

My Body, My Voice: International Safe Abortion Day Briefing

The Spotlight Webinar Series

28th September 2020

#MyBodyMyVoice



22,800

LIVES ARE LOST
EVERY YEAR DUE TO
UNSAFE ABORTION



#INTERNATIONALSAFEABORTIONDAY



Today's speakers:



Chair: Katy Footman
Senior Research Manager, Safe Abortion
Marie Stopes International



Ntindah Luembe
Regional Development Manager,
East & Southern Africa
Marie Stopes International



Rasha Dabash
Director, Technical Excellence
Ipas



Dr. Suchitra Dalvie
Gynaecologist and Coordinator of
the Asia Safe Abortion Partnership

Today's Aim:

Launching insights from MSI's annual client exit interview of abortion clients, with data and learnings on how to support safe self-management.

Please feel free to submit questions throughout

The webinar recording will be shared

Agenda:

- 1. My Body, My Voice:** Insights from women's views on abortion care [Katy Footman](#)
- 2. #iManageMyAbortion:** Harnessing self-management to eliminate unsafe abortion [Ntindah Luembe](#)
- 3. Innovations in telehealth and self-care:** supporting access during COVID-19 and beyond [Rasha Dabash](#)
- 4. The political significance of self-managed abortion care** [Dr Suchitra Dalvie](#)
- 5. Discussion and Audience Q&A**

#MyBodyMyVoice

My Body, My Voice

Insights from women's views on abortion care at MSI

Katy Footman, Senior Researcher,
katy.footman@mariestopes.org

[#MyBodyMyVoice](https://twitter.com/MyBodyMyVoice)



Introducing the Data: MSI's Client Exit Interviews

- Since founded in 1976, our sexual and reproductive health services have delivered choice to over 145 million clients
- Exit interviews are conducted every year amongst a representative sample of clients in each country and channel
- After their appointment, clients are invited to speak to a trained interviewer
- If they give informed consent, clients are interviewed for 30-40 minutes using a standardised questionnaire
- Since 2018, we have interviewed a larger sample of safe abortion clients with an extended questionnaire and in 2019 we were able to include safe abortion clients in more countries and more service delivery channels



1,800 CLIENTS

**From countries across
Africa and Asia**

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How do clients hear about our services?

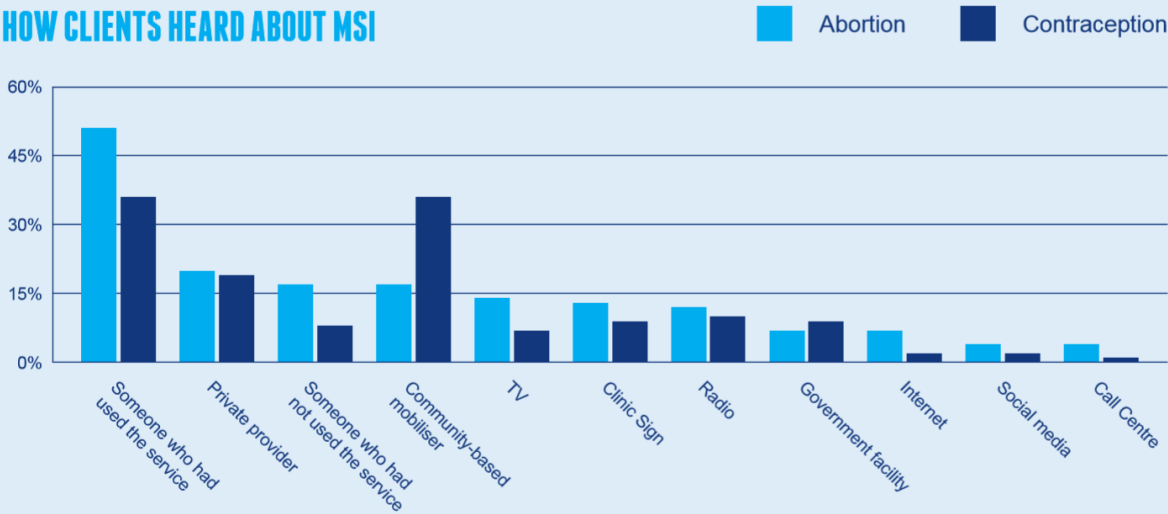
Building awareness through word of mouth

Over half of our safe abortion clients (59%) did not know of any other options

Word of mouth continues to be the most important way that clients hear about MSI abortion services

Referrals and community-based mobilisers also play an important role.

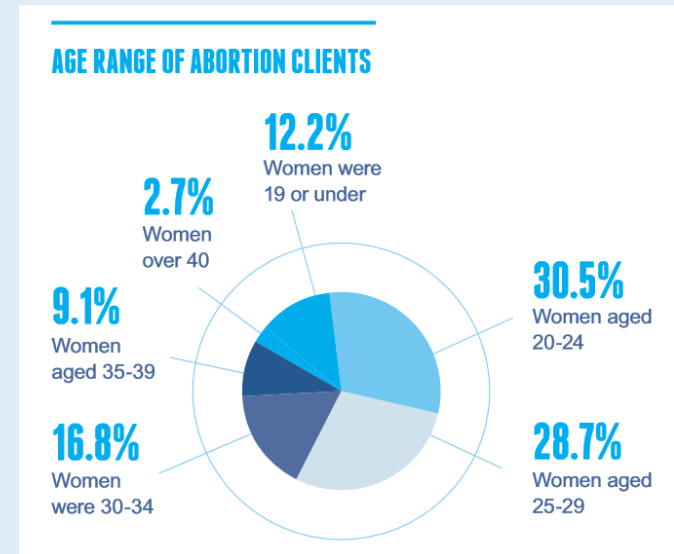
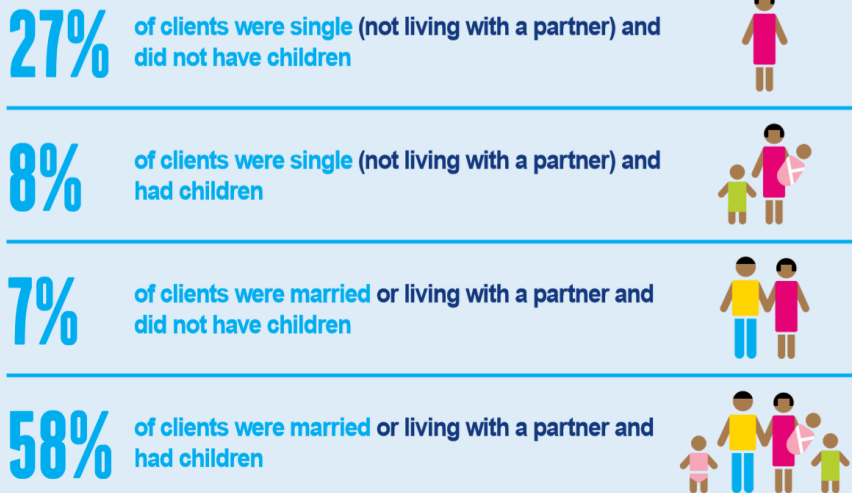
HOW CLIENTS HEARD ABOUT MSI



