

Adolescent access to abortion services in sub-Saharan Africa

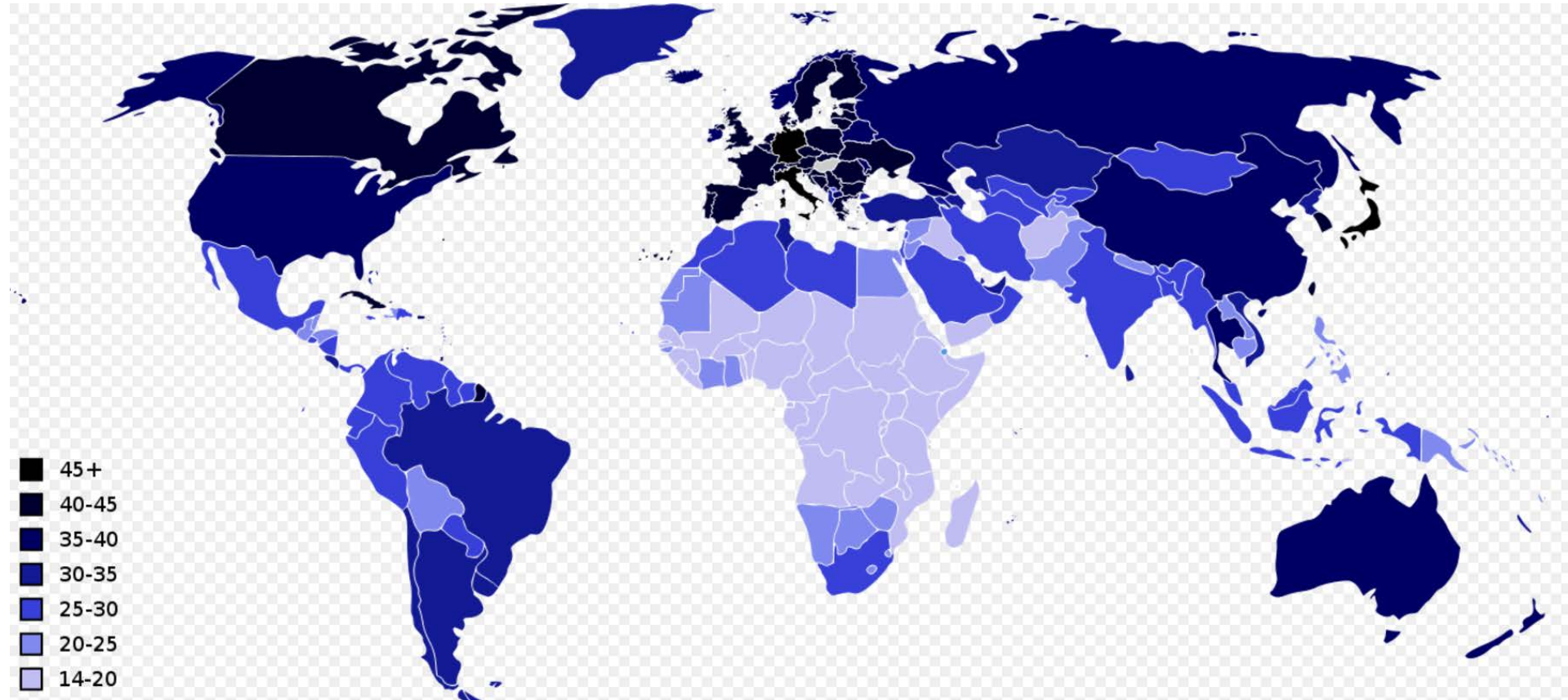
Ernestina Coast [LSE]

Tamara Feters [Ipas]

