

# Frequently Asked Questions about Adolescents and Postabortion Care

## Why focus on adolescents within Postabortion Care (PAC) programs?

Approximately 87% of young people live in developing countries, where abortion is usually illegal. Young people are more vulnerable to unwanted pregnancy and unsafe abortion due to their psycho-social development, power imbalances vis-à-vis adults, poverty, sexual abuse and coercion, as well as traditional/cultural values that prevent access to sexual and reproductive health (SRH) information and services. This is illustrated by the fact that less than 5% of the poorest young people use modern contraceptive methods and 1/3 of women in developing countries give birth before the age of 20.

Due to the sensitivities surrounding abortion, it is difficult to determine the exact incidence of abortion; however, the World Health Organization estimated that as many as 4.4 million adolescents in the developing world resort to abortion annually, the majority of which are unsafe. Adolescents are more apt to delay seeking an abortion which increases their risk of complications, often resort to cheaper and unsafe providers, and frequently delay seeking care for abortion-related complications once they occur. As a result, adolescents have the highest risks of suffering serious complications from unsafe abortion. For example, in Nigeria, the Society of Gynaecologists and Obstetricians estimates that about 50% (10,000) of the Nigerian women who die from unsafe abortion each year are adolescents and that abortion complications are responsible for 72% of all deaths among women under 19 years of age.

## What are the special needs of adolescents?

The needs and life situations of female adolescents seeking postabortion care (PAC) and contraception vary greatly depending on their age, marital status, and the circumstances of their pregnancies. For all young women who have had an unsafe abortion, making youth-friendly postabortion contraceptive services available is critical for preventing repeat abortions. Critical to youth-friendly PAC services is an emphasis on privacy and confidentiality and providers who exhibit non-judgmental attitudes. Because adolescents often have less knowledge of their bodies and SRH issues, there is a need for greater explanation of any exams or procedures as well as reassurance to reduce fear and pain.

Following care for complications of unsafe abortion, providers should ask the young woman about her reproductive intentions and life situation, provide information and counseling about a quick return to fertility, contraceptive methods available, and how to prevent HIV/AIDS and other sexually transmitted infections (STIs). Among other things, the circumstances of the pregnancy, history of complications such as infection, severe vaginal hemorrhage, vaginal/cervical trauma, and intra-abdominal injury may need to be considered in the choice of method. In addition to postabortion counseling and contraception, adolescent women may also need to be referred for other SRH, HIV, or social services, this is especially true in the case when an adolescent has experienced sexual abuse or rape or is HIV+.

## What are some recommendations for improving PAC services for adolescents?

1. Clarify policies and consent laws that may prevent adolescents from seeking or obtaining sexual and reproductive health services, including PAC.
2. Involve the community and form partnerships between the community and PAC providers. Community sensitization and mobilization can help increase access to SRH information and services, reduce unwanted pregnancy, and increase timely utilization of PAC services when they are needed.
3. With youth participation, ensure that PAC programs develop and invest in youth-friendly services, with special attention to postabortion contraceptive counseling.

4. Conduct training for PAC providers and counselors that encourages empathy, sensitive interpersonal communication methods, and non-punitive, nonjudgmental attitudes toward adolescents. Training should also focus on the special psychological and physical needs of adolescents in relation to PAC and postabortion contraception.
5. Routinely include condoms and emergency contraceptive pills (ECP) in PAC services for adolescents, as these methods may be particularly well suited to their needs. Dual protection against unwanted pregnancy and STIs/HIV should be greatly stressed as young people are more vulnerable to STIs and HIV.
6. Increase and enhance linkages between PAC facilities serving young women and youth-friendly reproductive health services, as well as community-based youth SRH programs. These linkages should ensure that modern methods of contraception, life skills education, and SRH information and services are made accessible and affordable to adolescents in a sensitive and confidential manner. This approach will facilitate sustained use of contraception.
7. Conduct research, including longitudinal studies, to look at the reasons for the continued use or discontinuation of postabortion contraceptive methods.

### **How can I find out more about PAC and adolescents?**

Within the Postabortion Care Consortium, there is a youth-friendly PAC working group. For more information on the working group, contact Gwyn Hainsworth at [ghainsworth@pathfind.org](mailto:ghainsworth@pathfind.org). In addition, see the [Youth Resources](#).

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1. Adapted from Herrick, J. 2000. [Postabortion Care \(PAC\) Programs for Adolescents. Focus YARH Briefs 5](#). Focus on Young Adults.
  2. UNFPA. 2003. State of the world's population 2003. Making 1 billion count: Investing in adolescents' health and rights. New York: UNFPA.
  3. Treffers, P. December 2002. Issues in adolescent health and development. WHO/FCH/CAH/02.08 & WHO/RHR/02.14. Geneva: WHO.
  4. Raufu, A. November 2002. Unsafe abortions cause 20,000 deaths a year in Nigeria. British Medical Journal 325:988.