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Who is accessing safe abortion care?

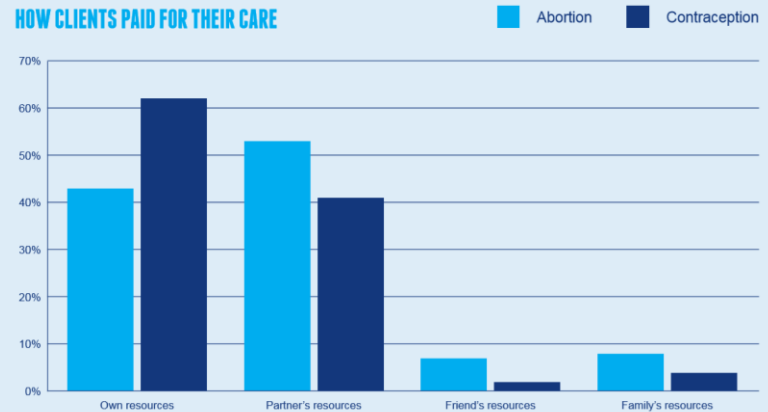
MSI clients are accessing abortion care at different stages of their reproductive lives



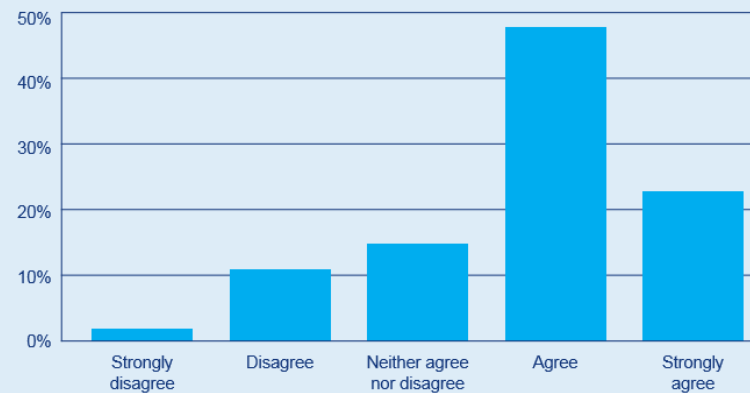
How are clients accessing safe abortion care?

- Partners and families often helped clients to fund time-sensitive abortion care
- Adolescents and unmarried clients were more likely to find it difficult to pay for care.
- Most abortion clients felt supported by their partner (76%), people they were close to (72%) and their healthcare provider (97%)

HOW CLIENTS PAID FOR THEIR CARE



CLIENTS WHO AGREED THAT PEOPLE CLOSE TO THEM WOULD BE SUPPORTIVE OF THEM ACCESSING A SAFE ABORTION



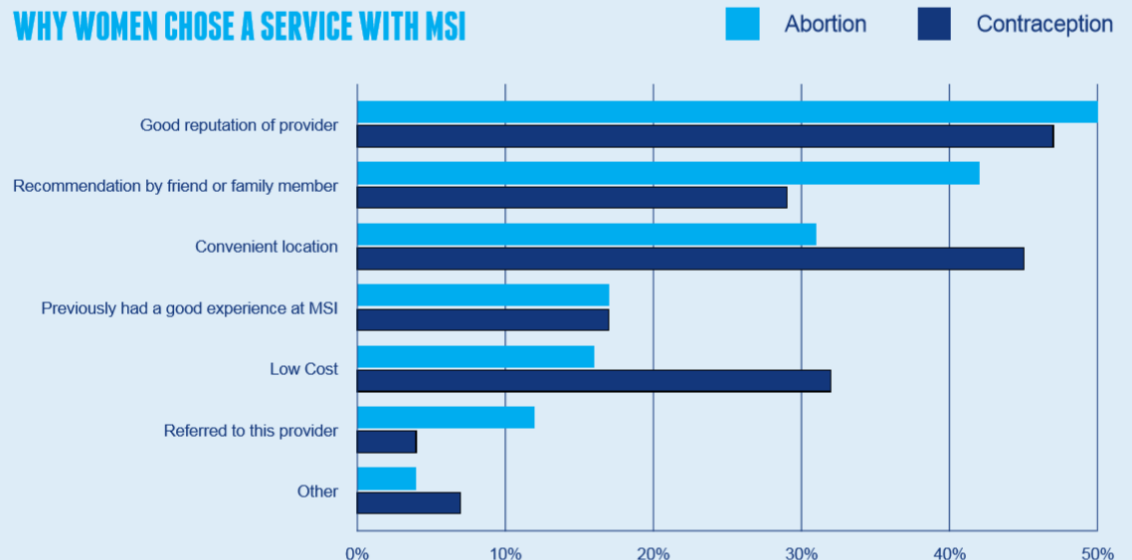
What do clients value in safe abortion care?

