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Comprehensive Safe Abortion Programming: The Pathfinder International Approach

PATHFINDER INTERNATIONAL

Pathfinder International has promoted safe abortion and postabortion care across three continents for more than 30 years. In the 1970s programs in Turkey and Bangladesh expanded access to safe abortion and menstrual regulation services, and studies were undertaken in Brazil. Work to improve the quality of legal abortion in Viet Nam began in 1994, and the same goal was pursued in India in the early 2000s. Current abortion work is under way in Ghana, South Africa, Mozambique, India, Viet Nam and Ethiopia, and advocacy work is pursued in Brazil, Peru, and Angola.

Every woman has the right to use the contraceptive method of her choice and to access quality sexual and reproductive health services, including safe abortion. As a leading advocate for international reproductive rights and a provider of quality reproductive health care, Pathfinder International places the highest priority on improving the availability and quality of contraception and safe abortion services. Eliminating the social and economic inequalities that limit women's access to these services is essential.

Worldwide unsafe abortion statistics make access to safe abortion a public health imperative. A woman's right to self-determination — to pursue education, economic opportunities, and social development goals — requires that she have the ability to decide whether and when to have children. Access to effective sexual and reproductive health (SRH) services and social programs reduces the need for abortion services, but the myriad reasons why women face unplanned pregnancy persist — lack of access

to or failure of contraception, limited power in relationships, gender inequity, violence, and social and religious pressures. As long as these issues persist, abortion services will be needed and women must have the right to obtain them.

BACKGROUND

In 2003, 41.6 million abortions were performed around the world, 19.7 million of which occurred under unsafe conditions.¹ An estimated 97 percent of unsafe abortions are sought by women

¹ World Health Organization (WHO) 2007. *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*, 5th edition, Geneva, Switzerland.

in developing countries,² isolated by legal restrictions, stigma, and poverty. In Africa, the World Health Organization estimates that one in seven maternal deaths is a result of unsafe abortion.³ Due to improved access to contraception, the rate of abortions declined by 17 percent worldwide between 1995 and 2003,⁴ but the actual number of unsafe abortions remained almost the same, because improved safe services have failed to reach many of the poor.

Postabortion Care

In the face of a worldwide crisis in unsafe abortions, Pathfinder has implemented comprehensive postabortion care (PAC) programs in nearly 20 countries. Quality PAC services are essential wherever women are forced to seek abortion outside professional healthcare services. As a founding member of the Post Abortion Care Consortium in 1993, Pathfinder is a world leader in advocacy for access to integrated abortion services and postabortion care, and women's overall reproductive rights.

The human costs of unsafe abortion are difficult to comprehend — each woman and her family bear an individual burden. But unsafe abortion holds economic consequences for governments as well. An estimated \$US460-550 million is paid by governments annually to treat serious consequences of unsafe abortion.⁵

With the new US administration, international supporters have cut contributions for abortion, anticipating government funding. But the US government continues to fail to fund abortion. Programmers must redouble efforts to identify supportive donors, as well as concerned local and international stakeholders. The fact that women with money can access safe abortion and those without must resort to unsafe procedures or continue an unwanted pregnancy must not be allowed to continue. Funding increases are needed to address this deadly gap.

Pathfinder International's Safe Abortion Program

Pathfinder promotes women's access to SRH services along a continuum of needs, beginning with access to contraception to prevent unplanned pregnancy. Complete care covers all SRH needs, including screening and care for STIs/HIV, maternal care, screening for cervical cancer, and access to safe abortion and quality postabortion care. A woman should have access to care at any point along this continuum.

Providers are trained in both manual vacuum aspiration (MVA) and medical abortion (MA) techniques to ensure access in resource-poor environments where facilities cannot support MVA. Where abortion is less restricted and services poor or non-existent, Pathfinder improves them by promoting comprehensive abortion care (CAC) including integrated SRH counseling, safe treatment and procedures, postabortion contraceptive counseling and provision, referral for other identified SRH and health needs, and community mobilization and education.