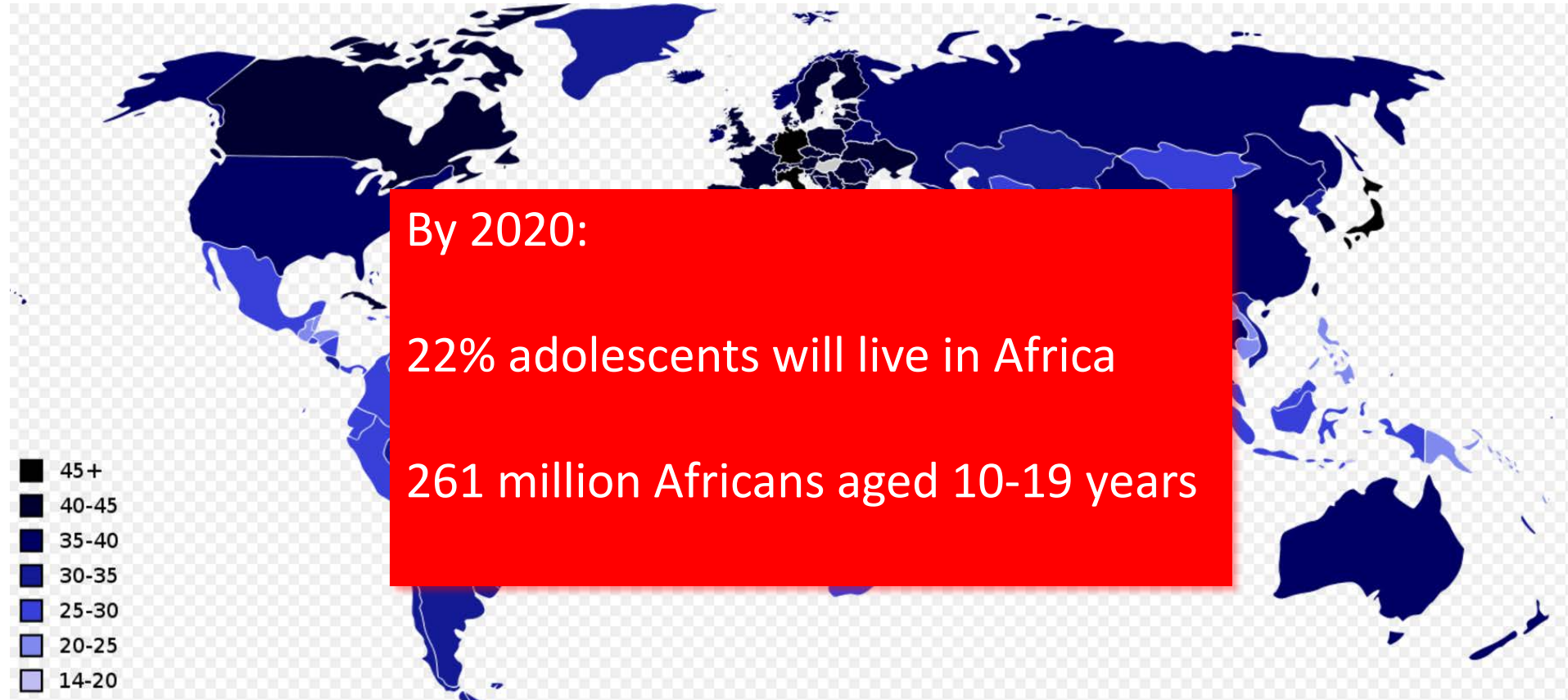
IHPC 18th February, 2017

WHY FOCUS ON ADOLESCENTS?

Median age/country



Median age/country



Abortion



Adolescents are...

- **more** likely to have an **unsafe abortion** and to experience complications (including death) of unsafe abortion compared to older women
- **less** likely to be able to access **safe abortion** services compared to older women because:
 - lower levels of knowledge about sexual health
 - lower access to financial resources
 - lower levels of service knowledge
 - higher likelihood of delaying care-seeking
 - lower ability to navigate health systems
 - higher levels of stigma

Barriers to accessing services are especially high for adolescents unused to navigating a health system on their own.

```
graph LR; A[sex] --> B[contraceptive non-/use]; B --> C[pregnancy]; C --> D[decision to abort]; D --> E["abortion (safe/unsafe/legal/illegal)"]; E --> F["Post-abortion care (PAC)"]
```

sex

contraceptive
non-/use

pregnancy

decision
to abort

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)

Age asymmetry
Non-/consensual
Coercion
Relationship type (eg: marital / casual)
Sex education

sex

contraceptive
non-/use

pregnancy

decision
to abort

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)

