Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module I

Unsafe abortion in adolescents

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks	I-7	10 min	Handout for module I Slides I1-1, I1-2
Session 2 **The nature and scope of unsafe abortion** ACTIVITY 2-1 Buzz group ACTIVITY 2-2 Plenary review ACTIVITY 2-3 Mini lecture ACTIVITY 2-4 Plenary discussion ACTIVITY 2-5 Group work and plenary feedback	I-9	30 min	Flipcharts I1, I2, I3 Slides I2-1, I2-2
Session 3 **Factors contributing to unsafe abortion in adolescents** ACTIVITY 3-1 Group work and plenary discussion	I-12	25 min	Flipchart I4 Slide I3-1
Session 4 **The consequences of unsafe abortion** ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Plenary review ACTIVITY 4-3 Group work	I-14	25 min	Flipchart I5 Slides I4-1, I4-2, I4-3

Sessions and activities	Page	Time	Materials and resources
Session 5 **Diagnosis and management of unsafe abortion in adolescents** ACTIVITY 5-1 Group work ACTIVITY 5-2 Mini lecture ACTIVITY 5-3 Role play	I-17	50 min	Slides I5-1, I5-2, I5-3
Session 6 **Preventing unsafe abortion** ACTIVITY 6-1 Group work ACTIVITY 6-2 Plenary discussion	I-20	30 min	
Session 7 **Module review** ACTIVITY 7-1 Review of spot checks ACTIVITY 7-2 Review of objectives ACTIVITY 7-3 Orientation Programme Personal Diary (OPPD) ACTIVITY 7-4 Reminder and closure	I-21	10 min	Flipchart I6 Slides I1-1, I1-2, I7-1, I7-2
		180 min	

Module checklist

The module checklist contains important information including reminders, tips, materials and equipment you need to run this module. We recommend that you review the following checklists in advance.

- Module advance preparation
- Materials and audio-visual equipment.

Module advance preparation

- Make sure you have copies of the handout(HO) for distribution to all the participants;
- Ensure that the flipcharts are ready for the group-work tasks;
- Ensure that the facilitators are clear about their respective roles during their designated session(s);
- Collect local data on unsafe abortion in your country/area, and prepare slides to complement the global data;
- If needed, adapt elements of the case studies and scenarios to suit your country/area.

Materials and audio-visual equipment

- Materials:

Standard

- Handout
- Slides
- Flipcharts
- VIPP cards
- Spot checks
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

Module-Specific

- Local data on unsafe abortion in adolescents
- Module scenarios
- Module case studies.

- Equipment:

- Video/slide projector or overhead projector
- Flipcharts with blank sheets
- Masking tape, pins or glue
- Name tags
- Coloured markers
- Notepads
- Markers
- Pens.

Module overview

This module in the Orientation Programme (OP) on adolescent health, is one of four optional modules dealing with issues of sexual and reproductive health and the consequences of unprotected sex. The others are: module G. *Sexually transmitted infections in adolescents*, module H. *Care of adolescent pregnancy and childbirth*, and module J. *Pregnancy prevention in adolescents*. In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

This module introduces health-care providers to an important public health issue among adolescents, i.e. pregnancy care in adolescents. It should be conducted after the core module C. *Adolescent sexual and reproductive health*.

For the sake of simplicity, we have assumed that the subject of adolescent pregnancy is being addressed for the first time. However, if you have already run the optional module H. *Care of adolescent pregnancy and childbirth* or module J. *Pregnancy prevention in adolescents*, you should be able to limit Session 2 of this module to a brief review, perhaps quickly running through the relevant slides. This would enable you to devote more time to the practical issues in the later sessions of the module.

As with the other modules, we recommend that adolescents be among the participants, to provide their perspectives to the discussion.

We recommend that you review Part I of the *Facilitator Guide* which provides information that you will need for conducting the modules. Part I provides detailed information on the teaching/learning methods used in the OP. It is important that you feel comfortable in understanding and applying these methods. This will help ensure successful facilitation and that the teaching/learning objectives are achieved.

[1] Under development

Session 1
Module introduction

Aim of the session

- To provide an overview of this module including the objectives.

ACTIVITY 1-1
MODULE OBJECTIVES

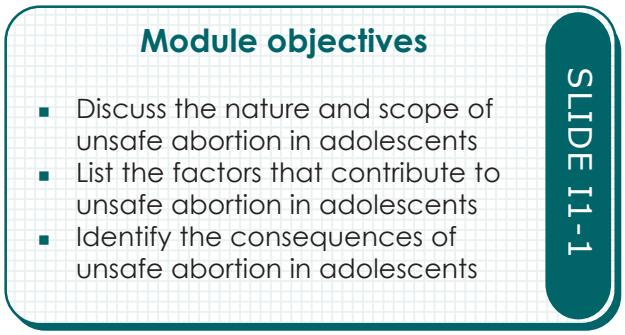
Welcome the participants to this module.

