# 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?**

The World Health Organisation (WHO) has developed a guideline specific to adolescents in order to prevent early marriage and poor reproductive outcomes (1). The guideline issues a group of recommendations on several aspects of adolescent SRH, including reducing unsafe abortion. To ensure that adolescents have access to safe abortion, the WHO recommends that the laws and policies enable adolescents to access safe abortion services and that all barriers to access these services are identified and overcome. Adolescents should also be informed about the available abortion services and their legal state. The WHO also recommends ensuring that adolescents have access to post-abortion care and contraceptives regardless of whether the abortion was legal or not.
In addition to this adolescent-specific guideline, other WHO guidelines also recommend providing safe abortion information and services to all women, including those with special needs, for example, adolescents, women living with HIV, and the poor (2). An enabling environment and policies that respect women's rights are essential to maintain these services (2).

## 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?**

For pregnancies ≥ 12 weeks gestation, the WHO recommends using a combination of mifepristone and misoprostol. For this regimen, 200 mg mifepristone is administered orally, and after 1-2 days, 400 µg misoprostol is administered either vaginally, sublingually, or buccally. The dose of misoprostol could be repeated every three hours if needed based on the healthcare provider's clinical judgment (3).
Regarding the use of post-abortion oral contraceptives, the WHO recommends immediate initiation after the ingestion of the first pill on the medical abortion regimen (3).

## Question 3.1

**What is the Global Abortion Policies Database?**

The Global Abortion Policies Database (GAPD) is a conclusive database that presents information about abortion laws and policies in countries worldwide. It was launched in 2017 to expand knowledge about abortion services, encourage transparency, and promote accountability. In addition to the legal sources and grounds of abortion, the GAPD provides country-specific information about the additional requirements to access safe abortion, including access to information and counseling, consent, waiting time, and authorisation. It also comprises the clinical and service-delivery aspects of abortion care including the availability of clinical guidelines, post-abortion care, the types of authorised providers to do

abortion, and the designated facilities in which abortion could be performed. Moreover, GAPD presents information about Conscientious objection by healthcare providers and the existing penalties.

## 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?**

In Jordan, both legal and practical barriers restrict women's access to safe abortion care. However, what strikes me the most was related to the clinical and service-delivery aspects of abortion care. Jordan's profile in GAPD showed no data about the availability of national guidelines for induced abortion nor post-abortion care, including contraception provision. The WHO recommends that states should develop safe abortion standards and guidelines to eliminate barriers to obtaining the highest attainable standard of sexual and reproductive health (4). The absence of such guidelines would primarily affect the quality of abortion and post-abortion services given the lack of evidence-based best practice and proper evaluation and assessment of the practice. Therefore, healthcare providers will not have appropriate training and will not apply high standards in their practice. Accordingly, women will not have equitable access to high-quality and individualised care, and breach of confidentiality and privacy would further hinder women from accessing such services.

## Question 4

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

Self-managed abortion, also referred to as self-induced abortion, is any action in which a pregnant woman ends her pregnancy without clinical supervision. These actions include a wide array of methods, from traditional methods (ingesting herbs or inserting objects into the vagina) to medication (e.g., mifepristone and misoprostol) or others (5). The WHO recommends self-managed abortion using a combination regimen (mifepristone and misoprostol) for pregnant women at less than 12 weeks gestation who have access to accurate information and a healthcare provider (if needed at any stage of the abortion process) (6). The evidence suggests that self-managed abortion by medication (mifepristone and misoprostol) is effective and much safer compared to invasive methods (6). The safety of it depends on personal knowledge and access to high-quality services and care (7).

## 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.**

In countries of the MENA region where Islam is the predominant religion, the interpretations that allow abortion are based primarily on the stage of fetal development and the pregnant

women's circumstances (her health). In general, abortion is forbidden after the fetus ensoulment except to save women's life.

**Question 5.2**

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

1. Providing evidence on the adverse consequences of unsafe abortion and its relation to maternal mortality and the high rate of unwanted pregnancies.
2. Introducing safer and simpler methods for treating post-abortion complications, for example, manual vacuum aspiration (MVA).
3. A cohort of trained providers of 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?**

Yes. The majority of the responding parents (87.5%) have initially rejected abortion, mostly due to religious reasons. However, almost half of those parents (46.4%) have changed their attitude after being informed about the fatwa, which permits abortion if fetal impairment is diagnosed in the first 120 days (8).

**Question 6.1**

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

Who are Lady Health Workers in Pakistan? What has been their role in increasing access to abortion services?
Lady Health Workers is a cadre of female community health care workers who form a linkage between the community and health facilities. They provide essential primary health services for people in rural and disadvantaged urban areas. They disseminated information and educational material about health, family planning, and sanitation, as well as administering immunization campaigns. Lady Health Workers have played a significant role in increasing access to abortion services. They were part of the task-shifting strategy by providing abortion services themselves (misoprostol and MVA).

**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 for moving the agenda about abortion forward in Pakistan was desensitising others to the topic through continuous advocacy, based on evidence, with a broad range of stakeholders. Ipas has advocated widely with many professional associations and societies,

who had a vital role in influencing policy actions through public statements and advocacy initiatives. Ipas has also hosted and advocated the provincial stakeholders about the impact of unsafe abortion on maternal health and its burden on the health system (9).

## 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 has focused on improving the quality of abortion care in Pakistan by using two main approaches. First, programmatic intervention. Ipas has implemented the global Values Clarification and Attitude Transformation (VCAT) training model with all service providers and health facility officials. The training encouraged healthcare providers to provide high-quality services regardless of their personal views and perspectives. Second, policy initiatives. Ipas has worked collaboratively with the government, NGOs, UN entities to develop Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-abortion Care (9). These guidelines were a tool for providing a quality control measure for healthcare facilities.

## References


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