Pathfinder tailors its approaches to the needs and prevailing conditions within a country, consistently pushing to optimize every PAC or CAC intervention within legal and funding limits to improve access to services. New abortion services often emerge where previously absent, existing services are improved, and providers trained in modern methods.

Successful interventions start with commitment to protecting women's health, upholding their choices, and defending their rights. Pathfinder's clear priorities establish common ground with government and civil society partners. A planned, local approach to programming must identify practical entry points. Community needs, the legislative and political environment, funding sources, and strategic partnerships must all be identified and analyzed. Trust and confidence among government and stakeholder partners and communities are paramount, particularly where the regulatory framework is unclear or in transition. While shared political or moral views on abortion may be desirable, they are not essential. Common ground can often be found in shared concern over maternal morbidity and mortality.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Singh, S., et. al, *Abortion Worldwide: A Decade of Uneven Progress*, New York: Guttmacher Institute, 2009.

COMPREHENSIVE AND INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES

All CAC services must be integrated into standard SRH services to optimize their availability and use. Such services are more comfortable for clients, especially youth, who may not wish to be seen seeking stand-alone abortion care. Stigma is reduced when PAC and abortion are included as just one more SRH service, which helps to “normalize” abortion as another important service, not a hidden act.

Integrated services also offer the potential to address a wide range of SRH issues and to avoid missed opportunities for comprehensive care. Many women seeking abortion services are at risk of acquiring STIs and HIV, all of which are the result of unprotected sex. They may also be experiencing gender-based violence. CAC services screen for these complications, avoiding missed diagnoses and providing referral opportunities. Linkages within facilities and external referrals require concerted attention and careful management.

Quality provider training

Pathfinder works with communities and providers to increase availability and demand for services. Clients are more likely to access services when they are confident they will receive high-quality care in a welcoming, non-judgmental environment. Provider training programs lead participants through a values clarification process to help them identify and overcome their personal prejudices against abortion and PAC. Clinical training without attention to provider attitudes may undermine the quality of services and their ultimate utility. At the same time, values clarification exercises alone may not eliminate all provider stigma. Experience suggests that managers must be watchful, and periodic refresher workshops and systems to replace providers unwilling to provide abortion may be needed.

Pathfinder training principles include participatory learning, thorough practicum experience, follow-up (including coaching), and equal emphasis on counseling and clinical skills. Ghana, Viet Nam, and India have developed high quality abortion and SRH training centers within provincial or district centers and hospitals. In India and Viet Nam, Pathfinder has introduced CAC into medical school curricula. In both countries, improved



Master trainers in India are learning how to estimate the gestational age of the fetus, based on its size, to judge the safety of manual vacuum aspiration or medical abortion.

PHOTO: Jennifer Wilder/Pathfinder International

teaching and curricula are augmented with clinical practicums in hospital and community-based field teaching sites. Through these initiatives, standardized curricula for comprehensive abortion care, including medical abortion, have been approved.

Despite relatively liberal abortion laws, India authorizes only Ob/Gyn doctors to provide abortions without postgraduate training. They are more expensive than non-specialists and in short supply, especially in rural communities. In the state of Bihar, India, Pathfinder collaborated with health authorities, medical training colleges, and professional medical associations to train and certify private general doctors to provide abortion services, which has effectively streamlined the certification of private clinics.

To expand the number of trained providers, Pathfinder has long advocated for training nurses and midwives, as they are greater in number, more accessible in lower level facilities, and often have more time for counseling than physicians.

Access to client-friendly counseling

Contraception counseling and method availability are essential components of CAC and must be reinforced at every opportunity. In South Africa, Ghana, Ethiopia, and

Mozambique, Pathfinder has strengthened the quality of CAC services and reached poor and underserved women in 68 health facilities by training providers in manual vacuum aspiration (MVA), as well as medical abortion in some facilities. Service improvements include pain relief management, infection prevention and equipment decontamination, and immediate contraceptive counseling and provision of methods.

Providers are trained in effective counseling skills to ensure that procedures are explained and clients know what to expect, are aware of warning signs of infection, and understand the importance of a follow-up visit. Good counseling addresses related SRH and other problems and helps the client seek support from family and friends and examine potential violence or coercion and her control of decisions related to safer sex.