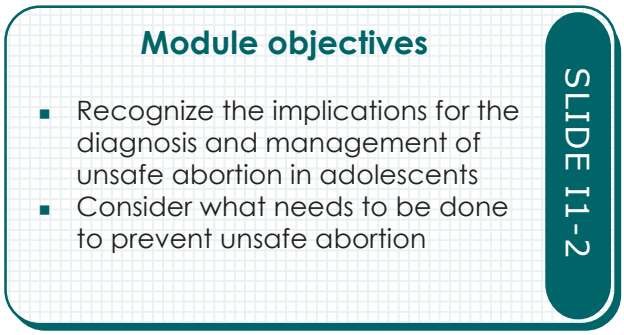
Explain that this module is one of four optional modules on adolescent sexual and reproductive health. The others are: module G. *Sexually transmitted infections in adolescents,* module H. *Care of adolescent pregnancy and childbirth*, and module J. *Pregnancy prevention in adolescents.* In addition there is a separate module N. *HIV/AIDS in adolescents*[1].

Mention that this module contains seven sessions, which will explore different aspects of unsafe abortion in adolescents.

Mention that handout I provides additional information to complement what will be covered during the module.

Display the module objectives (Slides I1-1 and I1-2), and then read out each of them, in turn:





Explain that since abortion is often a controversial subject that raises strong views and feelings, participants will be able to consider some of the ethical and legal implications and what they think about them.

Explain that before exploring the nature and scope of unsafe abortion, participants should read the Section 1 entitled "*The nature and scope of unsafe abortion*" in the handout I. You could give them a few minutes to go over this section silently.

[1] Under development

ACTIVITY 1-2
SPOT CHECKS

Make sure that all the participants have copies of the spot checks (Annex 1).

Explain that the purpose of the spot checks is to help the participants assess their gains in knowledge or changes in their attitudes as a result of their participation in the module.

Inform them that the spot checks will not be collected, graded or checked by any of the facilitators.

Ask them to complete the spot checks to the best of their knowledge and to keep them handy for use during the review session. Give them a few minutes to complete this task.

Inform the participants that you will discuss the answers to the spot checks during the last session of the module and that you will respond to any questions or comments they may have.

Explain the instructions provided on each spot check and make sure that the participants understand how to complete them.

TIP FOR YOU

Remind the participants to use the *Matters Arising Board* through the duration of the module to record any issues that they would like to follow up on. Make sure to indicate where the *Board* is located.

Session 2
The nature and scope of unsafe abortion

Aim of the session

- To discuss the nature and scope (both globally and locally) of unsafe abortion among adolescents.

ACTIVITY 2-1
BUZZ GROUP

Ask participants to form buzz groups of two or three and pin up this pre-prepared question on Flipchart I1.

Explain that you would like each group to discuss among themselves, and to come to a conclusion on how common unsafe abortion is in their area.

FLIPCHART I1

How common is unsafe abortion among adolescents in your country, region or community?

Very common	*Fairly common*	*Not at all common*

Each group should then place the symbol, "V" at an appropriate point along the line. If a group cannot agree, then each person in it should make their own mark with the symbol "X" to indicate the disagreement.

Give the participants a few minutes to complete this activity.

ACTIVITY 2-2
PLENARY REVIEW

Once all the marks are up, tailor your comments depending on the spread of marks between *"Very common"* and *"Not at all common"*.

If there is a wide spread of marks on the flipchat, indicating some level of disagreement, pose both the following questions (Flipchart I2).

FLIPCHART I2

Why do you think there is such disagreement about how common unsafe abortion is?

How do you – as health-care workers – become aware of the problem of unsafe abortion?

If there is general agreement, ask only the second question listed on Flipchart I2.

TIP FOR YOU

A wide spread of marks may be because the participants come from different places.

On the other hand, it may be because they have had very different experiences. Some of them may never have seen a case of unsafe abortion, whereas others may have treated adolescent patients with complications of unsafe abortion or have learned about the experiences of a friend or relative or someone else in the community.

At the end of the discussion summarize the range of responses and move straight on to the mini lecture.

ACTIVITY 2-3
MINI LECTURE

Put up Slide I2-1 and I2-2 and take the participants through it. Point out that the sources of the data presented in Slide I2-1, are listed in the handout.