Health system provision (public / private / social marketing)
Contraceptive education / knowledge
Laws / regulations
Provider attitudes
Power to use

sex

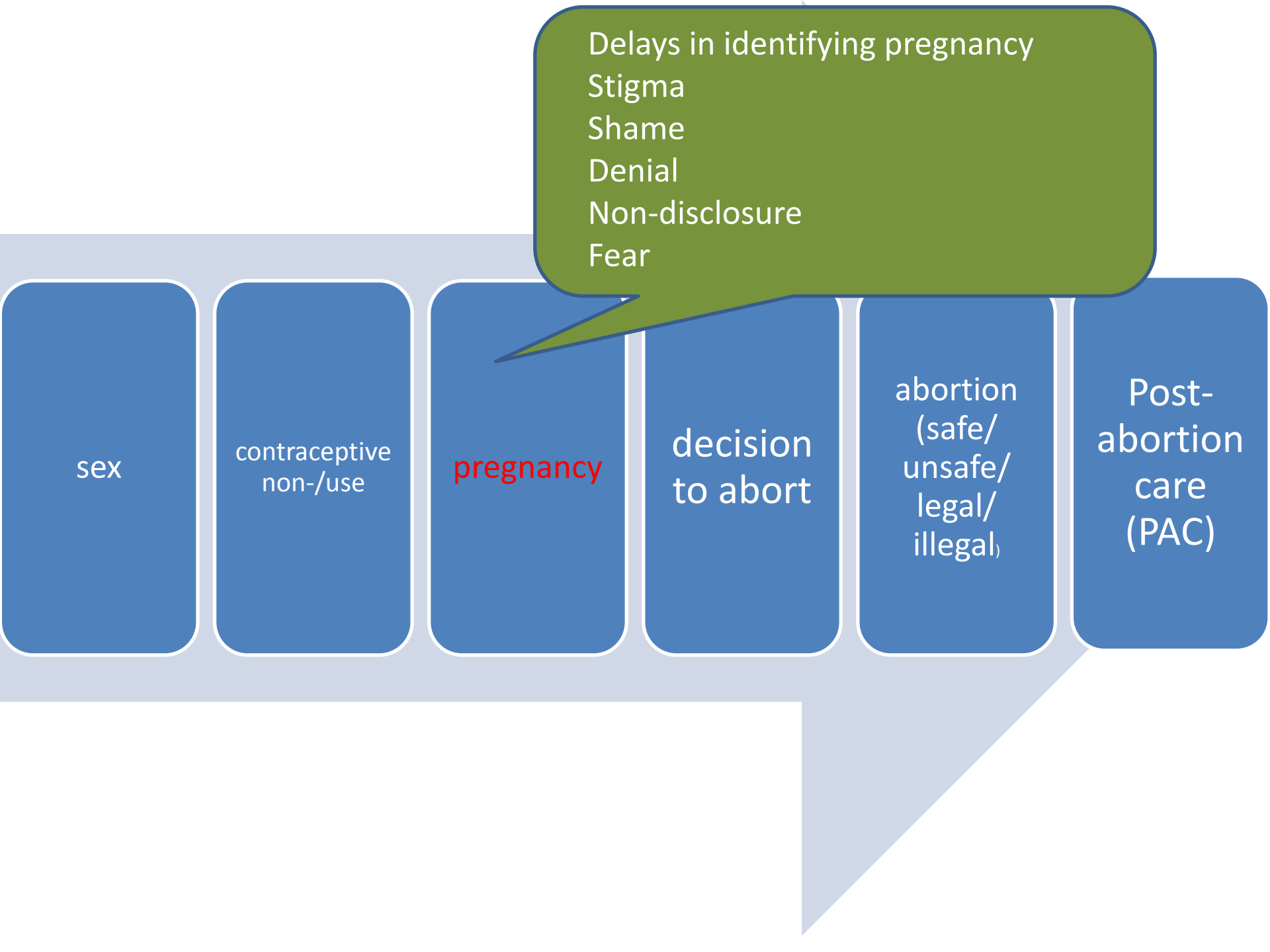
contraceptive
non-/use

pregnancy

decision
to abort

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)



sex

contraceptive
non-/use

pregnancy

decision
to abort

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)

