



What is woman-centered comprehensive abortion care?

Woman-centered comprehensive abortion care is an approach to providing abortion services that takes into account the various factors that influence a woman's individual health needs—both physical and mental—as well as her personal circumstances and her ability to access services.

The goals of a woman-centered comprehensive abortion care program are:

- To provide safe, high-quality services
- To decentralize services to the most local level possible
- To be affordable and acceptable to women
- To understand each woman's particular social circumstances and individual needs and to tailor her care accordingly
- To reduce the number of unplanned pregnancies and abortions
- To identify and serve women with other sexual or reproductive health needs
- To be affordable and sustainable to health systems

Key Elements

Woman-centered comprehensive abortion care includes a range of medical and related health services that support women in exercising their sexual and reproductive rights and health. A woman-centered model for abortion care comprises three key elements: choice, access and quality.

Choice

In its broadest definition, “choice” means the right and opportunity to select among options. Others should not interfere in a woman's individual right to make choices about her body and her

health. The opportunity to make choices, however, depends on various factors, including the policy environment, a well-functioning health system, social and cultural beliefs and practices, and economic resources.

With regard to pregnancy and abortion, choice means a woman's right to determine if and when to become pregnant; to continue or terminate a pregnancy; and to select among available abortion procedures, contraceptives, providers and facilities. A woman's choices must be informed by complete and accurate information and the opportunity to ask questions of, and express concerns to, knowledgeable health-care personnel.

Many women needing abortion care are in vulnerable situations that make it difficult for them to exercise autonomy. They may be at the mercy of family members or others who coerce them to have an abortion or to continue the pregnancy. In some settings, health providers may agree to provide care only in exchange for high fees or insist that the woman use a particular contraceptive method, including sterilization. Such constrained or restricted choices compromise the concept of choice. These types of exploitive, coercive practices violate a woman's human rights and may place her health and well-being at risk.

Access

It is the medical and ethical responsibility of appropriate professionals to provide abortion care for legal indications. A woman's access is determined in part by the availability of trained, technically competent providers who use appropriate clinical technologies and who are easily

reached—preferably in local communities and at as many service-delivery points as possible. A woman's access is hampered if the time and distance required to reach a designated health facility are excessive. To counter this, health systems can focus resources on training not only public-sector providers, but also private clinicians who may be more accessible to some communities. Creating ties between the public and private sectors can also offer a supportive network for providers in areas where abortion laws are restrictive.

A woman has better access when services are affordable and delivered in a timely manner without undue logistical and administrative obstacles. Emergency services should always be available regardless of the woman's ability to pay. Disrespectful, abusive or coercive behaviors by providers can also limit access. Moreover, a woman should not be denied services based on her economic or marital status, age, educational or social background, religious or political views, race or ethnic group or sexual behavior or orientation.

Access is also determined by cultural factors. In many societies, women have less access to education, health and social services than do men, which can lead to health-related disparities. Women are often financially dependent on others to provide for their health-care and other needs. For example, a woman who has little control over family resources may experience difficulty finding transportation to a health-care facility and paying for her visit.

More subtle factors that can limit women's access to services include preferences for male children, the

excessive influence of in-laws and the prominent role of procreation in society. Gender roles and expectations also influence the way women and health-care workers interact. Some women may feel embarrassed to seek reproductive health-care services, particularly from a male provider. Some may be afraid to ask or answer questions or to make decisions in the presence of health-care workers. These types of situations can result in poor health outcomes and can be important factors in maternal morbidity and mortality.

The long-term sustainability of services is also critical to access to high-quality care. Abortion services need to be instituted in a way that can be maintained by the health system. To sustain abortion services at local levels, health systems must have training programs in place for health-care staff members that also educate them about local referral services. There must be obtainable, reliable and adequate supplies of equipment and medications, as well as the effective management, monitoring and evaluation of services.

Community and service-provider linkages are key factors in preventing unwanted pregnancies and unsafe abortion. These linkages can mobilize resources to help women receive appropriate and timely care for induced abortion or complications from abortion; and can ensure that health services reflect and meet community expectations and needs—all factors that contribute to sustainability.

Quality

High-quality abortion care includes many factors that will vary somewhat within local contexts and available resources. Some fundamental components of high-quality care are:

- Tailoring each woman's care to her social circumstances and individual needs.
- Providing accurate, appropriate information and counseling that supports women in making fully informed choices.
- Utilizing internationally recommended medical technologies—particularly manual vacuum aspiration (MVA) and medical abortion—as well as appropriate clinical standards and

protocols for infection prevention, pain management, complications and other clinical components of care.

- Offering postabortion contraceptive services, including emergency contraception, to help women prevent unwanted pregnancy, practice birth spacing and avoid repeat abortions.
- Referring to or providing reproductive and other health services—such as screening, diagnosis and treatment of sexually transmitted infections, counseling on sexual violence and special services for adolescents.
- Ensuring confidentiality, privacy, respect and positive interactions between women and staff of the health facility.

The Road to Woman-centered Comprehensive Abortion Care

The process of determining what “comprehensive” means must be locally determined by each health system and population. This process is more likely to be successful if it is iterative, evidence-based and participatory, and involves women's groups, community leaders, health-system officials, practitioners, donor organizations, researchers, technical experts and local women. The steps to developing woman-centered comprehensive abortion care are:

Strategic assessment

- Participatory process with leadership of government health officials and the active partnership of all key stakeholders (for example, professional reproductive health and related specialty associations, women's groups, health educators, abortion providers and clients)
- Research and analysis of quality of care, the policy environment, women's perspectives and the appropriate individuals and groups needed to address critical needs

Policy change, strategy development and action research

- Review of abortion law or laws, if appropriate
- Development or revision of national standards and guidelines for abortion care

- Development, implementation and testing of appropriate interventions to address needs identified in the strategic assessment

Expanding and scaling up services

- Adaptation of successful, sustainable model interventions and their expansion locally or nationally
- Development and implementation of strong monitoring and evaluation of interventions with results used to ensure choices, ongoing access and high-quality services that includes the legal, education and health sectors

Finally, all steps must be taken with the woman as the focus.

According to Paragraph 63(iii) of the conference report of the 1999 five-year review of the International Conference on Population and Development (ICPD+5):

“ . . . in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health.”

Woman-centered comprehensive abortion care meets the global community's mandate for providing exemplary abortion services. By ensuring choice, access and high-quality care for all women, we can make significant progress in translating the ICPD Programme of Action into reality.

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