Immediate postabortion contraceptive counseling and method provision is the most effective way to reduce future abortions. In Viet Nam, abortion has been legal for many years and accounts for a high proportion of all SRH services. Over several years, Pathfinder worked with the government to promote postabortion contraceptive use by overcoming provider misinformation and biases against postabortion IUDs, which left many women with no method. Today, all clients are counseled, and close to 85 percent of clients in 11 program provinces accept a contraceptive method immediately following abortion.



Kenyan YFPAC peer educators continue to teach their peers about prevention of unwanted pregnancies and dangers of unsafe abortion. They are able to reach many young women through stories from their own lives.

PHOTO: Mary K. Burket/Pathfinder International

Postabortion contraceptive use has increased significantly in Pathfinder project areas in the HIV high-prevalence countries of Mozambique and South Africa, including the acceptance of double method/dual protection to prevent both unwanted pregnancy and STIs/HIV. In Mozambique, the rate of clients accepting postabortion double method rose from 24 percent in 2008 to 60 percent in 2009, and in South Africa, nearly 100 percent of youth clients accept dual protection.

Further efforts to promote contraceptive use include putting boxes of contraceptive supplies and educational materials in the procedure room, which eliminates any excuse for provider failure to provide immediate counseling and a method. Information gathered through monitoring of rates of postabortion contraception uptake has been used to improve contraception provision.

Addressing the needs of vulnerable populations and youth

All Pathfinder abortion programs create supportive environments and address the needs of vulnerable populations, including adolescents and youth, those who are HIV-positive, and those experiencing gender-based violence (GBV). HIV, STIs, and abortion all result from unprotected sexual intercourse. Access to safe abortion for HIV-positive women is crucial, as is protecting and supporting the rights of people living with HIV to have a child if they choose. Women experiencing GBV often lack the autonomy and resources to make decisions about sex and reproduction, putting them at risk of unplanned pregnancy. Pathfinder promotes HIV and GBV screening as integral components of CAC programs, with referral systems providing appropriate follow-up and care. Ever cognizant of gender inequalities and the important role that men play as partners and gatekeepers, Pathfinder works with men to garner their support in addressing the SRH rights and needs of women.

Young women in developing countries are highly vulnerable for unwanted pregnancies, unsafe abortion, and STIs/HIV — in large part due to lack of power, which often results in higher rates of gender-based violence and sexual coercion and the inability to negotiate safer sex. Young women are more likely to undergo an unsafe abortion (60 percent of unsafe abortions in Africa are among women under the age of 25),⁶ even in countries where abortion is legal, due to stigma, ignorance about

⁶ WHO 2007, Op. Cit.

resources, or inability to pay for services. When complications occur, youth are more apt to delay seeking care for these same reasons. To address these unique needs, Pathfinder introduced Youth-Friendly PAC programs in eight African countries, while South Africa, Ethiopia, and Mozambique also included youth-friendly CAC. In an effort to address young people's multiple SRH needs in one site, Pathfinder offers PAC/CAC within a larger package of youth-friendly services that includes SRH counseling, contraception, HIV prevention, as well as HIV and AIDS care and treatment where available. In Ethiopia, this integrated approach resulted in 82 percent of youth clients accepting a contraceptive method, 69 percent of youth clients receiving HIV counseling and testing, and 100 percent of those who tested positive and were eligible receiving treatment.

Pathfinder's youth-friendly PAC/CAC programs focus on community mobilization and outreach to increase young people's access to contraception and PAC/CAC services and reduce stigma around sexuality and abortion. In Nigeria, Parent Teacher Associations discussed these issues with parents and improved parent-child communication around SRH issues, including abortion. Peer educators provide important SRH information, non-clinical contraceptive methods, and referrals for services, while mobilizing communities around unwanted pregnancy and unsafe abortion. Pathfinder also engages health workers, peer educators, and teachers to reach young people through school-based approaches that emphasize life skills, gender issues and prevention of unwanted pregnancy and unsafe abortion.

