to safe abortion services, contributing to delayed care and increased reliance on higher-level or private facilities.

Key changes introduced under the Medical Termination of Pregnancy (Amendment) Act, 2021 to improve access to safe abortion services are summarized in (Table 1).[14]

Financial protection and public financing mechanisms

National Health Mission

Under the National Health Mission (NHM), abortion services are provided as part of the RMNCH+A **(**Reproductive, Maternal, Newborn, Child and Adolescent Health**)** framework through Comprehensive Abortion Care, offering safe and legal abortion services free of cost at public health facilities, thereby contributing to the prevention of maternal morbidity and mortality related to unsafe abortion.[15] Nearly 8% of maternal deaths are attributed to unsafe abortion, highlighting the critical importance of effective Comprehensive Abortion Care implementation under the NHM.[16]

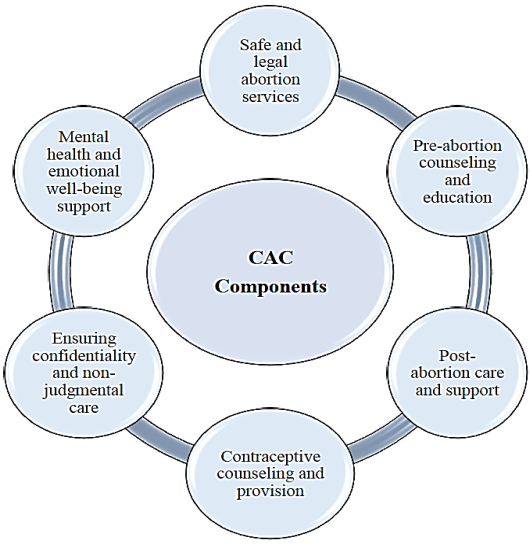

Figure 2: Components of comprehensive abortion care.

Comprehensive abortion care

Comprehensive abortion care (CAC) is an approach for providing abortion care services that address various factors of the women's physical, mental, and social health needs and personal circumstances, as well as their ability to access the services.[16] The components of CAC include various services, as depicted in Figure 2. CAC training modules are developed by MoHFW, Ipas Development Foundation, and WHO.

CAC services are implemented across public facilities nationwide, with variability in coverage and provider capacity across states. This also includes ongoing training for MBBS Doctors and OBGYNs on safe abortion techniques and for ANMs and ASHAs on providing safe abortion counselling, including post-abortion support. Furthermore, each state in India offers these services to strengthen safe abortion provision. States like Assam, Chhattisgarh, Manipur, Madhya Pradesh, Uttar Pradesh, Jharkhand, and Odisha deliver CAC services either under the National Health Mission (NHM) or through NGO partnerships via Regional Training Centres or mobile apps.

Despite nationwide implementation, the effectiveness of Comprehensive Abortion Care varies considerably across states due to differences in provider training, infrastructure, monitoring mechanisms, and community awareness.

Rashtriya Kishor Swasthya Karyakram (RKSK)

Rashtriya Kishor Swasthya Karyakram scheme aims to focus on the holistic development of adolescents aged 10-19 years. It has six thematic areas, including nutrition, sexual and reproductive health, mental health, prevention of injuries and violence, prevention of substance misuse and non-communicable diseases.[17]

Under the category of sexual and reproductive health, adolescent-friendly health clinics (AFHCs) are operated at the PHC/CHC/DH level. These clinics provide education, counselling and referral of adolescents facing unwanted pregnancies and promote awareness about access to safe and legal abortions. These adolescent-friendly services are delivered through adolescent friendly health clinics (AFHCs), which function at PHCs, CHCs, and District Hospitals under RKSK.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) indirectly supports safe abortion care by facilitating early identification of high-risk pregnancies and fetal anomalies that may require referral for medical termination of pregnancy under the MTP Act.[18]

While PMSMA plays an important role in identifying high-risk pregnancies and fetal anomalies, there is limited published evidence demonstrating a direct increase in

referrals for legal abortion services under the program. The absence of systematic referral tracking and outcome reporting makes it difficult to assess PMSMA's effectiveness in facilitating timely access to abortion services. This highlights a gap between clinical screening and linkage to abortion care, underscoring the need for stronger referral mechanisms and documentation within existing maternal health programs.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)

Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (PMJAY) provides financial protection for medically indicated abortion services; however, the exclusion of elective abortions limits financial access for women seeking termination for unintended pregnancies.[19]

Although PMJAY provides financial protection for medically indicated abortions, its exclusion of elective abortions—such as those sought due to contraceptive failure or unintended pregnancy—creates a critical gap in financial access for poor and vulnerable women. While these abortions are legally permitted under the MTP Act, lack of insurance coverage often forces women to seek services in the private sector or delay care, increasing the risk of unsafe practices. This misalignment between legal entitlement and financing undermines equitable access to abortion services.

State-level innovations and digital health initiatives

Yukti Yojana in Bihar, India

Bihar's Yukti Yojana, implemented through a public–private partnership model, provides free comprehensive abortion care services to economically disadvantaged women and has demonstrated sustained utilization and high client satisfaction. It is the first state-level public-private partnership (PPP) model which provides free-of-charge CAC services to poor women. This yojana has demonstrated significant improvement in access to abortion services. Every year, about one lakh women are served under this yojana. Program evaluations reported that approximately 90% of women were satisfied with the services. This initiative is also recognized as a best practice.[7,20] Subsequent program evaluations indicate that Yukti Yojana has continued to provide free comprehensive abortion services to economically disadvantaged women in Bihar beyond 2020, demonstrating sustained utilization and high client satisfaction.

E-Kalyani App-CG Health

E-Kalyani App is a mobile and web-based platform under the National Health Mission of Chhattisgarh state. It was launched to digitally manage reproductive and maternal health services, with a special focus on CAC. It tracks abortion services in both the public and private sectors. In 2023, this app is nationally recognized as an innovative digital tool for reproductive health service management.[21]

Biju Swasthya Kalyan Yojana

Biju Swasthya Kalyan Yojana (BSKY) was launched by the Government of Odisha, which aims to provide universal health coverage, with special emphasis on the health protection of vulnerable families and women. Under this yojana, procedures such as Medical Termination of Pregnancy (MTP) and dilation and curettage (D&C) are included as designated packages in Government health facilities, providing cashless services to eligible women. To access these services in empanelled private hospitals, a referral from a Government facility is necessary, usually when services are unavailable or delayed in public hospitals.[22]

Overall, the reviewed evidence suggests that governmental healthcare provisions for abortion services in India are supported by a progressive legal framework and multiple national and state-level programs. However, persistent challenges related to service availability, provider capacity, financing gaps, and uneven implementation across states limit the effectiveness of these provisions in ensuring equitable access to safe abortion services.

QUALITY OF ABORTION SERVICES IN INDIA

Quality of abortion services is a core component of reproductive health and reproductive rights. High-quality abortion care encompasses safety, effectiveness, and respect for women's autonomy across all stages of care, including pre-abortion, intra-abortion, and post-abortion phases. Evidence from the reviewed literature indicates that, despite the presence of legal and programmatic frameworks, the quality of abortion services in India remains inconsistent across different levels of the health system.

Several studies highlight systemic constraints that compromise quality of care due to shortages of trained providers, inadequate infrastructure, and inconsistent adherence to standard protocols. In addition to these structural barriers, women frequently encounter non-clinical obstacles such as judgmental attitudes, coercion, denial of care, or breach of privacy and confidentiality, all of which negatively influence care experiences and service utilization.[4]

Facility-based assessments from selected Indian states further reveal low and inconsistent documentation of informed consent prior to abortion procedures, underscoring critical gaps in patient autonomy and person-centered care. These findings suggest that legal access alone is insufficient to ensure quality abortion services without concurrent attention to ethical standards, respectful communication, and rights-based practices.[23]

The WHO Abortion Care Guideline (2022) defines five domains of high-quality abortion care: safety, effectiveness, person-centeredness, accessibility, and equity.[4] Synthesis of the reviewed evidence indicates that integration of these domains into national and state-level abortion services has the potential to strengthen quality, promote a rights-based approach, and improve service utilization and health outcomes for women. However, substantial variability persists across states and facility levels in the operationalization of these domains, reflecting uneven provider capacity, resource allocation, and health system accountability.

