

Training course in adolescent sexual and reproductive
health 2021

Safe abortion care

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Question 1

What are WHO's recommendations on safe abortion care for adolescents?

- Adolescents should have ready access to safe abortion care and service by creating an enabling environment through policies that (1) respect and protect the rights of women, (2) provide good quality contraception services and information, (3) achieve positive health outcomes, and (4) meet the needs of poor women/adolescents/survivors of rape/women living with HIV.
- At the community level, barriers to the provision of safe abortion services for adolescents should be identified and overcome.
- At the health facilities level, adolescents should have access to post-abortion care as well as contraceptive information and services, regardless of the legality of the abortion.
- At the individual level, adolescents should be enabled to access and receive safe abortion services through awareness raising on unsafe abortion methods, on the availability of safe abortion services, and on the legality of abortion.
- To ensure safe, effective, and feasible abortion in an accepting environment, healthcare providers should be involved in the delivery of recommended and effective interventions for providing safe abortion and post-abortion care, including post-abortion contraception.

Question 2

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

- The WHO recommended medical abortion regimen in this situation is a combination regimen: (1) use Mifepristone 200mg orally once, and then (2) 1-2 days later repeatedly administer Misoprostol 400µg every 3 hours sublingually, vaginally, or buccally. Vaginal route is proven to be most effective; however, consideration for the patient's preference should be taken.
- To prevent a repeat unintended pregnancy, this young woman should be recommended an oral contraceptive immediately after the first pill of the medical abortion.

Question 3.1

What is the Global Abortion Policies Database?

The Global Abortion Policies Database is a tool launched in 2017 and available as of February 2019, and provides information on abortion laws and policies related to regulatory requirements identified as barriers to access safe abortion. Information beyond the legal categories of abortion is included such as additional access requirements, information related to service provision, and conscientious objection for all WHO member states. Only countries where abortion is lawful on the woman's request, with no requirement for justification are included in the database.

Question 3.2

Review your country's profile in the Global Abortion Policies Database. What strikes you most in relation to access (or lack thereof) to safe abortion care in your country? Why?

After reviewing Lebanon's profile on the Global Abortion Policies Database, I noticed that most of the information on the laws and policies are not available, and only two legal documents are uploaded: the presidential decree which states under which conditions abortion can take place, and the penal code which states how women undergoing abortion and the physicians conducting the method are penalized (Global Abortion Policies Database, 2017). The conditions for abortion to take place legally include that the woman's life be at risk, that 3 physicians approve that abortion is the only viable option to save her life, that her husband agrees to it, and a request is sent to the president of the order of physicians.

All the aforementioned details, in addition to the conservative political views in the country and the diverse religious restrictions on abortion, clearly justify the lack of safe abortion in Lebanon and point women in the direction of unsafe abortions. Abortion procedures are sought in the black market where the process is conducted at homes or private clinic in unsafe environments, without post abortion care or psychological support, endangering the women's lives even more (Saja, n.d.). A recent study also argued that safe abortion in Lebanon is a privilege, rather than a right, and single women from a poor background are most vulnerable (Fathallah, 2019). Safe abortion is not accessible due to high costs, the need to network (know a physician willing to do the procedure), and the need to negotiate with the husband and physician. Furthermore, physicians often condemn women seeking abortion and preserve social norms over their medical duties (Fathallah, 2019).

Question 4

What is self-managed abortion? For whom does WHO recommend self-managed abortion? How safe is self-managed abortion?

Self-managed abortion is when a pregnant person performs their own abortion without clinical or medical supervision. There is a range to which extent the person is involved in the self-abortion, from learning about drug regimens from non-medical sources to taking the abortion medicines that were provided by the doctor at home. The WHO recommends self-managed abortions with medicines for persons who are less than 12 weeks pregnant, have an accurate source of information, and are able to access a healthcare worker at any point throughout the abortion process if they need to. Self-managed abortions with medicines are considered to be much safer than invasive methods (such as using chemicals, sticks, or physical force), and have been proven to decrease worldwide abortion mortality. The safety of self-managed abortions depends on the person's knowledge of the method/medicine, their access to quality medicines, and their ability to access post-abortion care.

Question 5.1

Name the two bases that the authors of the article identified as allowing for abortions in the Middle East and North Africa.

1. Fetal development and gestational age: before fetal ensoulment occurring between 40, 90, and 120 days after conception (depending on each fatwa).
2. Circumstances of the pregnant woman: abortion is needed to save a woman's life – breastfeeding woman – woman is facing socio-economic or health issues.

Question 5.2

What were the three strategies used to advocate for legal reforms in abortion laws?

1. Conducting research on the undesired consequences of unsafe abortions, and how they are associated with high rates of maternal mortality and unwanted pregnancies.
2. Introducing safer and simpler methods for post abortion care and treatment of complication such as the Manual Vacuum Aspiration.
3. Introducing a cohort of trained MVA providers.

Question 5.3

Did the fact that Saudi Arabia has a fatwa that permits termination of a pregnancy if there is fetal impairment change the respondents' views about abortion?

Almost half of the surveyed participants changed their views regarding abortion when they were informed that Saudi Arabia has a fatwa that permits termination of a pregnancy if there is fetal impairment.

Question 6.1

Who are Lady Health Workers in Pakistan? What has been their role in increasing access to abortion services?

In Pakistan, Lady Health Workers are a group of female health workers who act as a link between the communities and health facilities by disseminating health-related information, conducting immunization campaigns, and so on. The Lady Health Workers were trained on the Manual Vacuum Aspiration (MVA) and in the use of Misoprostol as part of a wider campaign to ensure the availability of safe abortion services in Pakistan. As access to services was limited because physicians only are able to provide services, task shifting was conducted to increase availability and accessibility; and consequently, the aforementioned training helped achieving that.

Question 6.2

When dealing with a sensitive and stigmatized issue like abortion, what was identified by Ipas as the key to moving the agenda forward in Pakistan?

When dealing with a sensitive and stigmatized issue like abortion, the key to moving the agenda forward in Pakistan, as identified by Ipas, is to desensitize various stakeholders and professional associations to the topic through continuous conversations. While they don't have policy-making power, they encourage progressive policies through their opinions, public statements, and advocacy initiatives. By doing that, they assess and prepare the grounds for future law reform efforts.

Question 6.3

What were the two key approaches used by Ipas to contribute to the improvement of the quality of abortion care in Pakistan?

1. Implementing Ipas's global training model on value clarification and attitude transformation with service providers and health facility officials at all levels. The trainings aided healthcare providers to put their professional duties towards suffering women above their personal values and their beliefs about abortion.
2. Working on a policy initiative with a coalition of NGOs, UN agencies, and governmental departments to reduce unsafe abortions and develop standardized guidelines for uterine evacuation and post-abortion care for the facilities where services were being provided.

References

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