In South Africa, community health workers developed a booklet answering common questions about contraception, SRH, and abortion for youth, and met with students in secondary schools and community meetings. Pathfinder partnered with the South African Sonke Gender Justice program, whose "One Man Can" program is widely applauded for developing male support for youth and women's access to safe abortion and SRH services. In addition to gender awareness, the program teaches men facts about the law and sensitizes them to the impact of unwanted pregnancy on their partners.



Community health workers in Ghana offer workshops on SRH and safe abortion at the chief's Durbar (traditional community meeting).

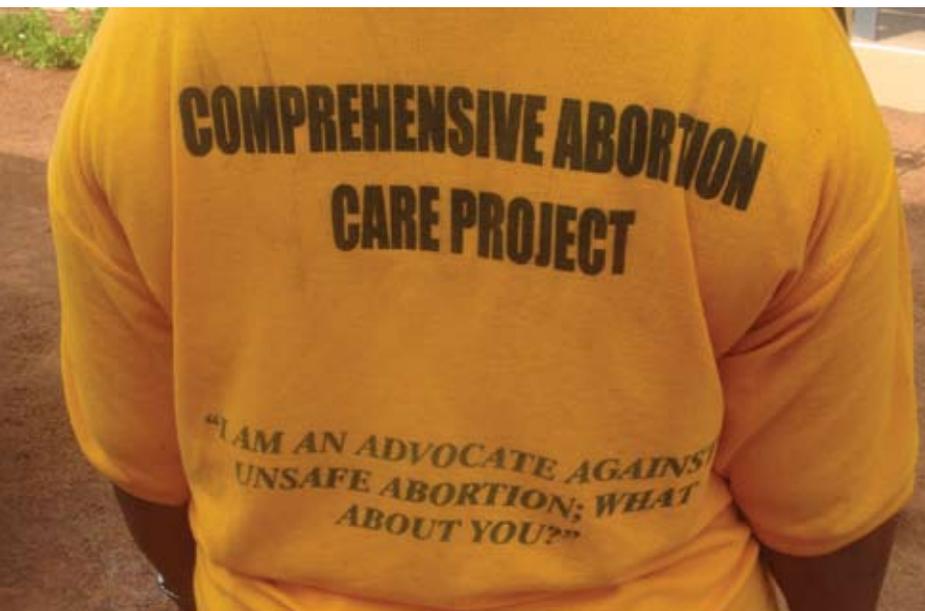
PHOTO: Pathfinder Ghana

COMMUNITY MOBILIZATION

Community mobilization is at the heart of Pathfinder's abortion programming. An enabling environment is fostered by providing political and civil leaders and community members with complete and accurate information, dispelling myths, and sensitizing them to the dangers of unwanted pregnancy, unsafe abortion, and delays in seeking care. Women's groups are trained and empowered to advocate for their sexual and reproductive rights. Mobilization can reduce stigma, promote positive health choices, and empower communities to demand high quality services and form links with health facilities. Considerable effort must focus on informing and involving men in healthy decision-making.

Reducing community stigma

While provider stigma often discourages demand for services, community stigma is even harder to address. Attitudes about abortion are shaped over time and are unlikely to disappear quickly, even with the most compelling interventions. But, they are more likely to dissipate if confronted in honest and culturally appropriate ways. Pathfinder field staff remark that safe abortion projects have been met with much less resistance than they expected because of this approach.



Following Pathfinder training, health workers and school health staff in Ghana have been proud to wear shirts that advocate for safe abortion, despite the pervasive stigma against abortion in society.

PHOTO: Pathfinder Ghana

A critical first step in stigma reduction is moving the discussion away from moral and religious issues to maternal mortality and women's health. Policy leaders and community members are generally eager to discuss abortion, and these are acceptable entry points to begin fruitful conversations. Following successful use of values clarification with providers, these exercises can also change community attitudes where stigma is ingrained, teasing out myths and misconceptions, and helping communities to distinguish between cultural beliefs and women's real rights and needs when facing unwanted pregnancy.

