

YouthLens

on Reproductive Health
and HIV/AIDS

Postabortion Care for Youth

Programs offer strategies on meeting the special needs of young women seeking postabortion care, but more research is necessary.

Ready access to postabortion care (PAC) can prevent complications from unsafe abortion and save lives. According to the U.S. Agency for International Development (USAID), PAC services should include emergency treatment for complications of spontaneous or induced abortion; family planning counseling and services; and community empowerment through community awareness and mobilization. Depending on disease prevalence and available resources, PAC clients should also receive or be referred for evaluation and treatment for sexually transmitted infections (STIs) and HIV counseling and testing.¹

Women younger than age 20 have approximately 2.5 million unsafe abortions* every year, according to the World Health Organization (WHO). Although all women who seek PAC should receive high-quality services, many experts agree that the needs of youth differ from those of older women and deserve special attention.

Why focus on PAC services for youth?

Youth are vulnerable to unintended pregnancy.

The decreasing age of menarche and the increasing age at which people marry have created a wider window of time in which young women might become pregnant outside of marriage. Youth may lack knowledge about sexuality or have limited access to contraception. In some cases, they may be unwilling

or unable to use contraceptives. They are also at high risk of coercive sex, during which they are often unable to negotiate condom use or other contraception.

Almost half of all unsafe abortions and resulting deaths occur among women younger than 25.

In developing countries in 2003, 40 percent of all unsafe abortions and 46 percent of deaths due to unsafe abortions were among women under 25.³

Young women tend to wait longer than adults to seek abortion, which increases their risk of complications. Reasons for delay include apprehension about revealing their pregnancy, fear of stigma, failure to realize they are pregnant, or a state of psychological denial of their pregnancy. Complications of unsafe abortion are severe bleeding, infection, tearing of the uterus, permanent injury, and infertility. Some complications can result in death.

Youth face more barriers to PAC services. Social and policy constraints, lack of knowledge about PAC services, inability to pay clinic fees, lack of transportation, shyness, and inconvenient clinic hours can deter youth from obtaining services.⁴ Many youth fear providers' judgmental attitudes. As a result, youth might delay seeking medical treatment until their condition becomes serious. Also, because abortion is illegal or highly restricted in many countries, youth might fear legal repercussions when they seek PAC.⁵ Finally, because of a common misconception among community members that abortion is a PAC service, or that the availability of

* WHO defines "unsafe abortion" as a procedure for terminating unintended pregnancy that is conducted either by someone who lacks the required skills or in an environment that does not conform to minimal medical standards, or both.²





PAC encourages abortion, some communities do not support projects or programs related to PAC.⁶

Quality of care is often lacking. Several recent projects have focused specifically on PAC received by youth. For example, between June 2007 and May 2008, Pathfinder International initiated youth-friendly PAC services in eight sub-Saharan countries. One component of the program involved use of an assessment tool⁷ to evaluate facilities on their ability to provide youth-friendly PAC. This tool identified many weaknesses in the provision of PAC services to women of all ages, including providers' limited skills and knowledge, lack of privacy and confidentiality for clients, limited availability of postabortion contraception in the same location as emergency treatment, and lack of attention to pain management.⁸

A 2002 study by EngenderHealth in the Dominican Republic uncovered poor infection prevention and hygiene where youth and older PAC clients were treated.⁹ Another study by Family Health International (FHI) was conducted from 2004 to 2006 in four hospitals providing PAC services in the Dominican Republic. It found that no condoms were available for distribution during postabortion counseling.¹⁰ This oversight is of particular concern for youth, because condoms are a popular and accessible contraceptive method for young people worldwide.

Efforts to implement youth-friendly PAC

Several projects have addressed the feasibility and impact of a youth-friendly PAC approach and the importance of mobilizing communities, including adolescents, to understand, accept, and support PAC services.

Improving providers' knowledge about PAC and attitudes toward youth. In FHI's study in the Dominican Republic, providers in four study hospitals were trained with materials that emphasized working with young clients. Providers were encouraged to examine any prejudices they might have about youth, youth's reproductive health needs, and young women's reasons for needing PAC. Providers were familiarized with WHO's medical eligibility criteria for contraceptive use, and much effort was spent

reinforcing the fact that age is not a medical restriction for any contraceptive method. Six months after the training, researchers interviewed 274 PAC patients (140 patients \leq 19 years old) and surveyed 88 providers. The number of providers who believed that offering contraception to youth encouraged sexual risk-taking decreased from 84 (60 percent) before training to 28 (20 percent) after training. The number of providers who said it was wrong for adolescents to have sex decreased from 56 (40 percent) to 38 (27 percent). Before the training, 81 providers (58 percent) reported that age alone constituted a medical reason for denying young women certain contraceptive methods; after the training, only 30 (22 percent) held that opinion.¹¹

In its eight-country project, Pathfinder and local partners developed and implemented country-specific programs for providing youth-friendly PAC. Program components included community outreach to create a more supportive environment for youth who need PAC, orientation for peer educators and community counselors, training providers to work with youth, and strengthening referral systems to include youth-friendly facilities. A comparison of pre- and post-training tests of 125 providers in eight countries showed increased knowledge about youth-friendly PAC services. Provider knowledge increased by an average of 37 percent, ranging from a 9-percent increase in Kenya to a 61-percent increase in Ethiopia.