Our data showed that clients chose MSI due to the provider's reputation and recommendations

Recommendations were more important to abortion clients than contraceptive clients

A convenient location was also important, highlighting the need to make care locally available and accessible. Most abortion clients travelled less than an hour to reach MSI, but abortion clients had to travel for longer than contraceptive clients.

WHY WOMEN CHOSE A SERVICE WITH MSI

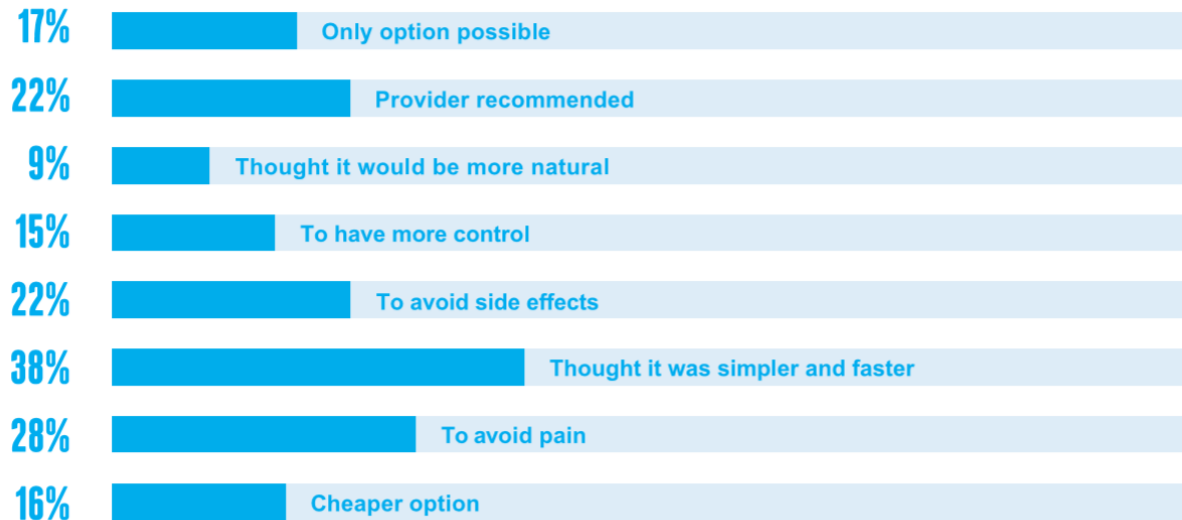


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Ensuring choice of abortion methods

- Service acceptability is greatest when women can choose and receive their preferred method.
- 88% of our abortion clients were counselled on both options, with 60% choosing medication abortion, while 40% choose surgical abortion
- Client satisfaction remained high for both medical and surgical abortion clients (97% vs 95%)

CLIENTS' REASONS FOR ABORTION METHOD CHOICE



Eliminating unsafe abortion: Recommendations

1



**WORK WITH PARTNERS TO BUILD
COMMUNITY AWARENESS:**

2



**REMOVE UNNECESSARY LEGAL,
POLICY AND FINANCIAL BARRIERS:**

3



ENABLE TRUE REPRODUCTIVE CHOICE:

The role of self-management in eliminating unsafe abortion

Unsafe abortion practices claim 22,000 lives every year

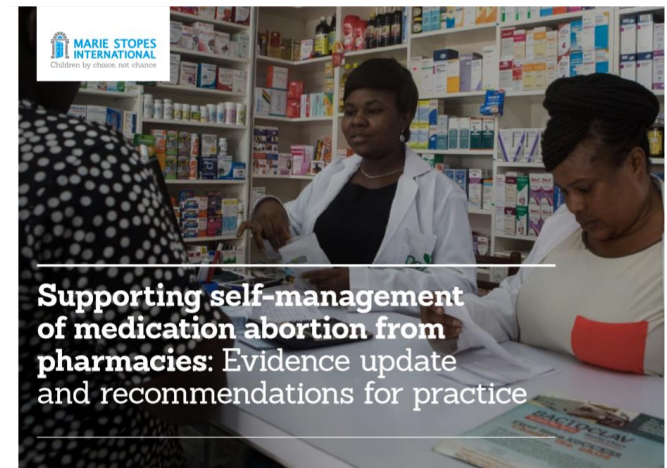
Self-management is increasingly common, with pharmacies the first port-of-call in many places

Availability of misoprostol and combi-pack has led to a dramatic decline in maternal mortality

Evidence shows **self-administered medication abortion** can be:

- ✓ Effective
- ✓ Client-centred

How can we better support safe self-administration?



