

Improving access to safe abortion in humanitarian settings

Access to safe abortion is a recognised human right—but humanitarian agencies often fail to offer this essential health service. In the face of these barriers, refugees and displaced people may use unsafe methods to end their pregnancies.

Serious gaps in availability and accessibility of safe abortion methods must be addressed

Refugees and displaced people face uniquely challenging barriers to abortion access. This mixed-methods community-engaged study found that most women and girls in Kakuma Refugee Camp (Kenya) and Bidibidi Refugee Settlement (Uganda) did not use World Health Organization recommended abortion methods. Instead, traditional herbs, non-medication abortion pharmaceutical drugs, or other unsafe methods were used. Very few reported using medication abortion or obtaining an abortion in a health care facility.

While self-managed medication abortion has been demonstrated to be an effective, safe, and high quality experience in other settings where access to abortion in the formal healthcare system is limited, participants in this context had limited knowledge of or access to it. More resources should be dedicated to improving provision of safe abortion in humanitarian settings.



Resilience Action staff and community partners testing the potential of a hotline to increase access to safe abortion knowledge and support. Credit: Moris Albert

Background

Displaced women and girls are at increased risk of unintended pregnancy, due to increased exposure to sexual violence, and engagement in transactional sex due to limited economic resources. They also face barriers to accessing the full range of contraceptive methods due to resource and capacity constraints. However, safe abortion care is still largely absent from humanitarian programming. Despite calls for action on this issue, little is known about the barriers and facilitators to expanding abortion access in these contexts to inform programme design and delivery.

How the research was conducted

To explore and document refugee experiences with abortion, respondent-driven sampling was used to sample 1201 women and girls with recent abortion experiences. In-depth interviews and focus groups were conducted with women and key stakeholders, and a health facility assessment survey measured safe abortion provision in both camps.

Key findings

- The majority (84%) of participants with recent abortion experiences used non-recommended methods, including: traditional herbs; misuse of pharmaceuticals, and ingestion of toxic substances.
- Very few participants used WHO-recommended methods for abortion, such as medication abortion (misoprostol alone or in combination with mifepristone), or procedural abortion methods (manual vacuum aspiration or dilation and evacuation). Only 5% of participants sought care from the formal healthcare system.
- Economic concerns and having an unsupportive partner were primary reasons participants wanted to terminate their pregnancy.
- Experiencing signs of potential complications, such as heavy bleeding and signs of infection, was common. Despite this, some avoided seeking care, due to fear of stigma, mistreatment, or arrest.
 - Of the 28 health facilities surveyed, only two reported offering abortion care.
- While a quarter of participants knew about medication abortion, only 1% could name misoprostol.

Implications for humanitarian practitioners and policymakers

These findings demonstrate that despite the need for abortion services among displaced women and girls, there is a severe lack of access to WHO-recommended methods of abortion in humanitarian settings. Practitioners and policy makers should dedicate resources to training providers on provision of safe abortion, as well as building trust and awareness of the availability of these services for those living in refugee contexts.

Increased access and availability of WHO-recommended medication abortion methods (misoprostol alone or in combination with mifepristone), as well as programs to increase medication abortion knowledge and support, can expand the cadres of providers who can offer safe abortion care, and expand opportunities for self-managed medication abortion use.

Initiatives to increase information and support for self-managed medication abortion should occur in tandem with efforts to strengthen facility-based abortion care. Humanitarian agencies and advocates should renew and strengthen their efforts to make facility-based abortion care accessible, as individuals not only deserve the right to have an abortion, but to decide where, how, and with what support their abortion takes place.

Recommendations for future research

There is a human rights imperative to expanding and ensuring global abortion access—and those living in humanitarian contexts should not be overlooked. Future research efforts should focus on centering the information needs and priorities of individuals in need of safe abortion care in these contexts to inform the development of person-centered interventions, such as pharmacist distribution methods, training of community champions on self-managed abortion regimens, and building of referral and information networks.

About the study team

The Principal Investigators of this study are Ruvani Jayaweera, Research Scientist at Ibis Reproductive Health, and Tamara Feters, Senior Researcher at Ipas. Partner organizations include the African Population and Health Research Center (APHRC), the International Rescue Committee (IRC), and Resilience Action International (RAI). The research partnership is founded on respect, mutual accountability, making impact, and shared power.

Keywords

Abortion, self-care, self-managed abortion, sexual and reproductive health

Articles and further reading

All outputs can be found on the study page on the Elrha website:

<https://www.elrha.org/project/self-managed-abortion-barriers-and-opportunities-in-humanitarian-settings/>

Article:

<https://www.frontiersin.org/articles/10.3389/fgwh.2021.681039/full>



This research was funded by Elrha's Research for Health in Humanitarian Crises Programme (R2HC), which aims to improve health outcomes for people affected by crises by strengthening the evidence base for public health interventions. The programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome, and the UK National Institute for Health Research (NIHR). Elrha has developed this Research Snapshot in consultation and partnership with University of Victoria's Research Partnerships and Knowledge Mobilization unit, on behalf of Research Impact Canada – Réseau Impact Recherche Canada network.

<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>