Training course in adolescent sexual and reproductive health 2021

Safe abortion care

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Question 1

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

The WHO developed a guideline (1) to prevent early pregnancy and poor reproductive outcomes in adolescents. It includes recommendations specific for adolescents to encourage them to seek advice on safe abortion service. These recommendations are:

- **Policy:** Ensure adopting policies and laws that enable adolescents to obtain safe abortion services.
- **Community:** Identify and Overcome barriers to the provision of safe abortion services for girls.
- **Health facility:** Ensure that adolescents who obtained abortion services regardless of whether the abortion was legal or not have;
    - Access to post-abortion care as a life-saving medical intervention and
    - Access to contraception services
- **Individual:** Increase awareness among adolescents and stakeholders about the danger of unsafe abortion, where to obtain safe abortion services, and circumstances to get safe abortion.

Question 2

A 19-year-old girl has decided after counseling 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?

This girl needs induced abortion. Since she is in her 12^{th} week of gestation, the WHO recommends either of the following two medical abortion options (2):

- Combined regimen: Mifepristone 200 mg PO once, followed 1-2 days later by Misoprostol 400 μg vaginally, sublingually, or buccally every 3 hours.
- Or Misoprostol 400 μg PV or SL every 3 hours alone.

To prevent unintended pregnancy, hormonal contraception (oral or other types) can be used immediately after the first pill of the medical abortion regimen (2).

Question 3.1

What is the Global Abortion Policies Database?

It is a global database initiated in 2017 to collect information about abortion policies and laws in all member state countries. The included policies are beyond the legal categories of abortion and contain information about access requirements, service provision, conscientious objections (3).

Question 3.2

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

My country, Palestine, is not included in the GAD. I chose Jordan from the same geographical region which share many contextual and social factors with my country (4).
According to the GAD policies, there is a clear barrier to accessing safe abortion services in Jordan. Abortion is criminalized in Jordan (Penal Code) except for saving a mother's health from a life-threatening condition (article 12 of Public Health Law).

1. Women do not have the will to obtain abortion services without third-party approval—a third party in Jordan, usually a male from the family, a husband, or a father.
2. The Penal Code allows punishment with imprisonment from 3 months to 3 years for any woman who requests or commits abortion and the provider who performs an abortion for her.
3. Public Health Law, Article 12, Prohibit physicians from performing or advising on abortion
4. Information about fetal health, including any impairment that may require abortion, is not provided to the mother.
5. The WHO policy gives women who became pregnant due to forced sexual act the right to access safe abortion without being mistreated or cruelled. This policy is not adopted in Jordan, which means that raped women or girls will not be able to abort their pregnancies. According to the Amnesty International report in Jordan (2019), there was a case of detaining an unmarried pregnant woman until she gives birth to prevent her from seeking abortion (5).

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 women perform an abortion by themselves without being admitted or supervised in a clinical service. However, the WHO stated conditions on self-managed abortion; to be only used by those who are less than 12th-week gestation and have a source of accurate information and access to clinical service when needed at any stage of the process (6).

According to the Centre for Reproductive Rights report on medical and self-managed abortion, abortion has become a safer and less deadly process than before due to the introductions of medical regimens especially that it replaced more hazardous invasive methods. However, self-managed abortion is conditional on accessing quality medicines and commitment from the individual to seek follow-up care and be knowledgeable about the process.

Question 5.1

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

- Fetal development and gestational age.
- Women's health status. (7)

Question 5.2

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

1. Undertaking research highlights unsafe-abortion hazards, which will increase maternal mortality and the rate of unintended pregnancies (7).

2. Introducing safer and simpler methods for treating post-abortion complications, such as manual vacuum aspiration (7).
3. A cohort of trained providers of manual vacuum abortion (7).

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?

Not all of them, only around 50% of respondents changed their views and accepted the idea of abortion if there is fetal impairment after they knew about the fatwa (7).

Question 6.1

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

Lady Health Worker is a cadre of female health care worker in Pakistan who act as a link between the community and health facility. They are responsible for disseminating educational materials on health, family planning, and sanitation, administering vaccination campaigns, etc. These mid-level providers have been trained in the use of misoprostol and MVA for UE/PAC to increase access to abortion services at community level(8).

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?

Ipas identified desensitizing vital policy stakeholders and others through continuous conversations on abortion as the key to moving the agenda forward in Pakistan (8).

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?

The two key approaches used by Ipas and its partner organizations to contribute to the improvement of the quality of abortion care in Pakistan were:

1. Intervention to provide the Ipas' Global Values Clarification and Attitude Transformation training to all care providers and facility officials. The training was designed to change people's minds about abortion to let them think that no woman should lose her life because of lack of access to safe abortion services. And that professionals are responsible for treating with their values (8).
2. A policy collaboration between Ipas, PRHTAC, Pakistan Alliance for Post Abortion care, other NGOs, UN organizations to develop standards for service delivery and guidelines for high-quality abortion procedures and post-abortion care (8).

References

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