SLIDE I2-1

Unsafe abortion among adolescents: A major public health problem

- 2-4.4 million estimated annually
- Accounts for up to 13% of all maternal deaths
- More adolescents than adult women resort to it
- 38%-68% of abortion complications are in women under 20 years of age
- 32%-93% of unmarried adolescent pregnancies are unwanted/mistimed
- Up to 61% of last births of married adolescents are unwanted/mistimed

SLIDE I2-2

Percentage of women aged 15-19 with unwanted or mistimed last births in the preceding five years

Country/survey year	Total (a)	Married (a)	Unmarried (a)
SUB-SAHARAN AFRICA:			
Botswana, 1988	81	39	88
Uganda, 1988/89	35	30	65
Ghana, 1993	68	61	90
Senegal,1992/93	31	23	78
MIDDLE EAST/NORTH AFRICA:			
Egypt, 1992	9	9	na
Morocco, 1992	15	15	na
Sudan, 1989/90	15	15	na
ASIA:			
Bangladesh, 1993/94	22	20	na
India, 1992/93	18	18	na
Pakistan, 1990/91	4	4	na
LATIN AMERICA/CARIBBEAN:			
Brazil, 1986	49	45	79 (b)
Mexico, 1987	33	51	88 (b)
Trinidad & Tobago, 1987	48	47	na

na = not available or based on fewer than 10 cases; a = includes both unwanted and mistimed births; b = values based on 10-25 cases.
Source: Singh S. *Adolescent child bearing in developing countries: A global review.* Studies in Family Planning, 1998, 29: 117-136.

Talking points

This slide contains data from a selection of countries in four world regions, on the percentage of adolescents aged 15-19 whose last births were either unwanted or mistimed.

The rates are higher in sub-Saharan African and Latin American countries in comparison with those from Asia and the Middle East.

In sub-Saharan African and Latin American countries, the rates are higher in unmarried than in married adolescents.

ACTIVITY 2-4
Plenary discussion

Ask if any of the participants have any facts and figures on the local situation. If so, invite them to share this data. If not, share with participants, any local data that you have been able to gather (on unsafe abortion in adolescents).

Lead a brief discussion about the local data that is presented. You may want to ask the following questions to open up the discussion:

- What does the local data suggest?
- Are there differences in abortion rates between areas/communities or among different groups of adolescents/women?

TIP FOR YOU

By now, you should have most people's agreement that unsafe abortion is a serious health problem and that a significant proportion of those having unsafe abortions are adolescents.

ACTIVITY 2-5
Group work and plenary feedback

Ask participants to form three or four groups to discuss the question posed in the flipchart. If there are adolescents in the group, ask if they would prefer to work in a separate group; their understanding of contemporary issues may well shock the adults present!

Why do adolescent girls often resort to unsafe abortion?

FLIPCHART I3

Show Flipchart I3 and read the question aloud.

Ask each group to come up with up to five important reasons in answer to the question. Ask them to write each answer on a separate card. Allow them up to 10 minutes, moving around to check how they are getting on.

When participants have completed their task, ask them to pin up their cards on a pin board (or to put them up on a wall using masking tape).

Ask a volunteer to read each card, out aloud. As this is being done, work through the answers to the question discussing possible categories to group the cards. Possible categories are:

- Social/cultural issues
- Economic issues
- Psychological issues.

To wrap up the session, ask the participants to turn to Section 2 in handout I, which is titled "*Factors contributing to unsafe abortion in adolescents*". Ask them to see how their answers relate to the information provided in the handout. Point both to issues that they have raised and to those that they have not raised.

Session 3
Factors contributing to unsafe abortion in adolescents

Aim of the session

- To discuss various factors which contribute to unsafe abortion in adolescents.

ACTIVITY 3-1
GROUP WORK

Ask participants to form groups of four or five (if participants come from different countries or states/districts within a country, consider asking them to form area-specific groups).

Give each group one marker of a different colour from the rest, and pin up this question and table on Flipchart I4.

FLIPCHART I4

How do the following factors affect unsafe abortion in adolescent girls in your country or state/district?

Factor	No impact	Adds to the problem	Reduces the problem
Access to contraceptive information and services			
Access to safe abortion services			
Attitudes and behaviours of health-care providers			
Community norms			
Laws and policies on sexual and reproductive health of adolescents			
Other factors			

TIP FOR YOU

You may want to add other factors to the ones listed in Flipchart I4.

Explain that each group's task is to decide whether these factors add to or help reduce the problem, or perhaps have little impact either way. This will stimulate discussion, and possibly some debate.