Delays in identifying pregnancy
Stigma
Shame
Denial
Non-disclosure
Fear

“But then I was still worried because that has never happened to me, I have never missed my periods. Then I asked my neighbour who is a nurse, she told me that I was pregnant and that I should tell my mother. I told her I couldn't do that because my mother wouldn't spare me [a beating].”

```
graph LR; A[sex] --> B[contraceptive non-/use]; B --> C[pregnancy]; C --> D[decision to abort]; D --> E["abortion (safe/unsafe/legal/illegal)"]; E --> F["Post-abortion care (PAC)"]
```

sex

contraceptive
non-/use

pregnancy

**decision
to abort**

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)

When 15 year-old Precious became pregnant as a result of rape by her parents' tenant, her father beat her before telling her she must abort.

“I was told that there was no way that I would take care of this child... I was asked how I would care for that child, where I would find clothes and how I would finish school? ... my father was very upset with me

sex

contraceptive
non-/use

pregnancy

decision
to abort

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)

Nandi lives with her parents and brothers. She did not tell her family, but asked her friends for advice on how to terminate her pregnancy.

“They told me to try herbs from people. I told them I can’t because I don’t trust them, you can die”.

On the advice of a different friend she looks for medical abortion drugs, at first in her local drug store and then in the town.

“So I had gone to a drug store near where I stay but they said that they don’t do that. So my friend told me a friend of hers had done it with a certain medicine in a white box they are 5 in it, that’s how she wrote for me on a paper and I went to buy in town.”

sex

contraceptive
non-/use

pregnancy

decision
to abort

abortion
(safe/
unsafe/
legal/
illegal)

Post-
abortion
care
(PAC)

Mary is finishing school. Following her parents' deaths she lives with her step-mother, her 'uncle' (step-mother's cousin) and her siblings and cousins, of whom she is oldest. She is sexually abused by her uncle. She felt unwell but was unaware she is pregnant until her step-mother guesses she is pregnant and forces her to drink herbs to abort.

“At some time I felt dizzy and collapsed, then she made some herbal mix in a container... I didn't know but when I came back from school, she just gave me and told me to drink then I drunk and only my stomach pained a lot... Then she made the mix again and forced me to drink. She said if I don't drink, she will beat me. Then I drunk and my stomach hurt again. Then after two days, I told my friend at school about it and she told me to go to [study hospital] and that I should explain then I can get help.”

HEALTH SYSTEM RESPONSES

Meeting the needs of sexually active adolescents who want to avoid a pregnancy involves political, economic, social, cultural and health system challenges.

Adolescent/youth “friendly” SRH services [WHO]

Equitable	All adolescents, not just certain groups, are able to obtain the health services they need
Accessible	Adolescents are able to obtain the services that are provided
Acceptable	Health services are provided in ways that meet adolescents’ expectations
Appropriate	Health services that adolescents need are provided
Effective	The right health services are provided in the right way and make a positive contribution to the health of adolescents

ETHIOPIA | MALAWI | ZAMBIA

COMPARING 3 COUNTRIES

	Ethiopia	Zambia	Malawi
% aged <19 years	53%	55%	56%
Median age 1 st sex	17.1	17.4	17.3
% aged 15-19 pregnant or given birth	12%	29%	26%
Laws allow minors to seek contraceptive services without parental/ spousal consent	Yes	No	Yes

	Ethiopia	Zambia	Malawi
% aged <19 years	53%	55%	56%
Median age 1 st sex	17.1	17.4	17.3
% aged 15-19 pregnant or given birth	12%	29%	26%
Laws allow minors to seek contraceptive services without parental/ spousal consent	Yes	No	Yes

Abortion

	Ethiopia	Zambia	Malawi
Legal status	Rape, incest, physical or mental disabilities, to preserve a woman's life or health, or if a woman is physically or mentally unprepared for childbirth	Rape, incest, defilement, risk of injury to physical/mental health of women or any of her existing children; foetal abnormalities. Account may be taken of the pregnant woman's actual or reasonably foreseeable environment or her age	Legal only to save the life of the woman.
Service availability	Widely available in the public, private and NGO sectors.	Certification requires 3 doctors' signatures. Some availability in 110 public sector facilities; limited availability in the private/ NGO sector	Limited availability in NGO franchises.