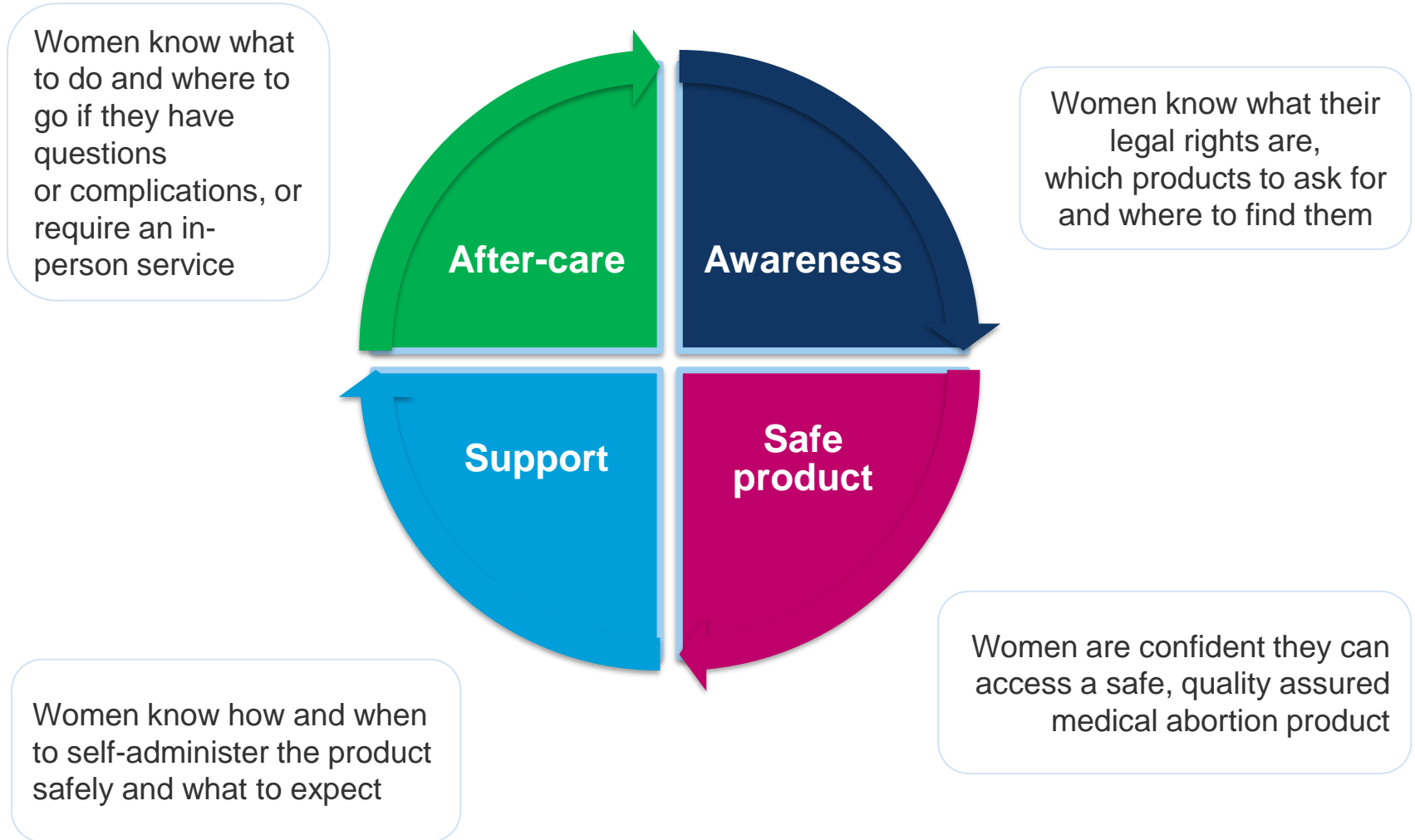
#iManageMyAbortion

Harnessing self-management to
eliminate unsafe abortion



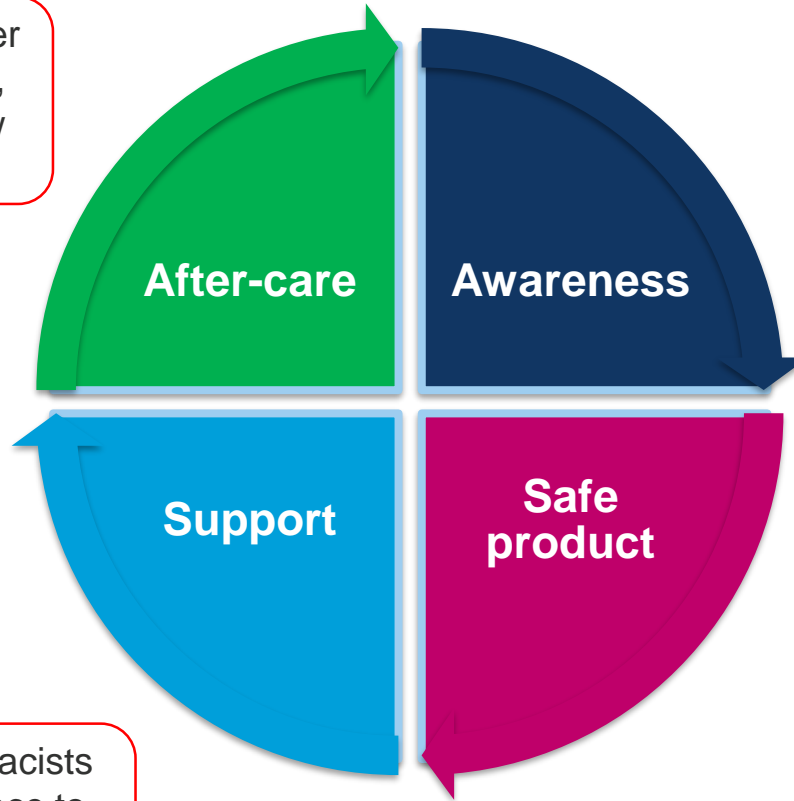
Ntindah Luembe
Regional Development Manager
East & Southern Africa
Marie Stopes International

A Continuum of Care: Our vision for safe self-management



The Challenge: Not all women are being supported safely

If women self-administer and face complications, they won't always know where to access care



less than 50% of women are aware of their national abortion laws, pushing many to unsafe providers

Studies found pharmacists fail to pass on guidance to clients and products don't include instructions

Studies found low quality products that fail to meet WHO guidelines and counterfeits

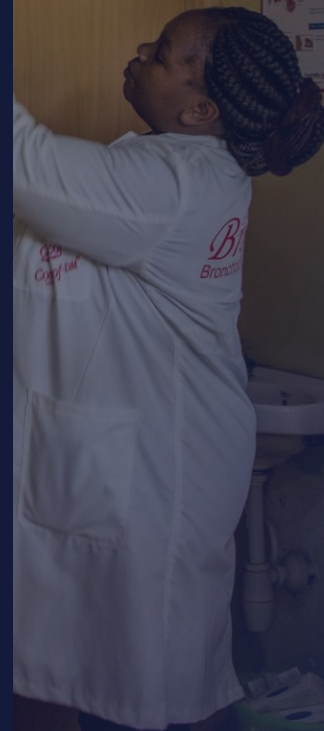
Evidence-based solutions: Delivering a continuum of care