Allow the groups 10 minutes to complete this activity, and then ask each group in turn to come forward and tick the appropriate columns, for each of the factors. Ask them to place the symbol "V" if everyone in the group agrees, and the symbol "X" in the appropriate columns if there is disagreement within the group.

Wrap up the discussion by going over Slide I3-1.

Finally, point the participants to Section 2 of the handout titled "*Factors contributing to unsafe abortion in adolescents*".

Factors that could help reduce unsafe abortion in adolescents

- Availability and accessibility of contraceptive information and services
- Availability and accessibility of safe abortion services
- Health-care providers are helpful and non-judgemental
- Community norms permit open and frank discussion about sexuality in adolescents
- National laws and policies facilitate the provision of reproductive health information and services that adolescents need

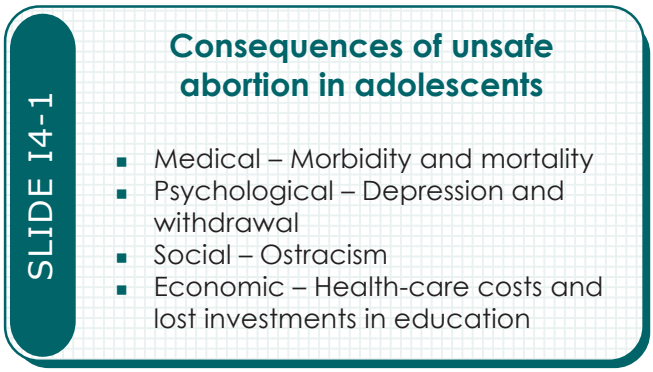
SLIDE I3-1

Session 4
The consequences of unsafe abortion

Aim of the session

- To identify the consequences of unsafe abortion among adolescents.

ACTIVITY 4-1
MINI LECTURE



Explain that so far you have considered the nature and scope of unsafe abortion and the many contributory factors. You are now turning to the consequence of unsafe abortion.

Present Slide I4-1, using the accompanying talking points. Invite comments and questions, and encourage other participants to respond to them, if they wish to.

Talking points

Medical consequences

- Risks of mortality and morbidity from unsafe abortion are high for women of all ages, but they are especially high for adolescents mainly because of the ways in which abortion is induced and because of delays in care-seeking;
- In many developing countries, serious complications due to unsafe abortion affect adolescents much more than they affect adults.

Psychological consequences are less well documented than physical consequences but are significant. They include depression and withdrawal.

- In many cases, these problems improve with time; a significant proportion of cases however, tend to linger and require specialized attention;
- Long-term, abortion-related psychological problems are frequently reported in girls who are pregnant for the first time.

Social consequences are borne by the girl herself and her family. Girls who survive may be forced to leave school. They may face disapproving attitudes, even ostracism. They risk being forced into early marriage or to be thrown out of their homes. In order to support themselves, they may take up poorly paid jobs or be tempted or forced into prostitution.

Economic consequences are immense for both the girl and her family, and also for the community and country. An extended hospital stay will cost the family a great deal. Likewise, treatment for

the sequelae of unsafe abortion drains the resources of hospitals, which are often already in short supply. These include safe blood, other intravenous fluids and antibiotics. In addition, investments made in the growth and development – including the education – of these girls are lost.

TIP FOR YOU

This is a lot of information to digest. Give the participants a few minutes to take all this in, and to share their reactions, if any. Then move on to the short- and long-term medical complications of unsafe abortion in adolescents (Slides I4-2 and I4-3).

Talking points

Major short-term medical complications

- Tetanus
- Haemorrhage
- Localized or generalized infection
- Injuries (genital lacerations, perforations of organs)

SLIDE I4-2

Tetanus can result from the insertion of materials like sticks, metal rods and other implements into the uterus: It can also result from the use of unsterilized surgical instruments.

Haemorrhage is a common complication leading to or aggravating pre-existing anaemia and can lead to death.

Post-abortion sepsis can rapidly develop into septicaemia and full-blown sepsis.

Physical injuries may vary from small vaginal or cervical lacerations to major perforations involving not only the reproductive organs but also the urinary and gastrointestinal systems.

Talking points

Major long-term medical complications

- Chronic pelvic infection
- Secondary infertility
- Subsequent spontaneous abortion
- Increased likelihood of ectopic pregnancy
- Increased likelihood of premature labour

SLIDE I4-3

Long-term medical complications are those which happen a month or more after abortion takes place.

Many of these are exceptionally heavy lifelong burdens, particularly where a woman's status depends on her ability to bear children.

ACTIVITY 4-2
PLENARY REVIEW

Lead a plenary review by asking the questions listed on Flipchart I5. You could ask a volunteer to write up some important ideas or points on the flipchart.

