

## Self-managed abortion: Barriers and opportunities

### Research Objectives

This study aims to explore and document refugee and displaced women's experiences with abortion, to inform the development of interventions, guide policy and programmatic changes, and highlight critical gaps in abortion access in humanitarian settings. Our specific objectives are to:

1. Document the abortion experiences of displaced women and girls.
2. Examine differences in abortion experience based on length of displacement.
3. Estimate the abortion incidence, rate, and ratio using respondent-driven sampling (RDS) and an innovative adaptation of the abortion incidence complications methodology (AICM).

### Background

Approximately 60% of maternal deaths take place in settings affected by conflict, displacement, and natural disaster. (1) Displaced and conflict-affected women and girls may be at increased risk of the consequences of lack of access to abortion care, including forced childbearing, and morbidity and mortality related to unsafe abortion. (2) Despite the many calls for additional research, funding, and attention towards provision of safe abortion services for women living in humanitarian contexts, (3-5) little is known about the abortion experiences or the barriers and facilitators to expanding abortion access in these contexts.

There is a growing body of evidence demonstrating that women can safely and effectively terminate pregnancies on their own using mifepristone and misoprostol, or misoprostol alone (6-9). Interventions that seek to expand access to information on self-managed abortion (SMA) have the potential to revolutionize access to safe abortion. However, to date, there has been no descriptive epidemiologic study that characterizes the abortion experiences of women in humanitarian contexts, or estimates the incidence of abortion in humanitarian settings.

Understanding women's abortion experiences in humanitarian settings—including pathways to SMA, methods used, access to abortion medications, sources of information about SMA, support systems, care-seeking decisions, and experiencing stigma—are key to the development of interventions that adequately meet the needs of women living in humanitarian contexts.

### About the research

This study aims to document the abortion experiences of displaced women and girls with a focus on self-managed abortion and information access in Kakuma Refugee Camp (Kenya) and Bidibidi Refugee Settlement (Uganda). We will examine differences in abortion experience based on displacement, humanitarian setting, and legal context, and estimate the abortion incidence, rate, and ratio using RDS and an innovative adaptation of the AICM. Formative research activities are currently underway, with full-scale data collection launching in early 2022. While research uptake activities will take place throughout the project, analysis and dissemination of findings—leading to the development of community-informed strategies to improve access to information and use of safer abortion medications in humanitarian settings—will take place in 2023.



## Expected outcomes

Results from the proposed research will shed light on abortion practices in humanitarian settings, including estimates of abortion incidence. Findings will provide critical evidence to inform the type and magnitude of resources that are needed, identify necessary service delivery improvements, and inform recommendations on how best to support women who self-manage abortions in humanitarian settings. These data will serve as advocacy tools to encourage governments, UN agencies, and donors to prioritize safe abortion care in humanitarian programs and policies. Ultimately, findings from our research can aid in the development of effective interventions to improve access to self-managed and facility-based abortion in humanitarian settings.

## About the research team

The Principal Investigators of this study are Ruvani Jayaweera, Senior Associate Research Scientist at Ibis Reproductive Health, and Tamara Fettes, Senior Researcher at Ipas. Partner organizations include the African Population and Health Research Center (APHRC), the International Rescue Committee (IRC), and Resilience Action International (RAI). The research partnership is founded on respect, mutual accountability, making impact, and shared power.

## Contact / find out more

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