Advocacy

In the United States, Pathfinder is a leading advocate for reproductive choice and supporter of the liberalization of US policies to advance SRH in developing countries. In 1989 Pathfinder, in concert with a number of other nongovernmental organizations (NGOs), brought a lawsuit against USAID over the Mexico City Policy (MCP), which prohibited US government-funded NGOs from partnering with organizations that provided abortion-related services or information. While the MCP was not repealed as a result of the lawsuit, significant clarifications resulted that allowed NGOs to resume important activities. Most importantly, the case established the permissibility of postabortion care under the MCP and reaffirmed the rights of all US-based organizations to conduct privately-funded abortion-related activities. During the years when the MCP was in effect, Pathfinder was the only recipient of USAID funding for contraception services that simultaneously raised private funds for safe abortion services.

In Mozambique Pathfinder sensitized more than 1,300 community leaders and trained 400 peer educators and traditional healers to create a supportive environment for women accessing CAC services. Communication pointed out improvements to the quality of safe abortion services in 24 clinical sites, including measures to ensure privacy, confidentiality, and client-friendly services. Data gathered on successful results informed program design and identified areas for continued improvement. Trained community representatives sensitized more than 34,000 men, women, and youth through more than 1,000 community meetings and home visits, producing marked increases in service uptake.

In Ghana, Pathfinder trained local community-based organizations, community health nurses, and outreach providers attached to district hospitals, District Health Management Teams, and community-based radio operators to disseminate clear messages on contraception to avoid unwanted pregnancy and the dangers of unsafe abortion. They advertised availability of quality CAC services at 13 district hospitals, highlighting the importance of accessing services early and the dangers of abortion-related stigma. To date, nearly 180,000 community members have been reached through health talks, home visits, and community meetings. In addition 4,000 stickers with messages on the dangers of unsafe abortion and the need to seek professional services were distributed to commercial drivers among others, and 1,500 polo shirts saying, "Comprehensive Abortion Care Project: I'm an advocate against unsafe abortion. How about you?" were worn by health workers and school health staff.

ADVOCACY AND PUBLIC OPINION FORMATION

Too often, popular understanding of the medical and human realities suffered by women with unwanted pregnancies is poor. Pathfinder advocates with legislators and government officials for policies supportive of abortion. At the same time, policy-makers are urged to improve the rules, regulations, codes, guidelines, and administrative norms used to translate national laws and policies into programs and services.

Quite often, laws, codes and policies related to abortion are poorly formulated, poorly disseminated, and

misunderstood. Pathfinder programs help religious and political representatives, community elders, health care providers, school teachers, and community members understand the reality and impact of current abortion laws. Pathfinder pushes for clarification of current legislation, which often moves leaders to make services accessible and acceptable within the full boundary of the law. As part of its global advocacy, Pathfinder has developed an environmental scan tool to evaluate the political climate and build a strategy expressly targeted to key leaders and decision-makers. Tested in 2009 in Angola, the scan helped local planners identify those individuals whose opinions and attitudes need to be understood and influenced if issues of abortion and PAC services are to be addressed.

Advocacy to Improve Access

In a culture opposed to abortion, norms and processes sometimes handicap legal access, and Pathfinder advocates for their elimination. Although Mozambican abortion laws are similar to those in Ghana, current rules restrict abortion to central and provincial hospitals, and the public sector charges relatively high fees for abortion services, (while PAC services are provided free of charge). However, Pathfinder has successfully introduced CAC services in a few lower level facilities where we work, setting an important precedent for future services. We also convinced provincial hospital staff to waive fees for ultrasound testing for elective abortion, which significantly increased access.

Also in Mozambique, Pathfinder persuaded health officials to stop requiring providers to report women suspected of self-medicating with misoprostol prior to coming to a facility for PAC. The new environment allows providers to talk with women about their personal circumstances and counsel them openly about unwanted pregnancy. This openness enables providers to generate important data on how many women are taking misoprostol, which has fueled advocacy for increased access to safe abortion. A South African study of the acceptability of MA among young women attending a youth SRH clinic was one of several efforts to lift restrictions on misoprostol.

