

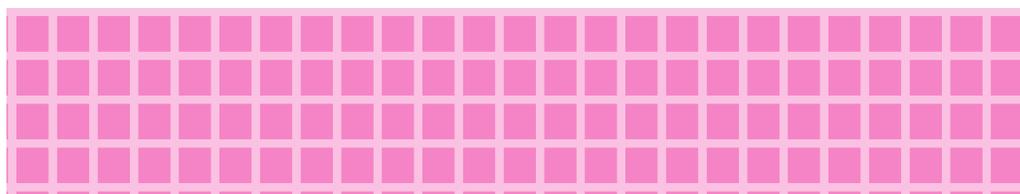
ABORTION AMONG ADOLESCENTS AND GIRLS



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Young women and girls account for nearly one-third of all unsafe abortion-related deaths each year worldwide, with 15% of all unsafe abortions taking place among adolescents ages 15-19.¹ Despite growing global attention to the health and welfare of adolescents and girls, little is known about the abortion experiences of girls under the age of 15. This factsheet examines the unique abortion-related experiences and needs of adolescents (ages 15-19) and girls (ages 10-14), based on a comprehensive literature review Ipas conducted in 2018.² *

* Due to the lack of research focused solely on girls ages 10-14, some of our findings and recommendations include data on adolescents ages 15-19 as well.



Experiences of abortion among adolescents and girls

Adolescents and girls are a unique category of health-service seekers who may experience and engage with abortion care differently than adult women in several ways:

- **Abortion knowledge and attitudes:** Although adolescents are cognizant of abortion as a health-care service, their knowledge around specific issues of legality, methods of pregnancy termination and how to access abortion is low. Attitudes toward abortion among this group are also fairly conservative, particularly in Africa. Adolescents tend to disagree with the idea of seeking an illegal abortion and in some cases may be more opposed to abortion than older women.
- **Likelihood of having an abortion:** While the incidence of abortion among all adolescents and girls is concentrated among 15-19-year-olds, girls ages 10-14 who become pregnant are more likely to have abortions than are adolescents ages 15-19. This is particularly true among unmarried girls. In some contexts, the rate of abortion among girls ages 10-14 is also rising.
- **Reasons for abortion:** The main reasons adolescents and girls seek abortion are a desire to continue their education or to protect their future aspirations, to avoid the stigma of out-of-wedlock or teenage pregnancy, or due to economic (poverty) or health reasons. They also seek abortion due to rape, incest or transactional sex.
- **Delaying abortion and postabortion care:** Adolescents and girls are more likely to delay seeking abortion care and treatment for complications of unsafe abortion (commonly referred to as postabortion care). The majority seek abortion at or after 13 weeks of pregnancy and are more likely than older women to delay abortion care because they do not recognize signs of pregnancy in time for an abortion in the first 12 weeks. Adolescents and girls who are unmarried or live in rural places face additional obstacles to accessing care that may cause them to delay seeking an abortion.
- **Sources and methods of abortion:** Adolescents and girls resort to unsafe methods of abortion because they lack access to resources and are likely to delay seeking care until it's too late to legally obtain safe services at a health-care center. Commonly used unsafe methods include herbal or chemical concoctions, foreign objects inserted in the vagina and seeking the care of traditional healers.
- **Experiences with health-care providers:** Adolescents and girls often encounter health-care providers who stigmatize or discriminate against youth seeking abortion care, leading them to instead resort to unsafe abortion methods. Even in settings where abortion is legal and accessible, adolescents and girls may receive abortion care that is inferior to what older women receive.
- **Complications of unsafe abortion:** Adolescents are disproportionately at risk for unsafe abortion, which is a leading cause of maternal death among this group—especially in Sub-Saharan Africa.
- **Social and psychological impacts of abortion:** Adolescents and girls may face numerous sources of stress before, during and after an abortion: strained family or partner relations, fear of being stigmatized, worry about the future and uncertainty about how to access abortion care. They may also experience psychological distress related to gender-based violence that may have caused the pregnancy.



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Recommendations for improving abortion access for girls ages 10-14

Since girls (ages 10-14) face unique barriers to accessing abortion care, specially tailored programs and outreach are needed to meet their needs. Ipas recommends the following interventions:

- **Offer comprehensive sexuality education.** Many girls lack basic knowledge of sexual and reproductive health, which increases their risk for missing signs of early pregnancy and delaying abortion care until later. Comprehensive sexuality education—particularly focused on puberty, pregnancy, contraception and how to access safe abortion—is essential for this age group.
- **Provide sexual and reproductive health information in schools.** Girls ages 10-14 are typically still enrolled in school, which makes this setting a promising entry point for providing information on safe abortion and how to access safe services. Even if a comprehensive sexuality education program is not possible, girls can still be given basic information about their sexual and reproductive health and available services. This may improve their ability to access safe and timely abortion care.
- **Involve parents.** Girls are subject to parental control both psychologically and materially, due to their young age and tendency to be unmarried. Safe abortion interventions aimed at girls must recognize the role of parents in abortion decisionmaking and work to reduce communication barriers between girls and their parents. Given that most girls in this age range do not have stable or long-term sexual partners, it may be less necessary to focus on including or reaching the male sexual partners.

- **Address health-provider bias.** Health-care providers often stigmatize girls seeking abortion care and consider them too young to have sex or receive sexual and reproductive health services. These stigmatizing beliefs are not always reduced even when providers participate in trainings on youth-friendly sexual and reproductive health care. Therefore, interventions should not stop with one-time or general youth-friendly trainings but should instead include more intensive training and client-centered feedback at health centers.
- **Ensure care addresses sexual violence.** In many cases, girls become pregnant due to rape, incest, or coerced or transactional sex. Safe abortion programs must recognize and address the added trauma and stigma of sexual violence that a girl may face, in addition to the challenges of ending an unwanted pregnancy. Health providers must be sensitive to the unique needs of girls who have experienced sexual violence and ensure they not only have access to emergency contraception and safe abortion care, but also to treatment for the physical, emotional and social harms of this violence—and to other community and legal services as relevant.
- **Research the best approaches for providing safe abortion to girls.** More research on the abortion experience of girls ages 10-14 is needed. Very few studies focus on or segment by the experiences of this age group in the context of abortion care. Around the world, the size of this population group is growing—as is their risk of early, unwanted pregnancy—so researchers should include girls ages 10-14 as a focus of sexual health and abortion studies. This research should also examine the specific types of information and support this group needs and the most effective ways to deliver services.

References

- 1 Shah, I.H. & Ahman, E. (2012). Unsafe abortion differentials in 2008 by age and developing country region: High burden among young women. *Reproductive Health Matters*, 20(39):169-73.
- 2 Espinoza, C., Samandari, G., & Andersen, K. Abortion experience among young and very young adolescents: A rapid review of the literature. Under review at *Journal of Adolescent Health*.