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Most medical students want training in abortion care—but schools don't provide it

STUDY FINDS ABORTION CONTENT IS LIMITED OR MISSING IN MOST MEDICAL SCHOOLS IN THE WORLD

Access to high-quality, facility-based comprehensive abortion care depends largely on the availability of skilled health-care workers. But as the World Health Organization clarifies, “policy and regulatory barriers, stigma or the unwillingness of some health-care professionals to provide essential abortion continues to limit the availability of safe abortion and post-abortion care in many contexts. This leaves particular groups of women and girls – for example, rural, less educated, poor, adolescent or unmarried women – with less access and greater risk of unsafe abortion” (WHO, 2015).

Ipas works with health sciences schools and students’ associations at the national, regional and global level to develop the capacity of future health-care workers in sexual and reproductive health and rights (SRHR), including abortion. In an online survey conducted in 2019 by Ipas and the International Federation of Medical Students’ Associations (IFMSA), a medical student-led organization, we explored medical students’ attitudes toward abortion and identified opportunities and gaps in reproductive health and abortion education in medical school curricula around the globe.

OVER 1/3 OF PREGNANCIES GLOBALLY END IN AN ABORTION. SHOULDN'T DOCTORS HAVE THE SKILLS TO HELP?

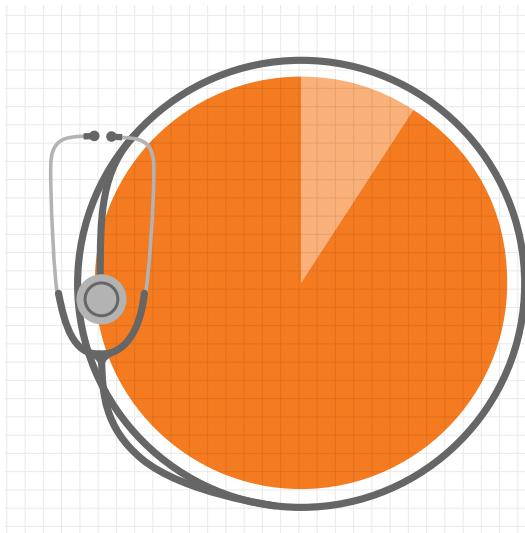
Our methods

We used an online quantitative survey in English, French and Spanish to explore abortion content and attitudes among active international medical students. This survey was sent to medical students attending classes in medical schools around the world using the extensive IFMSA global and regional networks. All medical students registered with IFMSA in one of their global or regional lists with valid email addresses received an invitation to participate in the online survey via email. The IFMSA student members were also able to share the survey link with non-registered students via social media and email. The IFMSA general membership list includes over 11,000 students internationally, with geographic and topical lists—such as the sexual and reproductive health and rights membership list, numbering from 1,000-3,000 students. Participation was voluntary, but ultimately 1,717 medical students from 85 countries around the world responded. Respondents were 17-41 years old, the majority being in their early twenties, and were at different stages in their medical education with 1-6 years remaining. Student respondents represented all major religions.

The online survey was supplemented with a purposely selected group of nine health professional academics interviewed over Skype in key informant interviews about medical education in their countries. Key informants were selected from educators, students and other stakeholders from Asia Pacific, Africa and Latin America who are active in medical education in their countries.

Key findings

Medical students recognize and support women's right to safe abortion despite abortion stigma. The vast majority, nine of ten students surveyed, believe a woman should have the right to decide whether or not to have an abortion. Most respondents (82%) also believe that governments should be responsible for providing abortion services as part of free public health care. Yet 43% of students surveyed believe they would face discrimination and stigma if they provided abortion in their countries. Some interviewees mentioned a change in the new generation of medical students. In their view, students are increasingly more interested in learning about SRHR, but medical schools are not responding to their needs and interests. These students also felt that some of their professors tend to impose their conservative political and religious views and attitudes against teaching abortion content.



**91% of students surveyed
believe mandatory medical
school curricula should
include abortion**

Survey of 1,717 medical students from 85 countries.

"We actually don't get taught abortion specifically. It's talked about briefly in like a bigger lecture, there may be two slides about abortion laws."

Medical student, Australia

Abortion learning is limited or missing in most medical schools around the world. Over half of students surveyed (58%) believe abortion should be mandatory in medical school. Yet nearly a third of students said they had no abortion content in their curricula. Most students who had abortion in their curricula had only one lecture on the topic. Only 4% of all responding medical students reported having a hands-on practical lesson on abortion. In some cases, students only learn about the consequences of unsafe abortion and how to treat related complications or emergencies.

