

POSTABORTION CARE (PAC) PROGRAMS FOR ADOLESCENTS

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Unsafe abortion endangers the health and lives of many female adolescents worldwide. The World Health Organization (WHO) estimates that as many as 4.4 million adolescent girls resort to abortion annually, the majority unsafe. These abortions result from a special vulnerability, lack of information and resources, and fears of many adolescents. In addition, adolescents often delay seeking care and therefore experience disproportionately high rates of abortion-related complications. According to a 1998 study by Initiatives, Inc., about one-third of abortion complications worldwide are in women under age 20.

The needs and life situations of female adolescents seeking postabortion care (PAC) and contraceptive counseling vary greatly depending on their age, marital status, and the circumstances of their pregnancies.

For all young women who have had an abortion, making postabortion contraceptive services available is critical for preventing repeat abortions. Following care for abortion complications, providers should ask the young woman about her reproductive intentions and life situation, then

provide information and counseling about a quick return to fertility, contraceptive methods available, and the risk of HIV/AIDS and other sexually transmitted infections (STIs). Among other things, the circumstances of the pregnancy, history of complications such as infection, severe vaginal hemorrhage, vaginal/cervical trauma, and intra-abdominal injury may need to be considered in the choice of method.

Few adolescent-specific postabortion care programs exist anywhere in the world. Below, two of the first such programs are described.

Since 1990, Pathfinder International has supported a hospital-based adolescent PAC project at Kenyatta National Hospital in Nairobi, Kenya. The hospital treats an average of 20-25 women for abortion complications each day, one-third of whom are under age 25. A High Risk Clinic (HRC) was established at the hospital to help young women prevent future unintended pregnancies after having had an unsafe abortion or a delivery.

At the clinic, adolescents receive reproductive health, HIV/STI, and contraceptive counseling and are provided with contraception, including emergency contraceptive pills (EC). The clinic has established referral links in schools and communities and with a telephone hotline to make follow-up care and contraceptives more easily accessible to youth. Similar projects based on this

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model have been established in smaller hospitals and clinics in Kenya.

An evaluation of this program reveals that while approximately half the clients accepted a contraceptive method at a first visit, there was a sharp fall in contraceptive use between the first and second months after the visit. The 20 percent of clients who continued to use contraceptives did so for an average of seven to eight months. Thus, it is clear that more effective follow-up and community-based services are needed.

In Fortaleza, Brazil, after adolescent women receive PAC services in the emergency department at Escola Assis Chateaubriand Maternity, they are referred to the hospital's Adolescent Center for an appointment. There, young women are counseled on reproductive health, both in groups and individually. Counselors and PAC providers are trained by Ipas to be sensitive to adolescents' needs and life situations.

At this same hospital, the Adolescent Center, with support from the Women's Studies Project at Family Health International (FHI), conducted a longitudinal study comparing adolescents who induced their abortions and those who did not. At one year postabortion, 43 percent of the spontaneous abortion group (n=51) and 56 percent of the induced abortion group (n=94) were using contraception.

Despite the large numbers of adolescents seeking abortions, PAC programs have greatly neglected adolescent-specific services, and few initiatives have been community-based, which is necessary to work effectively with adolescents. Conversely, many adolescent programs that focus on the reproductive health needs of youth have neglected to address the special needs of those who have had abortions.

RECOMMENDATIONS

- ▣ Clarify policies and consent laws that may prevent adolescents from seeking or obtaining reproductive health services, including PAC.
- ▣ With youth participation, ensure that PAC programs develop and invest in adolescent-focused services, with special attention to postabortion contraceptive counseling.
- ▣ Develop training for PAC providers and counselors that encourages empathy, sensitive interpersonal communication methods, and nonpunitive, nonjudgmental attitudes toward adolescents.
- ▣ Routinely include condoms and EC in PAC services for adolescents, as these methods may be particularly well suited to their needs. A dual-method approach is recommended for adolescent women, particularly those who have multiple partners, are engaged in commercial sex work, or are in relationships that are violent or that limit their decisionmaking autonomy to prevent the transmission of HIV and STIs.
- ▣ Conduct research, including longitudinal studies, to look at the reasons for the continued use or discontinuation of postabortion contraceptive methods.
- ▣ Increase and enhance linkages between PAC facilities serving young women and youth-friendly reproductive health services, as well as community-based youth development programs. These linkages should ensure that modern methods of contraception, sexuality education, and other reproductive health information and services are made accessible and affordable to adolescents in a sensitive and confidential manner. This approach will facilitate sustained use of contraception.