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?

WHO's recommendations were based on the different levels of influence of the ecological framework as follows:

1. Policy: Ensuring that laws and policies enable adolescents to obtain safe abortion services.
2. Community: identification and overcoming the barriers to the provision of abortion services to adolescents.
3. Health facility:
    - Ensuring that adolescents have access to post-abortion care as a life-saving medical intervention, regardless of whether the abortion or attempted abortion was legal or not.
    - Ensuring that adolescents who have had abortions can have post-abortion contraceptive care regardless of whether the abortion was legal or not.
4. Individual: Enabling adolescents to obtain safe abortion services by informing them and other stakeholders about the dangers of unsafe abortion methods, the safe abortion methods that are legally available, regardless of whether the abortion was legal or not.

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?

There are two regimens:

1. A combination regimen (recommended) suggests the use of 200mg mifepristone administered once orally. Then, 1-2 days later, it should be followed by repeat doses of misoprostol 400µg administered every three hours vaginally, sublingually or buccally.
2. Misoprostol only regimen (alternate) suggests the use of repeated doses of misoprostol 400µg administered every three hours vaginally, sublingually or buccally.

For women who desire to use oral contraceptive pills to prevent a repeat unintended pregnancy, oral contraceptive pills should be initiated after the first pill of the medical abortion regimen.

Question 3.1

What is the Global Abortion Policies Database?

GAPD is a tool that presents information about abortion laws and policies beyond the legal categories of abortion and includes additional access requirements, information related to service provision, and conscientious objection for all WHO member states.

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? If your country is not available, please select another country in the region.

Palestine is not present in the list of countries in the GAPD; hence I chose Jordan as it is most similar to the Palestinian context.

Knowing that foetal impairment is not a legal ground for abortion in Jordan is what struck me most. Although evidence shows that many countries even those governed by Islamic laws (Shari'a) and otherwise restrictive abortion laws have increasingly started to recognize foetal impairment, especially in the first trimester and those incompatible with life, as a reason for abortion (Hessini, 2007; World Health Organization, 2012), Jordan obviously doesn't permit any kind of abortion due to foetal impairment, irrespective of the gestational age, unless it seriously affects the health status of the pregnant woman.

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 person performs their abortion without clinical supervision as is required by law in most countries. WHO recommends self-managed abortion for individuals who are less than 12 weeks pregnant and have "a source of accurate information and access to a health-care provider should they need or want it at any stage of the process." Self-managed abortion is much safer than other invasive methods such as sticks, chemicals or physical force. The availability of these medicines means that pregnant women are less likely to resort to unsafe abortion methods and consequently reduce the health risks of unsafe abortion. Researchers have also attributed self-managed abortion to a decrease in worldwide abortion-related mortality.

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.

- Cases of foetal impairment. Saudi Arabia allowed for abortion in the first 120 days in cases of foetal impairment. Similarly, Iran allowed for abortion in the first trimester (90 days) in cases of genetic disorders.
- Circumstances where women's health or life is at risk. In Iran, abortion was also allowed in the first trimester if the women's life or health was at risk. Also, some countries like Egypt, Saudi Arabia and Algeria, recognized rape as a legitimate reason for abortion. However, this was not the case for some other countries like Kuwait.

Question 5.2

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

- Conducting research on the undesired consequences of unsafe abortion, its link to maternal mortality and the high rate of unwanted pregnancies.
- Introduction of simpler and safer methods for treating post-abortion complications such as manual vacuum aspiration (MVA).
- Training a cohort of healthcare providers on MVA.

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 respondents who initially rejected the idea of pregnancy termination changed their minds after being informed of Saudi Arabia's fatwa that permits abortion in cases of foetal impairment.

Question 6.1

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

Lady Health Workers/visitors is a cadre of female health care workers in Pakistan, who act as a link between the communities and the health facilities. Their work includes disseminating information and educational materials on the health hazards of unsafe abortion, the availability of alternate safe abortion services e.g. misoprostol and MVA and promoting the use of family planning methods.

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?

The key to making progress on a sensitive and stigmatized issue is by desensitizing others to the topic through continuous conversations with the relevant stakeholders. For example, Ipas worked in partnership with some professional associations like the Society of Obstetricians and Gynaecologists of Pakistan (SOGP) and the Midwifery Association of Pakistan (MAP). They worked with senior officials and members of SOGP through professional conferences to educate them about existing abortion laws, conduct values clarification training and build consensus on the importance of access to safe abortion to reduce maternal mortality. It is believed that their opinions, public statements, and advocacy initiatives are an influencing force on the policy actions by Ministry and departmental officials. Therefore, Ipas played a key role in mobilising professional associations to advance the advocacy work with the Ministry which is the ultimate control of the laws and policies governing access to safe abortion.

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?

- Ipas introduced a programmatic intervention by implementing Ipas's global Values Clarification and Attitude Transformation (VCAT) training model. Health care providers of all levels and health facility officials were involved. The training aimed to help participants to realise that no matter what their beliefs about abortion are, no woman should lose her life due to lack of access to safe abortion services.

- Policy initiative where Ipas worked in coalition with members of Punjab Reproductive Health Technology Assessment Committee (PRHTAC) and the Pakistan Alliance for Post-Abortion Care (PAPAC) to reduce unsafe abortions, to develop Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-abortion Care. The document was disseminated to public health facilities and served as both a job aid and guide to provide a quality control measure for the facilities where services are being provided.

References

Hessini, L. (2007). Abortion and Islam: Policies and Practice in the Middle East and North Africa. Reproductive Health Matters, 15(29), 75–84. https://doi.org/10.1016/s0968-8080(06)29279-6

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