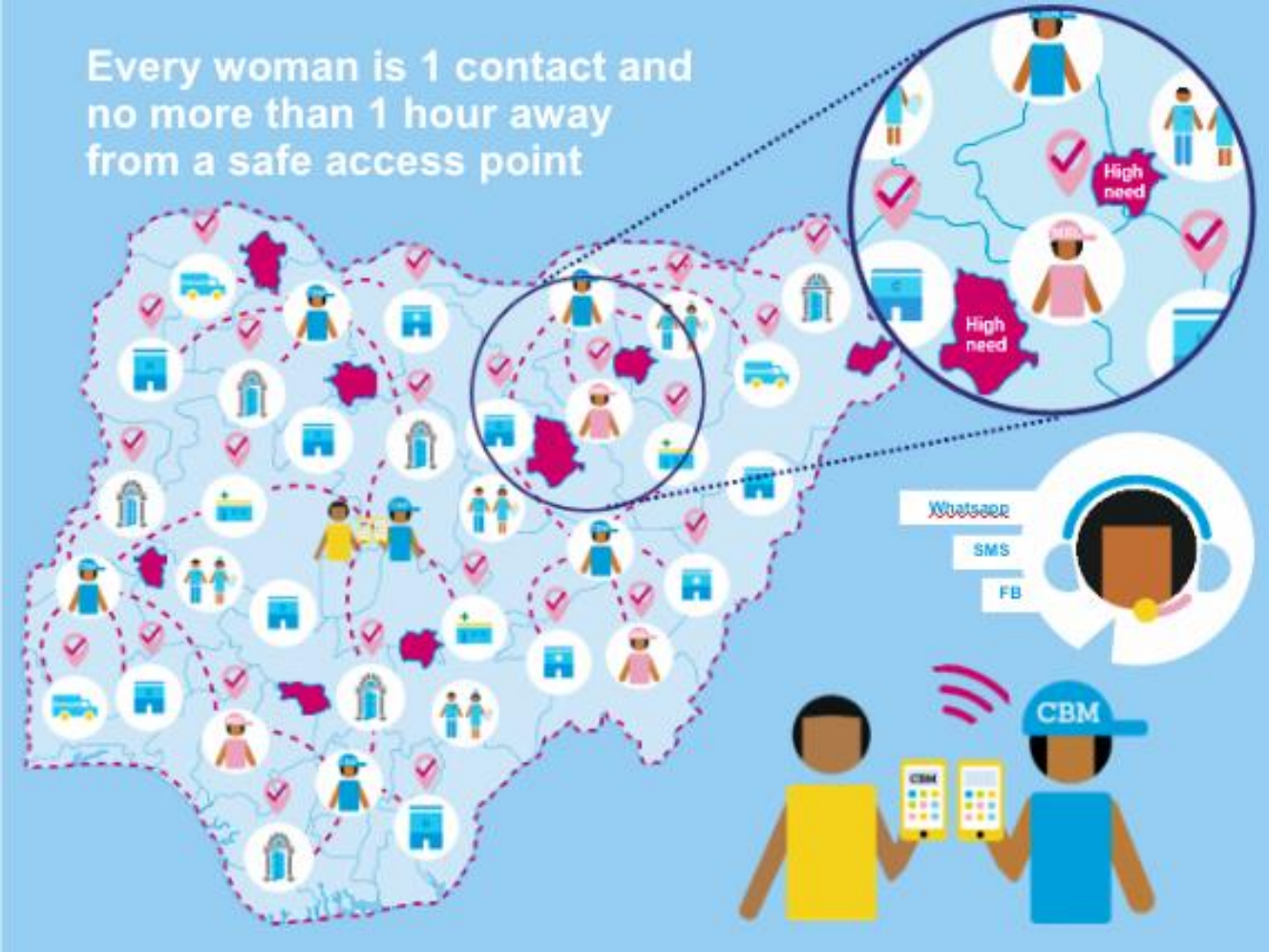
Continuum of Care: Supporting safe self-management of medical abortion in Zambia

“I have always been keen to help women in my community and the biggest needs are around sexual and reproductive health.

Marie Stopes Zambia supports my work through the provision of quality products, detailed, relevant materials and a toll-free help line that is available to me and my clients. If a woman is unable to purchase the drugs due to money constraints, I refer her to the nearest health facility where I know she will be assisted with no judgement.” - Chisekwa, Pharmacist



MSI's Vision: Partnering to eliminate unsafe abortion by 2030





Innovations in Telehealth and Self Care: Supporting women in abortion care during Covid-19 and beyond



Rasha Dabash



Director, Technical Excellence, Ipas



Sustainable Abortion Ecosystem Framework



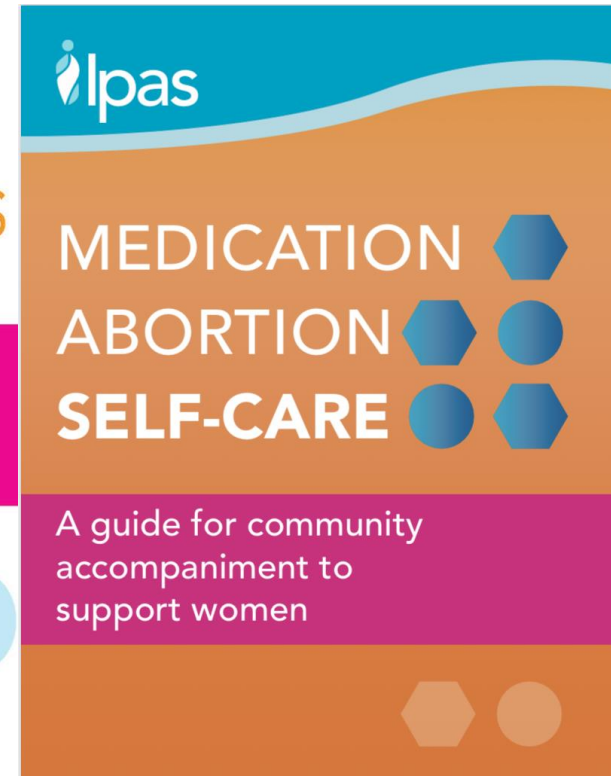
MA Innovations and models

- Accompaniment Models
- ASC tools/resources
- Telemedicine
- AI/Chatbots



HOW TO HAVE AN ABORTION WITH PILLS

This toolkit helps women know if they can use abortion pills to end an unwanted pregnancy, how to use abortion pills, and how to know if they worked.



