

Training course in adolescent sexual and reproductive  
health 2021

Safe abortion care

Tomomi Kitamura

UNICEF MENARO, Amman, Jordan

[tkitamura@unicef.org](mailto:tkitamura@unicef.org)

## **Question 1**

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

Policy: Ensure laws and policies enable adolescents to obtain safe abortion services.

Community: Identify and overcome barriers to the provision of safe abortion services for adolescent girls.

Health facility: 1) Ensure adolescents have access to post-abortion care as a life-saving medical intervention, regardless of whether the abortion or attempted abortion was legal, 2) Ensure adolescents who have had abortions can obtain post-abortion contraceptive information and services, regardless of whether the abortion was legal.

Individual: Enable adolescents obtain safe abortion services by informing them and other stakeholders about the dangers of unsafe methods of interrupting a pregnancy, the safe abortion services that are legally available, and where and under what circumstances abortion services can be legally obtained.

## **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?**

Combination regimen to administer Mifepristone 200mg PO once and administer Misoprostol 400 µg every 3 hours through buccal, vaginal or sublingual 1-2 days later (minimum interval between Mifepristone and Misoprostol is 24 hours).

An oral contraceptive is recommended immediately after the first pill of the medical abortion.

## **Question 3.1**

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

Global Abortion Policies Database (GAPD) is a tool to present information of abortion laws and policies (including abortion at woman's request, legal ground and gestational limit) with additional requirements to access safe abortion, clinical and service delivery aspects of abortion care 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?**

Looking at MENA region, even though it is anticipated, it is still quite striking to find out the region has the most restrictive abortion laws (1). Closely looking at two countries; Jordan and Lebanon, it is very striking to find out that penalties will be put on women, providers, and persons who assist abortion (which I believe this includes pharmacists to sell drugs) and necessary drugs like mifepristone is not recognised. This would significantly limit the access to safe abortion including self-managed abortion.

#### **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 own abortion without clinical supervision. WHO recommends it for individuals who are less than 12 weeks pregnant and have a source of accurate information and access to a health care provider if they need or want it at any stage of the process. Self-managed abortion is safer than invasive methods such as sticks, chemicals or physical force. A degree of safety depends on an individual's knowledge, access to quality medicines, ability to seek follow-up care, and legal status of self-managed abortion.

#### **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.**

Abortion is allowed on bases of fetal development, gestational age and the circumstances of the pregnant woman. Fatwa support these are: 1) Saudi Arabia (1991); abortion is allowed in the first 120 days after conception in the case of fetal impairment, 2) Iran (2005); abortion is allowed in cases of genetic disorder in the first trimester or if a woman's health and life are at risk and 3) Egypt (1998)/ Algeria (1998); abortion is allowed in cases of rape.

#### **Question 5.2**

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

1) research on the undesired consequences of unsafe abortion and its link to maternal mortality and a high rate of unwanted pregnancy, 2) introduction of simpler/ safer methods for treating post-abortion complications, 3) a cohort of trained providers of manual vacuum aspiration (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, half of the respondents changed their minds when informed of the *fatwa* even they had initially rejected the idea of pregnancy termination.

### **Question 6.1**

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

Lady Health Workers (LHWs) are female health care workers who act as a link between the communities and the health facilities. They disseminate information and educational material on health, family planning and sanitation, and administer immunization campaigns. LHWs and midwives have been trained on use of misoprostol and MVA to sustain commodity and services available.

### **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?**

Desensitising others to the topic through continuous conversations with a broad range of stakeholders (e.g. advocacy with professional associations/ societies (Obstetricians/ Gynecologists/ Midwives))

### **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) Programmatic interventions through implementation of Ipas's global Values Clarification and Attitude Transformation training model with all levels of services providers and health facility officials, 2) Policy initiative with members of Punjab Reproductive Health Technology Assessment Committee and the Pakistan Alliance for Post-Abortion Care, a cross-regional coalition of stakeholders from government departments, NGOs, UN entities and others to collaborate to reduce unsafe abortions, to develop Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-abortion Care.

### **References**

1. Center for Reproductive Rights. The World's Abortion Laws. Center for Reproductive Rights. c1992-2021. Available from: <https://reproductiverights.org/worldabortionlaws>.