

# ABORTION SELF-CARE IS HEALTH CARE

## *Ipas's approach and current projects*



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The World Health Organization defines self-care as “the ability of individuals, families and communities to promote, maintain health, prevent disease and to cope with illness with or without the support of a health care provider.”<sup>1</sup> Abortion self-care is a critical component of Ipas’s model of sustainability. Ipas is committed to ensuring that women and girls have the information and understanding to inform their reproductive health decisions and that they can act independently to make their own choices regarding abortion.

## **SHIFTING POWER FROM THE HEALTH SYSTEM TO THE WOMAN**

Abortion self-care (ASC) is an abortion with pills without a prescription. The woman manages as much of the process as she wants on her own, with or without the involvement of a health provider. Abortion self-care is on the rise globally due to the increasing availability of simple, safe, highly-effective medications, but also because women’s need for safe abortion, on their own terms, is not being met. Research and evidence show that women can safely and effectively self-manage medical abortion (MA), a non-invasive procedure. Each year, millions of women opt for ASC to manage unplanned pregnancies. While global data is not yet available, in India, for example, an estimated 15.6 million abortions occurred in 2015—and out of those, 73% were medical abortions that women experienced outside health facilities.<sup>2</sup>

Abortion self-care benefits women and health-care systems. A woman might prefer ASC because it gives her more autonomy and control over the experience, because it allows

1 World Health Organization, Regional Office for South-East Asia. (2014). Self care for health. WHO Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/205887>

2 Singh, S., Shekhar, C., Acharya, R., Moore, A. M., Stillman, M., Pradhan, M. R., ... Browne, A. (2018). The incidence of abortion and unintended pregnancy in India, 2015. *The Lancet Global Health*, 6(1). doi: 10.1016/s2214-109x(17)30453-9

for greater comfort and privacy, or because it enables her to avoid stigma, discrimination or other barriers that she might face in a health-care facility.<sup>3</sup> Abortion self-care is an opportunity to further de-medicalize abortion and meet women where they are with a safe option. Supporting women in ASC could potentially help lower costs<sup>4</sup> and increase access for the most vulnerable and marginalized groups, who struggle to gain access regardless of abortion legality. For health systems, ASC can improve outcomes despite health professional shortages—and potentially reduce unsafe abortion by decreasing the number of people who go to untrained providers or use dangerous or outdated methods.

At Ipas, women's needs are at the center of our programs. We are committed to supporting a woman's right to have an abortion using pills—on her own, when and where she wants—and to pursuing new models of self-care in the vision of women's wants and needs. Ipas is dedicated to generating new evidence, sharing knowledge and exploring clinical and regulatory questions within this rapidly evolving area so that, ultimately, women have the resources, support and care they need to manage their reproductive lives.

## OUR APPROACH

The Ipas approach to ASC is simple: Abortion self-care is health care. Ipas has long worked through providers and health systems to make clinic-based abortion accessible, and we bring the same focus and passion to integrating ASC as an option for women. Our ability to influence health systems is critical in helping to reshape providers' response to ASC as an opportunity, rather than a threat. We will work to create models that meet women's needs and position self-care as part of a true continuum of abortion care, which includes access to judgment- and stigma-free clinical care at any point a woman needs it.

To facilitate this vision, our work includes:

- Generating new clinical and programmatic evidence and ASC models;
- Working in communities to train clinical and non-clinical providers already supporting women in ASC to use the safest methods;
- Employing user-centered design and other participatory methods to better understand what women need and want from ASC, and how to improve potential accompaniment models;
- Reshaping the discourse by developing an ASC values clarification and attitude transformation (VCAT) training, advocating for positive policy changes and conducting trainings for providers to consider self-care from a harm-reduction and rights perspective;
- Using technology and low-literacy materials to convey essential information to women and link them to support and back-up care when needed;
- Tackling legal barriers to ASC, including laws that criminalize self-care;
- Ensuring that ASC includes the needs of low-resource and restricted settings;
- Pushing for broader access to essential abortion commodities for health systems and women directly, including pharmacy over-the-counter access.

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3 Aiken, A. R. A., K. Broussard, D. M. Johnson and E. Padron (2018). "Motivations and Experiences of People Seeking Medication Abortion Online in the United States." *Perspect Sex Reprod Health* 50(4): 157-163.

4 WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights. Geneva: World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGO.