Telemedicine for bridging the digital divide



In their words:

It is the first time I have talked to a doctor on phone. I am very happy how doctor has guided me, the medicine was effective, such online system must be continued

Client
District Jhelum

I had been visiting doctors in this COVID situation.. by talking to a doctor with privacy and comfort of home, felt like blessing for me...

Client
District Pakpattan

We were reluctant to refer our patients to facilities due to COVID-19. This online system has helped us re- established community linkages.


LHW
District Jhelum

During the COVID-19 when gender based violence & marital rape resulting in unintended pregnancy is high, Ipas initiative is life saving for vulnerable women/girls

Ipas Trainer

I will be more confident to treat Medical Abortion and counsel on contraception. Well elaborated session, Thanks!

Telehealth physician
provider

A background image showing a person from behind, riding a bicycle on a dirt road that stretches into the distance. The scene is slightly blurred, suggesting motion. The person is wearing a light-colored shirt and dark pants. The road is flanked by trees and vegetation.

Developing and testing a telehealth solution for improved SRH outcomes in India, Kenya and the DRC






An SMS/WhatsApp-based solution for expanded SRH information, case management and referral




The Political Significance of Self Managed Abortion




Dr. Suchitra Dalvie MD, MRCOG

Select Language |     


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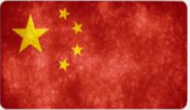
Australia




Bangladesh




Cambodia




China




India




Indonesia



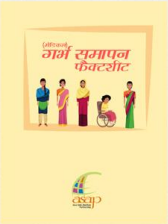
Japan

 Home / Information Booklet

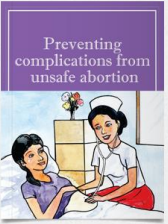
Information Booklet



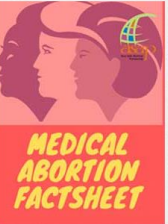
MA Covid in English



Medical Abortion Fact Sheet in Hindi



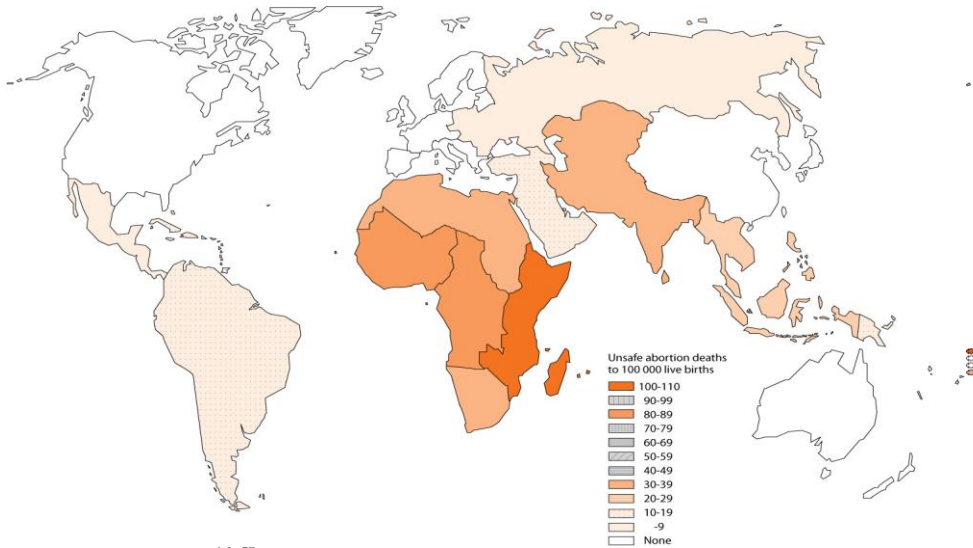
Preventing complications from unsafe abortion
[\(Info guide\)](#)