Which of the listed consequences apply to your country or state/district?

Are influential gatekeepers (such as political and religious leaders) aware of these consequences?

If they are aware, what – if anything – are they doing to reduce the occurrence of unsafe abortion?

FLIPCHART I5

ACTIVITY 4-3
GROUP WORK

To illustrate a number of factors and consequences of unsafe abortion, divide the participants into two groups, and ask each group to read one of the two case studies (Annex 2).

Ask both the groups to discuss the first two questions only (they will have the opportunity to discuss the remaining questions in Session 5).

Allow them 10 minutes and inform them that they will have five minutes to report their findings to the other group.

While the groups are working, help each one to examine the many useful points that the case studies highlight.

As each group presents its findings, encourage questions and discussion.

As you wrap up this activity, remind the participants that they will be asked to consider the case studies again in the next session.

Session 5
Diagnosis and management of unsafe abortion in adolescents

Aim of the session

- To discuss the diagnosis and management of unsafe abortion in adolescents.

TIP FOR YOU

Stress that the session does not provide details about clinical management – this is beyond the scope of the module.

ACTIVITY 5-1
GROUP WORK

Ask participants to return to the two groups and discuss the case studies again, this time focusing on questions about diagnosis and management:

- for Case study 1, questions 3 to 7
- for Case study 2, questions 3 to 6

Allow participants 10 minutes to complete this activity and inform them that each group has five minutes to report their findings in plenary.

As the first group gets ready to present their findings, ask for a volunteer to note points of agreement and disagreement, as well as questions raised, on a flipchart. Address the matters raised and move to the mini lecture.

ACTIVITY 5-2
MINI LECTURE

As you go through slides I5-1 and I5-2 refer to key points brought up in the discussion.

Compared with adults, adolescents with an unsafe abortion are more likely to:

- Be unmarried and outside a stable relationship
- Be primi gravida
- Have a longer gestation up to the time of abortion
- Have used dangerous methods to terminate pregnancy
- Have resorted to illegal providers

SLIDE I5-1

Compared with adults, adolescents with an unsafe abortion are more likely to:

- Delay seeking help
- Come alone, or with a friend, rather than the partner
- Have ingested substances that interfere with treatment
- Have more entrenched complications

SLIDE I5-2

Talking points

To wind up the discussion on diagnosis, stress that it may be useful to keep the following points in mind.

- Adolescents may find it hard to describe their problem. This is especially so if they are accompanied by their parents or other relatives.
- Even if they want to, adolescents (especially younger ones) may be unable to give an accurate history.

Explain that you will now move on to some key issues in the management of unsafe abortion in adolescents.

Talking points

Emergency resuscitation: Many adolescents present in shock because they use dangerous means to procure termination and present late after complications arise.

SLIDE I5-3

Key aspects in the management of unsafe abortion

- Emergency resuscitation as necessary
- Evacuation of the uterus
- Treatment of any complications
- Post-abortion counselling
- Follow-up

Evacuation of the uterus: There is no difference between adults and adolescents in this regard. It is necessary to remove all the products of conception in order to arrest bleeding and remove the source of infection.

Treatment of any complications: This requires appropriate management of complications, such as bleeding, lacerations and infection.

Post-abortion counselling: This is important as adolescents are less likely to return for contraception or other follow-up. Counselling may extend to issues beyond the immediate problem.

Follow-up: Again, adolescents are more easily "lost to follow-up" than are adults. Establishing good rapport with the adolescent will facilitate follow-up.

ACTIVITY 5-3
ROLE PLAY

Select three or four scenarios (Annex 3) which participants could use for role play exercises.

Please refer to Part I of the *Facilitator Guide* for general guidelines on running role plays (pp 18-20).

The Role play scenario 1 raises the following issues:

- Whether abortion is legal in the setting;
- What is in the best interest of the adolescent;
- The rights of the adolescent for self-determination and the rights of parents to know about the health and well-being of their children;
- The tension between having strong view points and value systems and imposing them on others.

The Role play scenario 2 raises the following issues:

- That many young women seek abortion whether or not it is legally available;
- That in many places where abortion is illegal, there are many providers – both qualified and unqualified – who provide the service for a heavy fee.

The Role play scenario 3 raises the following issues:

- The importance of post-abortion counselling, especially in adolescents;
- The importance of tailoring advice to the reality of adolescents' lives.

The Role play scenario 4 raises the following issue:

- The vulnerability of health-care providers to disciplinary – and also to legal – action if they step outside the legal framework in their bid to help someone in need.

Briefly conclude this session on managing unsafe abortion in adolescents by highlighting some of the key points raised in the discussions.

