Training course in adolescent sexual and reproductive health 2019

Safe abortion care

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Question 1.1:

What is the difference between less safe abortion and least safe abortion?

The difference between less safe abortion and least safe abortion is in the provider carrying out the procedure and the methods used. The less safe abortion is done by a trained health-care provider using an outdated method such as dilatation and curettage or using a WHO recommended method but without information and support from a trained individual while least safe abortion is carried out by untrained individuals using dangerous methods such as ingestion of caustic materials, traditional concoctions and insertion of foreign bodies.

Question 1.2:

Why is this distinction important?

The distinction is important because of the high incidence of maternal mortality associated with unsafe abortions and the fact there is a high number of adolescents (approximately 3.9 million) seeking to terminate unwanted pregnancies each year without support and an enabling environment. They are also more likely to have self-induced abortions after the first trimester. These may encourage the use of least safe techniques for that purpose and also likely to delay seeking medical attention when complications arise. The presence of a trained individual, practicing safe guidelines has lower risks of complications.

Question 2:

What are WHO's recommendations on the regulatory, policy and human rights aspects of abortion?

The WHO recommends that:

1. Women's health and their reproductive rights should be protected by laws and policies on abortion.
2. Regulatory, programmatic and policy barrier that hinder access and timely provision of safe abortion care should be removed.
3. An enabling regulatory and policy environment should be created to ensure that every woman who is legally eligible has ready access to safe abortion care.
4. Policies should be formed with the aim of respecting and fulfilling the human rights of women to achieving positive health outcomes, meeting the particular needs of poor women adolescents, rape survivors and people living with HIV, and to providing good quality information and contraceptive services.

Question 3.1:

What is the global abortion policies database? What is its objective?

This is an open access database that contains comprehensive information on abortion laws, policies, health standards and guidelines for World Health Organization and United Nations Member States. It was launched in 2017 by United Nations Development Programme/ United Nations Population Fund/ United Nations Children's Fund/ WHO/ World Bank Special Programme of Research Development and Research Training in Human Reproduction and the Population Division of the UN Department of Economic and Social Affairs.

It is designed to strengthen efforts by global partners to eliminate unsafe abortions by comparing and analyzing global and country specific abortion laws and policies while placing them in the context of information and recommendations from WHO technical and Policy Guidance on safe abortion.

It is intended for use by policy makers, human rights and non-governmental organizations, public health researchers and civil society groups.

Its main objective is to promote greater transparency of abortion laws and policies and State accountability for the protection of women and girls' human and health rights.

Question 3.2:

Drawing from an analysis of the Global database of abortion laws, policies, health standards and guidelines, what is the situation in terms of parental/spousal globally?

Third party authorizations such as spousal and parental consent can be regarded as a continuing challenge. Although the right to privacy is encompassed within the Universal Declaration of Human Rights and all countries uphold it, abortion matters still remain a sensitive subject. The woman is still not regarded as an autonomous individual in a number of countries, more so the adolescent that bears the burden of consequences of unsafe abortion. Data analyzed from 158 countries with policies that allowed a woman to request for an abortion lawfully with or without a requirement for justification showed that third party authorizations are practiced in about one third of the countries (57 out of 158). While 41 countries specify age that consent is required, others are silent. An alternative individual such as a legal guardian, medical commission or other judicial authority may be permitted to consent in place of the parent in some instances. Twelve countries require spousal consent and in Timor-Leste, the woman's consent can be replaced by the spouse. In Kyrgyzstan, spousal authorization is required for special cases such as social reasons while in Mongolia, consent is required where fetal anomaly exists or there is a threat to life. Malaysia requires spousal approval for Muslim women. In Bahrain, the person in charge of the woman must provide consent however the person was not specified. Finland gives the person who impregnated her opportunity to express his opinion.

In some instances, such laws may be rooted in cultural or religious beliefs or within constitutions that seek to promote marital harmony and protect the procreative potential of marriage. These all serve as significant barriers to provision of and universal access to abortion care services.

Question 3.3:

What – in your opinion – is the ideal policy and practice in relation to parental/spousal consent for abortion? Please explain your answer.

Spousal consent should not be required for a woman to access abortion services. Seeking consent may be a burden especially in instances where the pregnancy was a product of a sexual violence and she has not shared the experience with her partner or the woman is in an abusive relationship and there is a fear of safety. This will allow for exerting legal authority over her impinging on her rights to privacy and to reproductive autonomy. As a mentally competent adult, third party authorizations are unnecessary. If spousal consent is required, she may be forced to seek for alternatives to legal abortion, placing herself at risk of unsafe abortion and its consequences.

Parental consent for an abortion should be discouraged as that would infringe on the rights of the adolescent. The adolescent may be a victim of abuse or suffer abandonment if mandated to seek consent and therefore may be exposed to harmful abortion practices. However, a court can authorize a minor's decision if it is determined that she is mature enough to make the decision on her own or despite her immaturity, the decision to abort is in her best interest.

Question 4.1:

An 19 year-old girl has decided after counselling to have a medical abortion for an unintended pregnancy of 12 weeks. What is the WHO recommended medical abortion regimen in this situation?

The WHO has recommended the use of a combination regimen including mifepristone and misoprostol for pregnancies at 12 weeks of gestation and above. Following confirmation of gestational age by history and physical examination, mifepristone is given as a single dose of 200mg per oral and 400μg misoprostol taken 1-2 days later every 3 hours. The most effective route is via the vaginal route but other options include the buccal and sublingual routes. When the combination regimen is unavailable, misoprostol alone is an alternative and can be taken as 400μg every 3 hours. Repeat doses may be necessary to ensure success of the abortion process. Further counseling on the duration of bleeding, pain management side effects of misoprostol and danger signs need to be emphasized. (Recommendation 3B: Medical management of induced abortion at ≥12 weeks of gestation)

Question 4.2:

To prevent a repeat unintended pregnancy, when could this young woman be recommended an oral contraceptive?

This young woman will be counseled on the various options of contraceptives including the hormonal (oral contraceptive pills, contraceptive patch, rings, implants or injections) and the intra uterine devices. She will be provided with all the information needed for an informed

choice using the medical eligibility criteria for contraceptive use. If she desires a hormonal contraceptive such as the oral pills, she will be given the option of starting the oral contraceptive immediately after the first pill of the medical abortion regimen. (Recommendation 4A: Timing of post abortion hormonal contraception; except for intrauterine device)

References

Lobman, Helaine F. (1984) "Spousal Notification: An Unconstitutional Limitation on a Woman's Right to Privacy in the Abortion Decision," *Hofstra Law Review*: Vol. 12: Iss. 2, Article 8. Available at: http://scholarlycommons.law.hofstra.edu/hlr/vol12/iss2/8