Training course in adolescent sexual and reproductive health 2019

Safe abortion care

Zaituna Asio

Plan International Uganda, Kampala, Uganda

Zaituna.Asio@plan-international.org

Question 1.1:

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

Key words: *Less safe, least safe*

To differentiate between less safe abortion and least safe abortion, it is important to understand the three criteria used to describe the level of safeness of abortion. These are:

- Abortion done with a method recommended by World Health Organisation (WHO), examples of such include medical abortion, vacuum aspiration, dilatation and evacuation
- Abortion done with a method appropriate to the gestation period
- Abortion that is provided by a trained health-care provider

Also, it is important to understand the meaning of each; ***Thus less safe abortion*** is abortion that meets only one criteria, for example, done by a trained health-care provider, but using an outdated method e.g. sharp curettage or is done using a WHO recommended method such as vacuum aspiration but without information and support from a trained health-care provider or individual. On the other hand, ***least safe abortion*** is abortion that does not meet any of the three criterion that defines level of safeness and therefore carries minimal safety. It is provided by untrained individuals using dangerous methods. Such dangerous methods include insertion of foreign bodies or traditional herbs. *Interaction with some adolescent girls reveal use of catheters, sharp materials to pierce the amniotic sac and drinking herbs.*

Both less safe and least safe abortions are categorised under unsafe abortions, Nonetheless, the difference is that less safe abortion at least meets one criteria for safe abortion while least safe abortion does not meet any criterion and carries minimal safety with very high chances of complications such as incomplete abortion, hemorrhage, vaginal/cervical/uterine injury and infections. Also high deaths due to unsafe abortion are due to least safe abortion. It is important to note that because of abortion restrictive laws in many countries, adolescent girls have resorted to unsafe abortion.

Question 1.2:

Why is this distinction important?

First, it is important to note that an estimated 3.9 million girls aged 15–19 years undergo unsafe abortions every year in the developing world. Furthermore, approximately 8% of maternal mortality among all women between 2003 and 2012 was attributable to abortion. Also, high deaths due to unsafe abortion among adolescent girls is caused by least safe abortion. Furthermore, comparative to older women, adolescent girls are likely to seek for least safe abortions for fear of reprimand, discrimination and stigma. They prefer where there is privacy especially in countries where abortion is criminalised.

Question 2:

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

WHO recommends that regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed. This will increase access to quality abortion care including post-abortion care. It should be noted that restrictive legal access to abortion does not decrease the need for abortion, but it is likely to increase the number of women seeking illegal for unsafe abortions, leading to increased morbidity and mortality. This therefore calls for laws that provide freedom to access to abortion services.

Further, WHO recommends an enabling regulatory and policy environment required to ensure that every woman who is legally eligible has ready access to safe abortion care.

WHO also recommends that policies should be geared to respecting, protecting and fulfilling the human rights of women, to achieving positive health outcomes for women, to providing good-quality contraceptive information and services, and to meeting the particular needs of poor women, adolescents, rape survivors and women living with HIV. The respect, protection, and fulfilment of human rights require that comprehensive regulations and policies be in place to ensure that abortion is safe and accessible.

Question 3.1:

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

Global adolescent policies database is a comprehensive compilation of country-specific documents and information on adolescent related abortion in one readily accessible tool. It is a system that captures and presents all abortion laws, policies, guidelines and health standards that govern abortions in specific countries without providing details on how such policies or laws are practically implemented or applied in reality. For purposes of transparency, these documents are reflected in the database as stated in the source documents.

Its objective

The objective of global adolescent policies data base is to increase transparency of information and accountability of states for the protection of individuals' health and human rights and to health and rights advocates to hold governments accountable for respecting, protecting, and fulfilling individuals' human rights regarding abortion.

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?

Women and girls have a constitutional right to abortion decision. The paper however presents a mixed position/situation as far as parental/spousal authorization/consent is concern and the issue cuts across low developed and developed countries. The paper acknowledges some countries permit abortion. Nonetheless, Age at which consent is required is not standard, some countries do not have age below which consent is sought while others have cut of 14 – 18 years. *This question here is "what about those below the age of 14 years"?* In some countries, in the absence of a parent, it means no one else can do it. This leaves adolescents in a sorry state. First, third-party is required and where such authorized person is not there, it means the procedure can't be performed while some countries worsened by putting need for judicial consent. This makes the whole process tedious, long and discriminatory. Some countries require spousal consent. This violates the rights of women and young girls and deprive them access to free quality care and consequently may seek support from untrained personnel. Even for special cases i.e. where a need is justified by medical reasons. In my home country (Uganda), the constitution is silent on abortion and that means no degree of consent can permit abortion since everyone subscribes to the constitution. *Article 22 of the constitution prohibits the deprivation of the life of any person including an unborn child.*

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.

In my opinion, the ideal policy and practice in relation to parental/spousal consent for abortion would be to respect a woman's constitutional right to obtain an abortion. It is unconstitutional to attach a woman's right to privacy in abortion decision to third party authorization. Therefore, all laws that restrict the woman's right to abortion are unconstitutional and should be removed. Also, in the case of the minors, it is important to note that if the decision of whether or not to bear a child would have such far reaching effect on the minor's life, then the participation of the minor in the decision is essential especially where she demonstrates enough maturity to make her abortion decision independently of her parents' wishes or she demonstrates that the desired abortion would be in her best interests.

Explanation of my answer:

My opinion is premised on the fact that restrictive laws pose barriers to access to quality abortion services and this has increased the magnitude of unsafe abortion. Third party authorization gives out powers to those permitted, leaving women and young girls with no choice but to seek for unsafe abortion. Young girls look for safe haven that provide confidentiality. In most countries, laws tend to support spouses in the context of promoting marital harmony and protecting the spouse's interest in the fetus. My opinion therefore highlights the need to respect rights of everyone and provide platform for women and young girls access to safe abort.

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?

Important to note is that the gestation period here is 12 weeks, meaning the regimen to be used is that under ≥12 weeks (equal to or greater than 12 weeks). Here, WHO recommends use of combination therapy of mifepristone and Misoprostol or an alternate of misoprostol.

Combination regimen = 200 mg of mifepristone administered orally, followed 1–2 days later by 3 hourly administration of 400 µg of misoprostol, administered vaginally, sublingually or buccally. Also to note is that minimum recommended interval between administration of mifepristone and misoprostol is 24 hours.

For single regimen = Three hourly administration of 400 µg misoprostol vaginally, sublingually or buccally is recommended.

For effective results, combination regimen is highly recommended. Also, administration through the vagina is more effective compared to other routes, though the choice may be dependent on the preference of the service provider and the client.

Question 4.2:

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

Timing of post-abortion contraception is important to avoid repeat of unintended pregnancy. In this case, the young woman decided to undergo medical abortion. Accordingly, WHO recommends such individuals who undergo medical abortion (Using combination regimen of mifepristone and misoprostol or the misoprostol-only regimen) to be initiated to oral contraception *immediately after the first pill of the medical abortion regimen*.