Session 6
Preventing unsafe abortion

Aim of the session

- To consider what needs to be done to prevent unsafe abortion.

ACTIVITY 6-1
GROUP WORK

Explain that this session of the module returns to some sensitive legal and ethical issues. For example:

- Adolescents below the age of consent are minors in law
- In many communities adults do not recognize the rights of adolescents to confidentiality and privacy.

Divide participants into three groups, and inform them that you would like each group to read Section 6 entitled "*Preventing of unsafe abortion*" in handout I. Their task is then to debate one of the relevant numbered questions (Annex 4).

Give the groups about 15 minutes for discussion and five minutes to present their results to the other groups.

ACTIVITY 6-2
PLENARY DISCUSSION

Ask each group to present their perspectives and to then respond to questions and comments that other participants raise.

TIP FOR YOU

It is important to flag both points of agreement as well as points of disagreement,and to explore the latter further.

Wind up the session, pointing both to the major challenges that exist as well as to the possible ways of addressing them that the participants have proposed.

Session 7
Module review

Aims of the session

- To review and discuss answers to the spot checks completed during the first session;
- To review the module's objectives and provide a summary of key points;
- To give participants an opportunity to reflect on – and put down – the messages they are taking away from the module, in their OP personal diaries;
- To remind participants to revisit the *Matters Arising Board* and to complete the *Mood Meter*.

ACTIVITY 7-1
REVIEW OF SPOT CHECKS

Ask participants to pull out the spot checks completed in the first session of the module.

Ask them to review the answers they had put down and to see whether they wanted to make any changes to them.

Take each spot check and go over the answers to them, one at a time.

ACTIVITY 7-2
REVIEW OF OBJECTIVES

Display the module objectives (Slides I1-1 and I1-2), invite participants to share any last questions or comments that they might have and address them.

Module objectives

- Discuss the nature and scope of unsafe abortion in adolescents
- List the factors that contribute to unsafe abortion in adolescents
- Identify the consequences of unsafe abortion in adolescents

SLIDE I1-1

Module objectives

- Recognize the implications for the diagnosis and management of unsafe abortion in adolescents
- Consider what needs to be done to prevent unsafe abortion

SLIDE I1-2

Summarize the key messages of this module, going over Slides I7-1 and I7-2.

Remember, unsafe abortion

- Occurs in many countries
- Is much more likely to occur where abortion is illegal and inaccessible (even if it is legal)
- Implies providers with inadequate skills working in inadequate conditions
- Occurs in adolescents for social, economic and cultural reasons
- Kills many adolescents, and leaves many others with serious life-long sequelae

SLIDE I7-1

SLIDE I7-2

Remember, unsafe abortion

- in adolescents is characterized by:
  - the use of more dangerous methods
  - late presentation
  - more entrenched complications
  - less likelihood of social and economic support being available

ACTIVITY 7-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

FLIPCHART I6

List three important lessons that you learned through participation in this module

List three things you plan to do in your work for/with adolescents

Ask the participants to bring out their Orientation Program Personal Diaries (OPPD).

Put up Flipchart I6 and ask the participants to write down the three key lessons they learned from this module and three things that they plan to put into practice in their work with/for adolescents.

Explain to participants that it is important to update their OP diaries daily because they will use the information entered during the concluding module.

ACTIVITY 7-4
REMINDERS AND CLOSURE

Remind participants to add their comments to the *Mood Meter*.

Ask them to review the issues listed on the *Matters Arising Board* and to add any new ones that they wish to.

Remind them that handout I provides further information on issues covered in the module and that it lists relevant resources.

Thank them for their participation in the module and for their contribution to the discussion.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

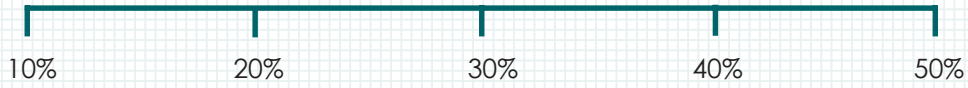
Spot checks

Session 1: ACTIVITY 1-2

SPOT CHECK 1

In the developing world, roughly what percentage of all maternal deaths are caused by unsafe abortion?

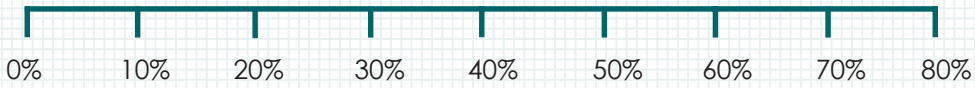
please mark your estimate with a spot anywhere along the line



SPOT CHECK 2

In the developing world, roughly what percentage of women who are hospitalized with abortion complications are under 20 years old?