## **BUILDING EVIDENCE TO NORMALIZE ASC**

### **Research from Cambodia finds comparable clinical outcomes between women accessing MA in pharmacies and health facilities**

A 2019 study conducted by Ipas, University of Health Sciences in Phnom Penh, Cambodia, and the Ministry of Health, Cambodia,<sup>5</sup> examined whether clinical outcomes differed among women accessing a combined MA regimen from a health facility when compared with those accessing it from a pharmacy. The study enrolled 2,067 women (1,048 from health facilities and 1,019 from pharmacies) who were early in their pregnancies (mean gestational age of 6.3 and 6.1 weeks, respectively) when they took MA pills, either at a facility or on their own. Researchers found comparable clinical outcomes between both study groups and concluded that making MA pills available as an over-the-counter product could increase women's access to safe abortion.

### **Literature review suggests women can self-manage abortion safely**

In 2019, Ipas Development Foundation (IDF)—Ipas's partner organization in India—conducted a review of the literature on global and Indian evidence on ASC. The review suggests that, when given instructions in simple and clear language, women can manage an abortion on their own, and that it is time to create space for women to self-manage their abortions if they desire to do so, while maintaining a robust health system. IDF is also researching pharmacy provision of MA drugs, as pharmacies are one of the key points of access to MA pills.

### **Study examines women's preferences with MA outside the formal health sector**

An ongoing study in Nigeria utilizes both qualitative and quantitative methods in seeking to understand women's experiences and preferences with MA outside the formal health sector. For the qualitative phase, researchers conducted in-depth interviews, focus groups and triad conversations to learn the kinds of tools and/or resources that currently exist in the community, plus what resources or tools need to be developed and tested. Researchers also obtained feedback from women on two existing MA-related tools, Hesperian Health Guides' Safe Abortion app and Ipas's MA Eligibility and Success Toolkit.

The quantitative component is a prospective, observational cohort study designed to determine whether clinical outcomes differ among women who access a misoprostol-only regimen from patent medicine vendors as compared to women who access it from a private hospital or clinic.

## **REACHING WOMEN AND COMMUNITY PROVIDERS DIRECTLY**

### **Using a "harm-reduction" approach to train community agents**

In Bolivia—where abortion is only legal in cases of rape, incest and immediate risk to a woman's health or life—many women and girls seek to end unwanted pregnancies themselves using MA pills they obtain from pharmacies or elsewhere. Ipas Bolivia has spent years training community-based groups on sexual and reproductive health and rights—helping to build a grassroots movement for safe, legal abortion. Now, to reduce the potential harm women and girls could face without accurate information on how to use MA pills and

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5 Kapp, Nathalie; Pearson, Erin; Mao, Bunsoth; Suy, Sovanthida; Menzel, Jamie; Eckersberger, Elisabeth; Saphonn, Vonthanak; Rathavy, Tung. (2019). 'A prospective, comparative study of clinical outcomes following mifepristone and misoprostol abortion accessed from health facilities compared with pharmacies', Society for Family Planning, Los Angeles, CA, October 2019. Chapel Hill, NC: Ipas.

handle any complications, Ipas Bolivia has trained a team of volunteer “community agents.” These community agents share essential information with women during educational sessions and informal chats on sexual and reproductive health.

## Using human-centered design to understand women’s needs

In 2019, IDF undertook a human-centered design project to learn what women need when it comes to ASC. They worked with design and innovation firm Quicksand to interview self-users and potential users of MA—plus their partners and relatives—and observe pharmacists, registered medical practitioners and accredited social health activists in Bihar state to understand their contexts and challenges.

They found that women need information when they decide to terminate. Quicksand proposed creating accessible channels that can reach MA self-users directly, including printed cards and a digital helpline, and IDF will pilot a combination of the prototypes with communities. Similar user-centered design work is currently underway in Nigeria and Kenya to better understand women’s ASC needs in those contexts.

## LEGAL RISKS & ADVOCACY EFFORTS

Abortion pills have been used outside health-care systems since the 1980s, and within them since the 1990s. Yet many abortion laws around the world criminalize abortions without a health professional. Most laws are decades old, reflecting outdated or surgically-based technologies and the idea that a safe abortion is only possible under the control of a trained health-care provider. These laws may have been intended to promote health and safety, but they now impede progress. Legal norms must shift with the evolution of abortion methods.

Ipas seeks to understand and minimize the legal risk associated with the expansion of MA use, including in ASC. Ipas is advocating at national and international levels to decriminalize ASC and MA.

## FUTURE DIRECTIONS

Ipas remains committed to supporting access to the highest quality clinical care, while also working to create options for MA use in self-care. We are building expert teams across our regional and country programs who are knowledgeable about abortion care, including ASC. Our work across all regions will produce tools and models that work toward ensuring that women who choose ASC experience a high quality of care, as defined by women. As we continue learning about ASC, we aim to contribute to global efforts to support women who seek it by sharing our findings, experiences, resources and tools.



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