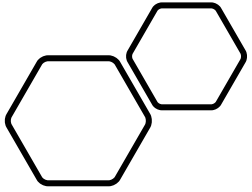




Abortion Care for adolescents

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Outline

- Context
 - Global need
 - Abortion care as integral part of Adolescent Health provision
 - Acknowledging different populations and legislatures
- Challenges and opportunities
 - What is working and what is not
 - Why aren't we evidenced based
- Call to arms
 - Adolescent informed and centered care
 - Abortion providers as advocates



Adolescents and Abortion Global context

- Huge unmet need
 - HIC abortion still a common outcome despite overall decline
 - Adolescent experience more barriers and delays to care
 - 25% girls 15-19 are married
 - 16 million births 95% in LMI
 - Attendant risk factors maternal and infant health and maternal education and employment
 - 3.2+million undergoing unsafe abortion per year
- Adolescent sexuality universally stigmatised
 - Stigma is:experienced, perceived and internalized
- Widespread legislated barriers to access H,M, and LIC
 - gestational/consent /judicial

**THE WORLD IS
A MESS.**

AGREE or DISAGREE

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Evidence :what evidence?

- Vast differences in models and initiatives
 - Make comparisons difficult
 - Effect of national/regional legislation re consent/capacity
 - Very few studies in MLIC
 - Methodological problems
 - We continue to fund and operate from false assumptions
 - Fix teen pregnancy and you will fix countries economy
 - Effectiveness of peer education
 - Underfunding/ cessation of successful programmes
- No research re modes of access to care
- Need for rigorous research methodology ongoing



- Rehana A. Salam, M.Sc. ^a, Anadil Faqqah, M.D. ^a, Nida Sajjad, M.B.B.S. ^a, Zohra S. Lassi, Ph.D. ^b, Jai K. Das, M.D., M.B.A. ^a, Miriam Kaufman, M.D. F.R.C.P.C. ^c, and Zulfiqar A. Bhutta, Ph.D. ^{d e} *Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions *Journal of Adolescent Health* 59 (2016) S11eS28
- Assifi AR, Kang M, Sullivan EA, Dawson AJ (2020) Abortion care pathways and service provision for adolescents in high-income countries: A qualitative synthesis of the evidence. *PLoS ONE* 15(11): e0242015. <https://doi.org/10.1371/journal.pone.0242015>
- “Adolescents’ Need for and Use of Abortion Services In Developing Countries *Guttmacher institute* 2016”

Abortion care : within an adolescent health frame work

- Abortion provision as part of adolescent health care
- Challenges and Tasks of adolescence
 - Educational, physical, economic, psychosocial, sexual
- Adolescent health seeking behaviours are different and variable
- Competency is not a linear development
 - situational and fluctuant: can be cultivated
- Confidentiality
- Patient centred and trauma informed
- Sexual and reproductive health /rights for adolescents part of wider social/political context
 - SRH education strategies
 - Community conversations
 - Legislative change





Experimentation and risk taking

- Essential to Growth, development and assumption of adult role
- The “Dignity of Risk”
- WHAT should be the response from health care services?

Opportunities: start the conversations

Breaking Down Stigma and Shame

- Health care episode not in isolation
 - The conversation carries on elsewhere
- Don't assume sexuality /gender identity
- Don't assume ignorance about best interests
- Be curious
- Park the LARC (lecture)
- Comprehensive service





- “I hate it when adults ask “are you sexually active?”
Like am I going to deactivate some day or this a
permanent state of being”
 - JUNO

Indigenous young people: “from Shame job to empowerment”

- Teenage pregnancy viewed through different eyes
 - Challenges the disaster narrative
- Culturally specific Abortion Stigma and Fear affected by -
 - Colonialism
 - Intergenerational trauma
 - Extended family and decision making
- Condoms “ain’t real”



Lets make SRH fit for purpose

- Discoverable
- Confidential
- Adolescent informed
- Free
- One stop
- Reiterative audit
 - flexible
 - Innovative delivery approaches for EMA /EC
- Remove legal barriers



A photograph of two young women sitting in a courtroom. The woman on the left is wearing a tan jacket with a yellow hood and is looking down with a sad expression. The woman on the right is wearing a blue jacket with a brown fur collar and is also looking down with a somber expression. In the background, another person is visible sitting in a wooden bench. The overall mood is one of disappointment or sadness.

How do we measure up ?

“Were they nice? “ “ Nice enough”



General principles

- Conscious /reflective practice
- Patient centred care
- Adolescent informed practice
 - reiterative/multifocal consultation
- Abortion as reproductive justice
- Provider as advocate with reform agenda
- Community based dialogues
- Educational imperatives
- Legislative change
- Its political !

Haiku: Positivity

Positive Urine
Knowledge is the power to
Be who I will Be