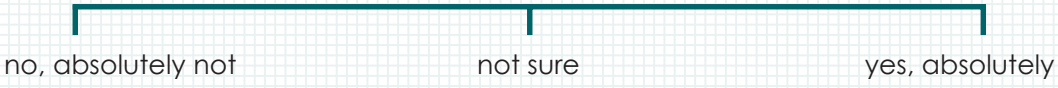
please mark your estimate with a spot anywhere along the line



SPOT CHECK 3

Some people say that if safe abortion services are made available and accessible to adolescents, it will encourage promiscuity. Do you agree with this?

please mark your answer with a spot anywhere along the line



SPOT CHECK 4

How confident do you feel about working with adolescents on the issue of abortion?

please mark your answer with a spot anywhere along the line

not very confident — ok — very confident

SPOT CHECK 5

A school-girl presents with complications due to unsafe abortion. Which of these best describes how you feel about her situation?

please answer with three spots

- I feel angry with her
- I feel angry with the boy or man who is responsible
- I feel pity for her
- I feel angry with the politicians for the restrictions on safe abortion
- I feel we have failed because she resorted to unsafe abortion
- I feel sadness that she didn't use safe abortion
- I feel pity for the life that has been aborted
- I feel angry with the person who did the abortion

SPOT CHECK 6

As health-care providers, what should we focus on to prevent unsafe abortion among adolescents?

please answer with three spots

- Train modern and traditional health-care providers in abortion care ○
- Support efforts to change the law to expand access to safe abortion ○
- Improve confidentiality for adolescents seeking abortion ○
- Improve access to safe abortion for adolescents ○
- Improve provision of contraception to all adolescents ○
- Encourage the authorities to stop untrained people carrying out abortions ○
- Emphasize abstinence from sex before marriage ○
- Encourage adolescents to go through with their pregnancies ○

SPOT CHECK 7

Realistically, is there more you could do with respect to unsafe abortion among adolescents?

please mark your answer with a spot anywhere along the line

no — perhaps — definitely

Orientation Programme on Adolescent Health for Health-care Providers

Annex 2

Case studies

Session 4: ACTIVITY 4-3

CASE STUDY 1

Nyako, a 14-year old school-girl, attended a boarding school on the outskirts of Kampala. One evening, she was admitted to Mulago Teaching Hospital with complaints of high fever and severe lower abdominal pain.

Nyako was brought to the hospital by one of her teachers. She had been found huddled up in bed and shivering in the school dormitory.

They were received by a nurse in casualty who asked Nyako a few questions about what had happened but did not get much information. Nyako was clearly very upset and mumbled or answered in monosyllables. The teacher, who appeared sympathetic to Nyako, told the nurse that another pupil had found Nyako very unwell in bed and that she had been terribly sick. She wondered if Nyako had eaten something and had a stomach upset.

The nurse thanked the teacher and asked her to wait while she took Nyako for an examination. Nyako was weeping while undressing and the nurse comforted her and asked if she would like to tell her a little bit about what had happened. Nyako confided that she had got pregnant, had had an abortion which had gone all wrong and, indicating the lower abdomen, said that her tummy hurt terribly.

The nurse called the doctor on duty and reported what Nyako had told her. On examination, the doctor found that her abdomen was tender with marked guarding. The uterus was bulky and there was a foul - smelling purulent discharge due to infected products of conception.

On further questioning, Nyako told the doctor that, seven days before, her best friend had taken her to an abortionist in a slum area of Kampala, who had inserted a rubber pipe deep into her vagina and instructed her to go to hospital when heavy bleeding started.

The doctor asked her about the date of her last period and how sure she was that she was pregnant. Nyako told him that her periods had started about two years ago but had always been irregular. She was having a love affair with a boy from a neighbouring school and they had started to have sex three months before. She was seven weeks late with her period and suspected she was pregnant. She did not do any test.

Following the abortion, bleeding had not, in fact been heavy but intermittent, with steadily increasing lower abdominal pain. The pipe dropped out after two days. Nyako had endured the pain and tried to keep going as best she could at school until that afternoon, when she could bear it no longer.

Despite the pain which was by then excruciating, the main concern Nyako expressed was that neither the school nor her parents should know about the pregnancy. She begged the doctor not to tell them. She also asked if she was going to die. The nurse reassured her, while the doctor went out to tell the teacher who had accompanied Nyako that she needed to be admitted to hospital for investigations.