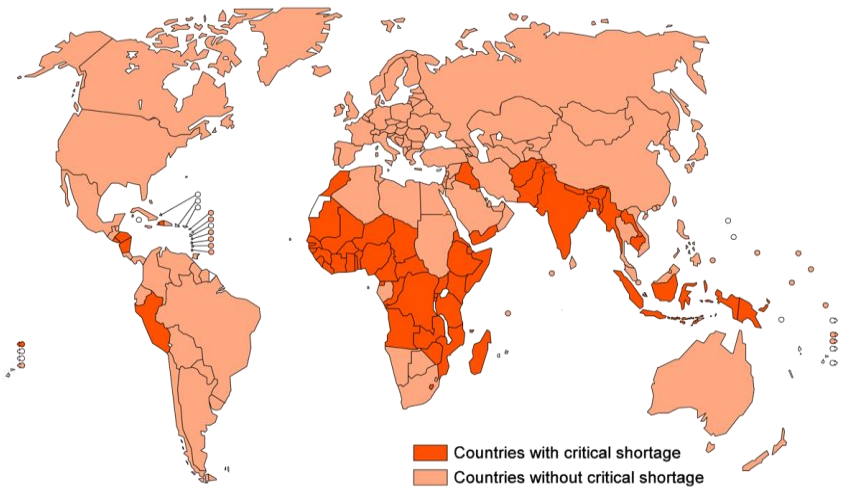
Medical Abortion Factsheet



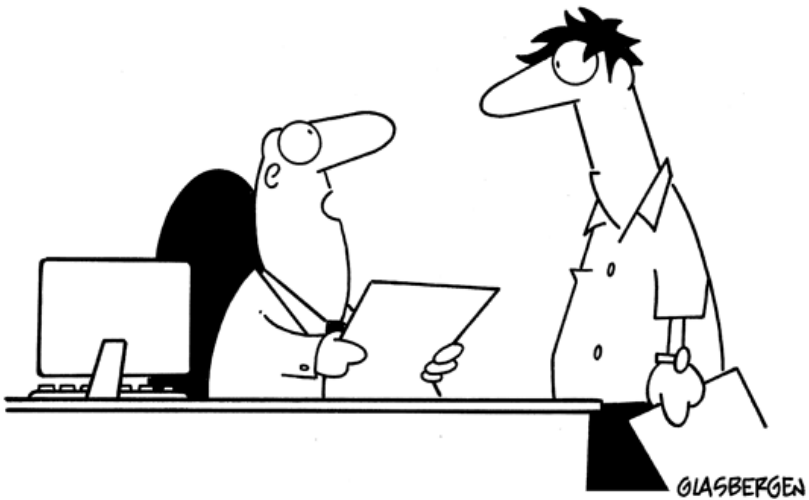
Unsafe abortion-related deaths per 100000 live births, 2008



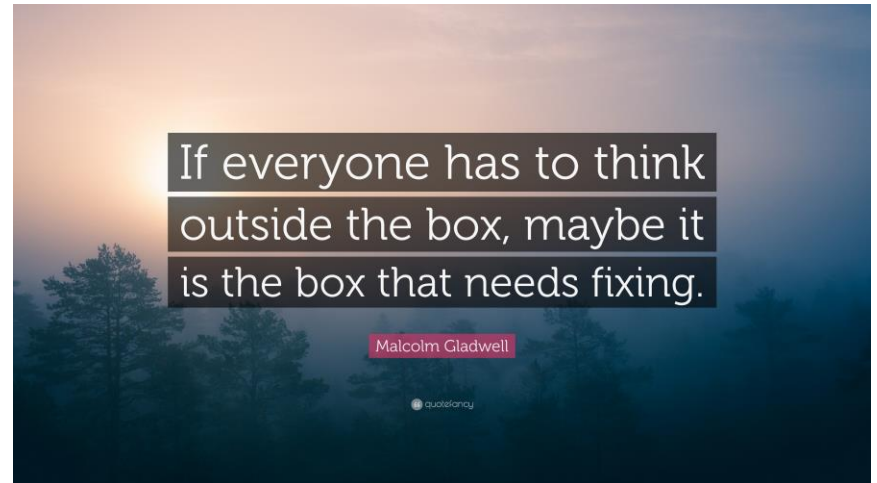
Distribution of health service providers



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www.glasbergen.com



“I want you to think 7.048239 inches outside of the box.”

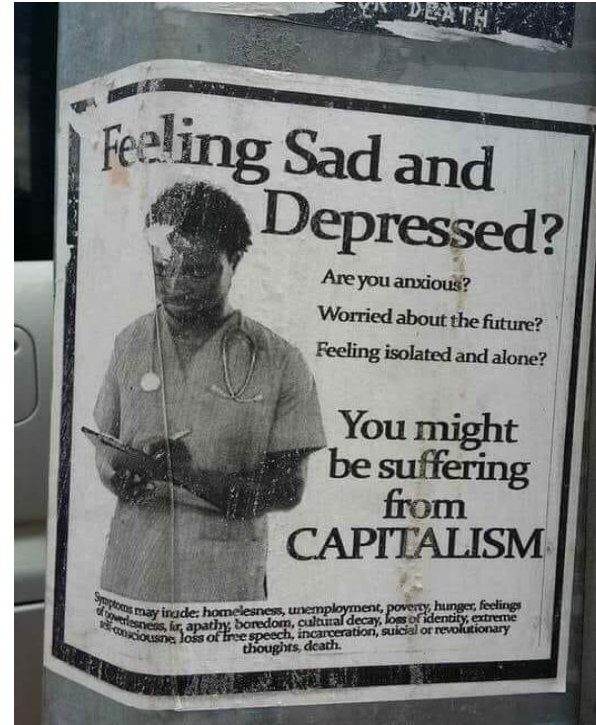


So, what are the walls of this box?

- Physical clinic/healthcare facility
- Physically present healthcare provider
- Handwritten/ physical prescription
- Physically present pregnant person
- Abortion laws based on archaic colonial Penal Codes
- ‘Safe where legal.’
- ‘Abortion is not Family Planning.’



Pills
to Fake Your
Virginity



Out of Box ideas

- Harm reduction
- Conscientious provision
- Post contraception abortion
- Self managed abortion

W.H.O defines self-care as

“the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”.

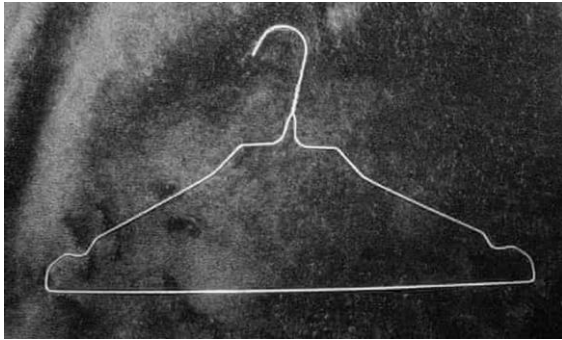
Self care in women’s reproductive health

- Natural miscarriages
- Childbirth

So why not de-medicalize safe abortions also?



But hasn't abortion always been self managed?



**DR. LAROUE'S
COTTON ROOT PILLS**

Safe and absolutely pure. Most powerful Female Regulator known. Should not be taken during pregnancy. If your druggist does not keep them, they will be sent prepaid on receipt of price.