This finding was also put forward by key informants, who all reported that the medical schools in their countries did not have a comprehensive approach to abortion education. They reported that classes were usually focused on the theoretical and biomedical aspects of abortion and did not address important elements like patient-provider communication, counseling, postabortion contraception and care, ethics, stigma and human rights.

"The barriers are of course operational, in the sense that one, you need a champion to introduce certain topics. Second of all, curricula have a life cycle. For example, in my university, curricula are reviewed every 5 years. So you need a champion to insist that a particular topic should be included, who should deliver the topic and who to examine it. But the topic of abortion is very silent; come here and you see how the topic here is very stigmatized. The lack of champions is because of the stigma. I know that we have a lot of training for health professionals to provide [postabortion care], but when these people go back to their stations there is a lot of attrition, there is stigma. You find that when people go back to their stations they lose the interest to practice."

OB-GYN professor, Zambia

Focused abortion trainings outside of classroom settings can change attitudes toward abortion, but this doesn't ensure abortion provision for women and girls. Most of the online respondents (82%) answered that they would be willing to attend a program that requires abortion training in the curriculum. However, including abortion in medical school curricula can be a long political process, especially at religiously affiliated, national and public universities. The lack of abortion training in medical school has resulted in some organizations, usually non-governmental organizations, conducting or supporting specialized capacity-building workshops for medical students and other abortion providers. Among the students who responded to this survey, 12% said they had attended a workshop on safe abortion outside of medical school, and half of those who attended an external workshop said the workshop changed their attitudes about abortion.

Personal experience with safe and unsafe abortion is common among students outside of the classroom. Exposure to abortion was common outside of the classroom, much more so than in the classroom. More than half of students surveyed (57%) knew someone who had had an abortion, and 12% of respondents knew someone who had died or suffered severely due to an unsafe abortion.

Recommendations from this study

Improve the amount and quality of evidence-based and comprehensive abortion care content in medical schools. This should include evidence-based content on clinical management of abortion, referrals, human rights guidance and contraception information and services. This study shows that student interest in this content already exists and is increasing. Improving SRHR content allows schools to remain relevant and meet the needs and interests of their students. Medical schools should also contribute to creating an enabling environment for medical students to expand their knowledge and competencies on sexual and reproductive health and abortion, even beyond this expanded content.

A uterine evacuation is one of the most common surgical procedures in the world, yet clinical practice on this procedure is woefully lacking, leaving students unprepared to provide safe abortions as well as treat miscarriages or complications of unsafe abortions.

Provide opportunities for students to clarify their abortion-related values and attitudes.

Safe abortion providers are vulnerable to demotivation, trauma and burnout as a result of stigma and discrimination by other health-care workers and conservative social and cultural norms toward abortion providers and patients in the communities where they work. The inclusion of values clarification sessions to explore individual and community attitudes, included in learning activities inside and outside of the classroom, can help to transform abortion-related attitudes of medical students, giving students a better foundation in SRHR and preparation to defend these rights in the future. To sustain and improve SRHR services globally, trained abortion providers must be engaged to offer students training and mentoring, as well as to support advocacy efforts that build a future generation of reproductive health champions.

Collaborate with medical school authorities, professors and medical students' associations.

Most students are supportive of SRHR and want to learn more in and outside of the classroom. But without the political will of medical school authorities and professors to ensure the curriculum is evidence-based and includes topics like abortion, students will continue to have limited access to abortion education. Civil society organizations and professional associations must collaborate with medical schools and medical students' associations to ensure that future medical school professionals are committed to SRHR and that future curricula cover abortion in a comprehensive way.

Our responsibility

The results of this survey indicate that a lack of interest or willingness to study abortion care is not what prevents students from learning this content, but rather a lack of available courses and electives in medical schools. Although most students surveyed supported a woman's right to choose an abortion, they were fearful of the stigma associated with providing safe abortion care. Schools can address this fear directly by improving the availability of learning about abortion care in a non-judgmental, non-stigmatizing way. Abortion care is essential health care. The findings of this study offer new evidence to promote and advocate for higher standards in education on comprehensive reproductive health care, including abortion care, in medical curricula around the globe. Survey findings clearly demonstrate that international medical students are increasingly interested in sexual and reproductive health and rights. Medical schools should respond with content on this important topic.

References

World Health Organization. (2015). Health worker roles in providing safe abortion care and post-abortion contraception. Geneva: WHO.