BENEFITS OF ABORTION SERVICES

Financial benefits

Access to safe and legal abortion services through public health systems reduces complications associated with unsafe abortions and the resulting economic burden. Evidence from India shows that complications from unsafe abortion lead to significantly higher out-of-pocket expenditure (OOPE) due to emergency care, prolonged hospitalization, and loss of wages.[24,25] In contrast, abortion services provided under Government programs such as NHM and CAC are offered free of cost or at minimal expense, thereby reducing OOPE and preventing catastrophic health expenditure, particularly among low-income households.[4,25]

Safe abortion services also help prevent unintended births, reducing long-term costs related to maternal healthcare, childcare, and social support systems.[4,26] Improved access further enables women to continue education and employment, contributing to workforce participation and economic productivity.[26]

Social benefits

Safe abortion services are fundamental to women's reproductive autonomy. Legal and accessible abortion care enables informed decision-making without fear or coercion and is recognized by the World Health Organization as a core component of dignity-based and rights-based healthcare.[4]

Integration of abortion services into routine public healthcare also helps reduce stigma and promotes respectful care. However, stigma, misinformation, and fear of judgment remain major barriers to timely access, particularly for unmarried women, adolescents, and marginalized populations.[2,17] Access to safe abortion services further contributes to the prevention of early and forced childbearing by reducing unintended adolescent pregnancies.[17]

Importantly, safe abortion services protect survivors of sexual violence, including rape and incest, by ensuring timely, legal, and compassionate care and preventing additional physical, psychological, and social harm.[2]

Health benefits

From a public health perspective, safe abortion services are essential for reducing maternal morbidity and mortality. Unsafe abortion remains a preventable cause of maternal deaths in India and is associated with severe complications such as hemorrhage, sepsis, uterine injury, anemia, and infertility.[24,25] The availability of quality abortion care, including post-abortion counseling and contraception, prevents repeat unintended pregnancies and associated health risks. Integration of abortion services within the public health system ensures timely procedures, appropriate follow-up care, and improved maternal health outcomes, supporting progress toward national and global maternal health targets.[26]

DISCUSSION

Compared to several South Asian countries where abortion laws remain highly restrictive, India's legal framework is relatively progressive. However, the gap between statutory provisions and service-level implementation remains substantial, particularly in rural and socioeconomically disadvantaged regions.

Social stigma, provider bias, and fear of legal repercussions further discourage women from seeking timely care, even when services are legally available. Additionally, fragmented integration of abortion services within maternal health programs limits continuity of care. For instance, although initiatives such as PMSMA facilitate early identification of high-risk pregnancies, weak referral linkages and lack of outcome monitoring reduce their potential impact on improving access to legal abortion services.

Although PMJAY reduces financial burden for medically indicated abortions, exclusion of elective terminations creates misalignment between legal entitlement and financial protection, disproportionately affecting economically vulnerable women.

Expanding task-sharing within abortion care is essential to address provider shortages. Evidence supports the role of trained nurses and midwives in delivering abortion counselling, medical abortion follow-up, post-abortion contraception, and stigma-free communication at primary-level facilities. Strengthening midwife-led counselling models and telemedicine-supported follow-up could improve accessibility in rural and underserved areas while maintaining safety and quality standards.

This narrative review has certain limitations. The analysis relied primarily on English-language publications and publicly available policy documents, which may introduce publication and language bias. Formal quality appraisal of included studies was not conducted, consistent with the narrative review methodology. Variability in state-level reporting may also limit generalizability of certain findings.

CONCLUSION

This review summarizes India's legal frameworks, national programs, and state-level initiatives on abortion services, consolidating fragmented information into structured, evidence-based insights. Strengthening abortion services will require coordinated action across legal, clinical, and community levels, with a focus on quality of care, provider competency, and women's rights. Ensuring safe, respectful, and equitable abortion care remains essential for advancing reproductive health and women's autonomy.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Hemlata, Venkatesan L. Governmental healthcare provisions, benefits and quality care of abortion services in India: a narrative review. Int J Reprod Contracept Obstet Gynecol 2026;15:1487-94.