In one project district in Ghana, abortion fees were successfully included in national health insurance coverage under an interpretation that coverage is for “all stages

of maternity.” The project continues to advocate for expansion to other districts and regions and promotes free abortions for young women as an incentive to avoid unsafe providers.

Shared Advocacy Tactics

In Latin America, abortion laws are generally highly restrictive. In 2008, Pathfinder supported a high level delegation of policy makers, advocates, and service providers from Peru and Brazil to visit Mexico City to learn how major liberalization of Mexico City abortion law had been achieved and to examine first-hand how public health services can be organized to provide care.

The Brazilian delegation to Mexico City recognized how existing popular demand for safe abortion can be used to promote demand for abortions with misoprostol. By highlighting the human costs of unsafe abortion and individual rights they seek to move the debate away from the religious and political arena. Upon their return from Mexico City, the delegation held a high-level symposium on the acceptability of misoprostol and continues to testify before the Brazilian Congress on behalf of wider availability of misoprostol for efficient and safe abortion within the public health system.

Self-medication with misoprostol

Today, women in many countries purchase misoprostol (commonly called Cytotec and used to treat stomach ulcers) in pharmacies to induce abortions at home. As a harm reduction measure, Pathfinder works with professional pharmacist associations, training pharmacists to provide important information about appropriate dosage and procedures. They learn to counsel women to seek safe services and emergency care in case of severe bleeding.

Although therapeutic abortion to save a mother’s life is legal in Peru, the Ministry of Health does not allow it in public facilities. Drawing on the Mexico City experience, the Peruvian delegation developed safe abortion protocols and trained providers in three hospitals to provide services for women meeting necessary criteria. Delegates organized high level meetings to educate regional officials and seized opportunities to influence the Peruvian Congress with educational materials, testimony, and key witnesses for hearings.

Public Opinion

In Viet Nam and India, laws are less restrictive, but abortion is prohibited for the purpose of sex selection. However, the ordinance is widely ignored in the face of strong cultural biases for sons, pressure to have fewer children, and ready access to ultrasound and abortion services. Pathfinder engaged a popular singer/song-writer in Viet Nam to write and perform a song about this moral dilemma, underscoring the value of girls in a healthy society. Vietnamese legal codes and procedures are not always clear, confusing practitioners. Pathfinder's unique curriculum for government partners and service managers promotes greater understanding of the law and discussion about the negative aspects of sex-selective abortions.

FORMATIVE RESEARCH

Pathfinder conducts formative research to establish an informed basis for program design and implementation. In Ghana, a community study explored patterns of communication about abortion and disclosure of personal abortion practices, which clarified the character and depth of stigma and resulting guilt and discrimination experienced by women who seek abortion. Importantly, the research pointed to widespread lack of understanding about Ghana's abortion law, with both men and women believing the law to be more restrictive than it actually is.

The Ghanaian research identified regional challenges and clarified useful community discussion themes. Messages focused on tolerance towards others, the importance of a trained provider, and the health consequences of unsafe abortions. The research prompted open publicity for abortion services for youth and older women, maximized privacy in facilities, the training of more accessible mid-level providers and lower fees. As a result, the



Religious leaders in Ghana attend community meetings to learn about reproductive health and safe abortion. Their support is essential to community acceptance of abortion.

PHOTO: Pathfinder Ghana

ensuing program has significantly improved the quality of CAC services, serving over 4,700 women, most of whom are under the age of 25, during the two-year project period.

Similar baseline surveys were conducted in Mozambique and South Africa and survey results were used to develop effective messaging that included cultural and social specifics of the target communities.

Conclusion

Pathfinder remains deeply committed to advancing women's SRH rights and access to safe abortion around the world. As a more favorable policy environment in the United States and many developing countries emerges, Pathfinder hopes that the approaches outlined in this document may be useful to governments, donors, and implementing agencies as we commit ourselves to ensuring that in the 21st century, women in all countries need not risk their health and lives due to unplanned pregnancies.

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