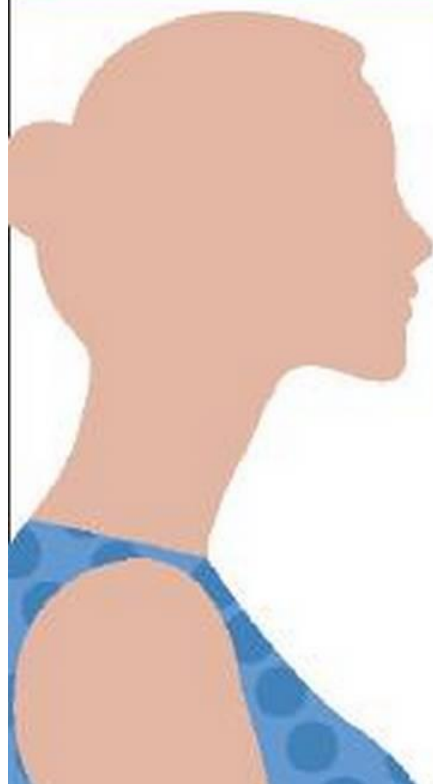
AMERICAN PILL CO., Detroit, Mich.
For sale in Toronto by
Neil C. Lavo & Co., 163 Yonge street.
A. E. Walton, cor. Queen st. E., Broadview ave.
R. O. Snider & Co., St. Lawrence Market.
W. H. Montgomery, cor. Yonge and Gerrard st.
Rosalie House Drug Store.
Lyman, Knox & Co., wholesale agents. 712



What we want is Safe Self Managed Abortion! (SSMA)

- self-assessing their pregnancy and self- procuring the pills (online/chemist)
- self-administrating medical abortion pills in a location of their choice (such as their home)
- self- conducting the actual abortion process (managing the bleeding, the products and their disposal)
- without having to visit a medical facility,
- when they have a source of accurate information and support services,
- But **can access a health care provider should they need or want to at any stage of the process.**

Abortion legal in India since 1971



Abortion is legal up to 20 weeks of pregnancy, based on certain conditions and when provided by a registered medical practitioner at a registered medical facility.

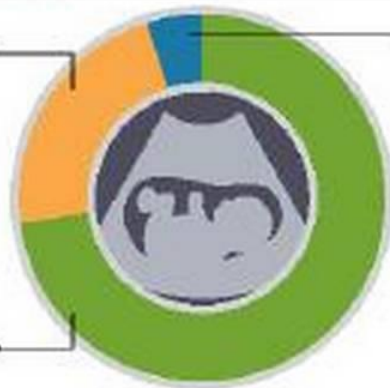
One medical practitioner is required in cases of first trimester abortions and two medical practitioners for second trimester abortions.

Findings from the Guttmacher and Population Council study

15.6 million abortions occurred in India in 2015

3.4 million
(22%)
abortions were
obtained in
health facilities

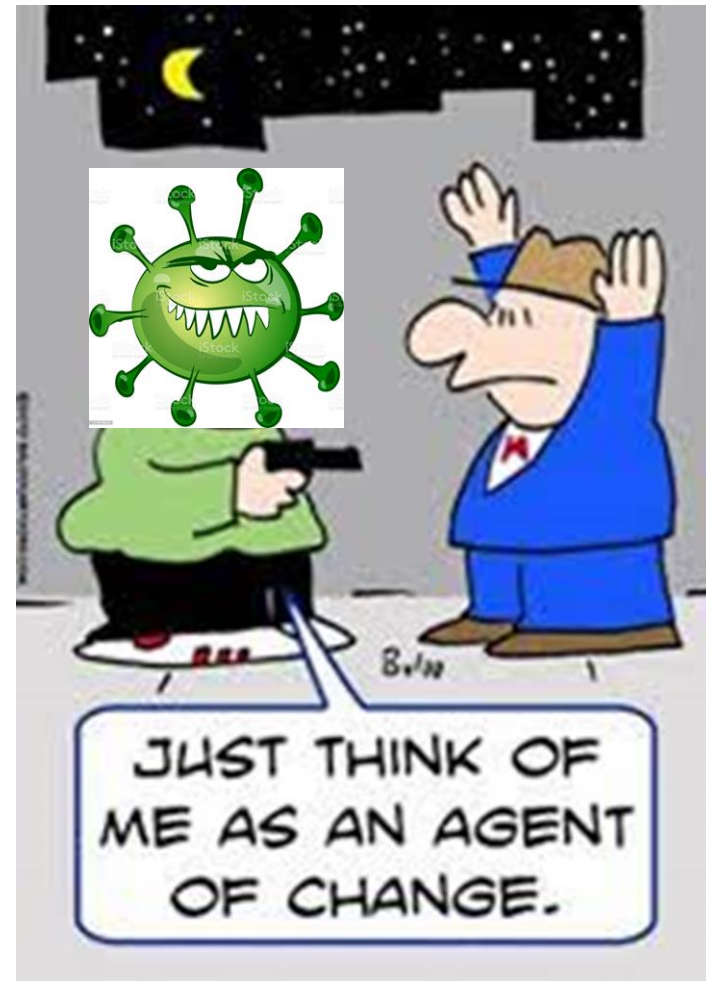
11.5 million
(73%)



0.8 million
(5%)
were through
methods other
than medication
abortion and
were probably
unsafe

Just like the oral pill one generation ago, this pill also has the power to disrupt the narrative and subvert the hegemonic control of the patriarchy on women's sexual and reproductive lives.

The current pandemic has given us an unprecedented opportunity to make this happen.



Any questions?

- **Katy Footman, Senior Research Manager, Safe Abortion, MSI**
- **Ntindah Luembe, Regional Development Manager, East & Southern Africa, MSI**
- **Rasha Dabash, Director, Technical Excellence, Ipas**
- **Dr. Suchitra Dalvie, Gynaecologist and Coordinator of the Asia Safe Abortion Partnership**

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Thank you!



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