Increasing youth's use of postabortion contraception. In most of the countries in the Pathfinder project, the proportion of youth who accepted a contraceptive method after PAC increased—significantly, in some countries. For example, in Nigeria, the number of youth who accepted a family planning method rose from 97 of 148 clients (66 percent) in the first quarter, to all 101 clients who received PAC in the fourth quarter.¹² In FHI's study in the Dominican Republic, 40 percent of young PAC clients accepted contraception after the intervention.

Integrating HIV counseling and testing. The Pathfinder study also showed that PAC can be integrated with other reproductive health services.

For example, the Ethiopia intervention included integration of PAC and counseling and testing for HIV. After integrated services began, nearly 70 percent of young PAC clients (235 of 336 patients) received HIV counseling and testing, and six eligible patients received antiretroviral therapy and support services.

Community mobilization. Since 2004, USAID has provided funding to Bolivia, Senegal, and Kenya to implement a PAC community mobilization program. More than 1,700 community residents (including youth) have been involved in community meetings that address the consequences of unintended pregnancy and unsafe abortion. Throughout these three countries, problems identified that affect youth specifically included:

- Missed opportunities by health staff to educate youth about reproductive health
- Peer pressure leading to abortion
- Parents assisting and encouraging their school-age daughters to abort
- Youth being unaware of their rights and responsibilities as users of health care
- Youth lacking access to condoms at health centers

Communities in these countries devised and implemented action plans that have resulted in provider training on PAC. Also, stronger relationships have developed among providers, facilities, and the communities they serve, resulting in increased uptake of contraception by the PAC clients and the community at large, and improved quality of care overall. In all three countries, emergency transport and emergency funds for PAC have been established by the communities.¹³

Conclusions

Some positive results have emerged from efforts to provide better PAC to youth, but many challenges remain. The FHI study in the Dominican Republic found that while provider knowledge and attitudes improved, providers' self-reported counseling behaviors were unchanged from baseline to follow-up. Pathfinder concluded that its work resulted in some

promising approaches, but the final report on the project recommends that the overall quality of PAC needs to be improved for all women before attention can be paid specifically to youth-friendly PAC services.¹⁴

The rationale for quality PAC services for youth is strong, but more research is needed to identify which improvements to PAC will most benefit young people. One area for further research is rigorous evaluation of the effectiveness of youth-friendly PAC, ideally with a large study that compares the effect of providing general, high-quality PAC

WHAT CONSTITUTES YOUTH-FRIENDLY PAC?

According to WHO, youth-friendly health services, including PAC, should be accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient. Below are recommendations for making PAC services, specifically, more youth friendly:

- Facility managers should learn current national laws and policies regarding PAC services to adolescents and contraceptive methods that can be provided to youth.
 - Program managers and other interested stakeholders should raise awareness in the community to dispel myths about PAC and help to reduce stigma so that young people are less likely to delay seeking services.
 - For providers:
 - Many women, including youth, do not receive family planning services immediately after treatment of complications of incomplete abortion, even though they are at risk of pregnancy within the next two to three weeks. In October 2009, USAID, with the International Federation of Gynecology and Obstetrics, the International Confederation of Midwives, and the International Council of Nurses, issued a consensus statement about the importance of family planning as a key component of PAC.
- During postabortion counseling, determine young clients' reproductive intentions, and help them prevent future unintended pregnancies. Offer a range of contraceptive methods, without requiring consent from parents or partners. A client's age does not preclude her from using any method, although sterilization is *usually* not appropriate. Explain dual protection and how to negotiate condom use.
- Whenever possible, refer young clients to a range of other sexual and reproductive health services during their PAC visit. It can be challenging for young people to return for follow-up care. When needed, refer clients to other facilities or organizations that offer youth-friendly services.
 - Be aware of technical issues involved in treating adolescent clients, and stock necessary supplies. For example, young clients might require smaller speculums than more mature clients.
 - Recognize that young people might be more anxious than older clients, which can increase their level of pain. Offer pain management options.¹⁵

Adapted from PAC Consortium's Technical Guidance on Youth-Friendly PAC, available at <http://www.pac-consortium.org/site/PageServer> and Adolescent Friendly Health Services, An Agenda for Change, WHO 2002.

to providing PAC services enhanced by provider training on youth-related issues. Comparing the two could help to determine whether the enhanced youth training leads to increased contraceptive uptake by youth, better health outcomes after unsafe abortion, and better perceived quality of care.

Research and programmatic experience have suggested several strategies for improving PAC for young people:

- Training can improve providers' attitudes toward young clients. In FHI's study in the Dominican Republic, researchers developed training materials that emphasized working with young clients. After the training, 50 percent fewer providers reported that age constituted a medical reason for denying contraceptives to young women.
- Advocacy in communities and among various stakeholders is needed to clarify the definition of PAC and the legality of its provision; reduce stigma, build trust, and increase acceptance of PAC services; and emphasize the importance of stocking the supplies needed to provide PAC to youth. In Pathfinder's eight-country project, meetings were held with parents, religious and community leaders, and peer educators. Work in Bolivia, Senegal, and Kenya raised awareness about PAC services and encouraged adult and youth community members to act as champions of PAC services.
- A PAC visit might be a young woman's first encounter with the health care system and a good opportunity to address her broader health needs. The U.S. Agency for International Development and the PAC Consortium—a group of organizations working for safe, accessible PAC—advocate for PAC services to include an array of reproductive and other health services, preferably provided on-site or via referrals to other youth-friendly facilities. Pathfinder's work in Ethiopia showed that integrating PAC and HIV counseling and testing can be a successful service-delivery model, but more information is needed on how

best to link emergency PAC services with other opportunities in order to improve adolescent reproductive health and prevent unintended pregnancies and repeat abortions.

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