Abortion

	Ethiopia	Zambia	Malawi
Legal status	Rape, incest, physical or mental disabilities, to preserve a woman's life or health, or if a woman is physically or mentally unprepared for childbirth	Rape, incest, defilement, risk of injury to physical/mental health of women or any of her existing children; foetal abnormalities. Account may be taken of the pregnant woman's actual or reasonably foreseeable environment or her age	Legal only to save the life of the woman.
Service availability	Widely available in the public, private and NGO sectors.	Certification requires 3 doctors' signatures. Some availability in 110 public sector facilities; limited availability in the private/ NGO sector	Limited availability in NGO franchises.

Abortion

	Ethiopia	Zambia	Malawi
Legal status	Rape, incest, physical or mental disabilities, to preserve a woman's life or health, or if a woman is physically or mentally unprepared for childbirth	Rape, incest, defilement, risk of injury to physical/mental health of women or any of her existing children; foetal abnormalities. Account may be taken of the pregnant woman's actual or reasonably foreseeable environment or her age	Legal only to save the life of the woman.
Service availability	Widely available in the public, private and NGO sectors.	Certification requires 3 doctors' signatures. Some availability in 110 public sector facilities; limited availability in the private/ NGO sector	Limited availability in NGO franchises.

MOST



LEAST

Adolescent SRH policies / services

	Ethiopia	Zambia	Malawi
Policy	<p>2006: National Adolescent and Youth Reproductive Health Strategy (2006-2015)</p> <p>2008: National Reproductive Health Services for Adolescents and Youth provider training curriculum</p>	<p>2011: Adolescent Health Strategic Plan</p> <p>2012: National Standards and Guidelines for adolescent friendly health services</p>	<p>2006: National Reproductive Health Strategy</p> <p>2014: A vision for the health and wellbeing of Malawi's young people</p>
Services	<p>2006: Introduction and scale up YFS in public health facilities in 6 regions</p> <p>2008: Standards on youth friendly reproductive health services</p> <p>“implementation [of ASRHS] was constrained by the limited capacity of stakeholders for implementation”</p>	<p>2009: Adolescent Health Situation Analysis</p> <p>2015: Aim - AFSRHS in at least 60% health facilities in 37 districts; All health facilities have at least 50% healthworkers trained in AFSRHS</p>	<p>2007: National Standards on Youth Friendly Health Services</p> <p>2014: Less than 1/4 (64/266) public health facilities accredited as “Youth friendly”</p>

Adolescent SRH policies / services

	Ethiopia	Zambia	Malawi
Policy	<p>2006: National Adolescent and Youth Reproductive Health Strategy (2006-2015)</p> <p>2008: National Reproductive Health Services for Adolescents and Youth provider training curriculum</p>	<p>2011: Adolescent Health Strategic Plan</p> <p>2012: National Standards and Guidelines for adolescent friendly health services</p>	<p>2006: National Reproductive Health Strategy</p> <p>2014: A vision for the health and wellbeing of Malawi's young people</p>
Services	<p>2006: Introduction and scale up YFS in public health facilities in 6 regions</p> <p>2008: Standards on youth friendly reproductive health services</p> <p>"implementation [of ASRHS] was constrained by the limited capacity of stakeholders for implementation"</p>	<p>2009: Adolescent Health Situation Analysis</p> <p>2015: Aim - AFSRHS in at least 60% health facilities in 37 districts; All health facilities have at least 50% healthworkers trained in AFSRHS</p>	<p>2007: National Standards on Youth Friendly Health Services</p> <p>2014: Less than 1/4 (64/266) public health facilities accredited as "Youth friendly"</p>

Forthcoming research

Improving adolescent access to contraception and safe abortion in sub-Saharan Africa: health system pathways

2017-2020

Funder: MRC/DFID

Collaboration: LSE + Ipas