She was admitted to the gynaecology ward with a diagnosis of septic incomplete abortion. She was started on parenteral antibiotics and taken to theatre for evacuation 12 hours later. Her temperature settled and she was put on haematinics. She was discharged after five days and given a return appointment to the gynaecology clinic a week later.

At the return visit she was given a cursory examination. She had apparently recovered completely; she was also extremely grateful to the doctor and nurse for not informing either the school or her parents except in vague terms about some abdominal disorder.

QUESTIONS FOR GROUP DISCUSSION

1. Who do adolescents turn to for advice and help when they have an unwanted pregnancy?

   - In the case of a "botched" illegal abortion, with serious consequences, where do they go?
   - How promptly do they seek help when problems arise?

2. How are adolescents treated if/when they go to a government health facility, a private practitioner or an illegal abortionist?

   - From an adolescent's point of view, what are the pros and cons of going to each of these places?

3. When seeing an adolescent in such circumstances, how can you make her feel at ease and encourage her to confide in you?

4. What are the things you need to be aware of when carrying out a physical examination of a young woman in such a situation?

5. What is the best way to communicate facts about abortion, its possible consequences and its implications, to adolescents?

   - Which of the adolescents' concerns must you address?
   - In this situation, what are the rights of minors to privacy and confidentiality?
   - What are the rights of parents to be informed and make decisions?

6. Do health-care workers deal with the social and psychological aspects of abortion effectively? What do they need to consider in order to deal more sensitively with these aspects?

7. What follow-up actions need to be undertaken following unsafe abortion?

   - How to coordinate with related services for contraception and STI prevention?
   - How can vital education and information on prevention best be provided?

CASE STUDY 2

Yolanda, an 18-year old girl had just completed her secondary school education. She went to the outpatient department of the district hospital in the town in which she lived, because she suspected that she was pregnant.

After waiting for several hours in a long queue, she was seen by a middle-aged male doctor. She told the doctor that she suspected that she was pregnant and wanted to have the pregnancy terminated. The doctor sent her for a pregnancy test at the hospital laboratory and told her to come back in two days.

The test confirmed that she was pregnant. On the next visit, she was examined and found to have a bulky uterus and to be 8-10 weeks pregnant. Yolanda again stated that she wanted the pregnancy terminated. The doctor asked her to explain why she could not continue with the pregnancy.

She explained that she had just completed her secondary school leaving certificate the year before and was due to go to nursing school in four months. She was the first-born in a family of six, both parents were school teachers and the father was a lay preacher at the local church.

She pleaded with the doctor to help her. She felt very ashamed about the pregnancy and could not bear the thought of giving up or postponing her nursing training, which would ruin her own employment opportunities and let her family down.

The doctor told her that termination of pregnancy was illegal under any circumstances. However, he offered to assist her at his private clinic. Yolanda saw the doctor privately and was told that the termination of pregnancy could be performed the following day for a heavy fee – to be paid before the operation. She had no way of doing this and left very frustrated.

Two months later, she was brought to casualty. By chance the same doctor was on duty at that time. She was wheeled in on a stretcher by her parents. They told him that she had been behaving strangely for the past several weeks. She had gone to visit an aunt up country 10 days before and stayed away one week. She had been extremely unwell for the past three days. Her parents suspected malaria. Yolanda herself was too unwell to provide any further information.

Physical examination revealed a very sick girl with marked pallor, jaundice, temperature of 36 degrees, rapid and weak pulse, and blood pressure 80/50 mm; the abdomen was tender and distended. There was foul smelling discharge from the vagina. The diagnosis of septic incomplete abortion with a foreign body in the vagina, causing septicaemic shock was made.

Resuscitation was started and the patient was admitted to the surgical ward. Broad spectrum antibiotics were prescribed but were out of stock. Only penicillin was available. The parents rushed out to buy the prescription that they were given. A blood transfusion was ordered; and the drip started.

Six hours later, there was no improvement; a surgical evacuation under anaesthetic (EUA) was planned. At EUA, a stick was found in the vagina, perforating through the pouch of Douglas into the abdominal cavity. There appeared to be leakage of faecal matter into the abdomen. The doctors decided to do a laparotomy and an evacuation. At laparotomy, they found uterine perforation, partial necrosis of the posterior wall of the uterus and perforation of the gut. They also found fulminating peritonitis and a pelvic abcess. Gut resection, colostomy, and subtotal hysterectomy were performed. The patient was taken to the intensive care ward where her condition steadily worsened. She died five days later.

Questions for group discussion

1. What important issues pertaining to health services (availability and accessibility) are highlighted by this case study?

2. In your experience and practice, how often does this sort of event occur?

3. What do we need to do (as health-care providers) to prevent such tragedies from occurring?

4. What do you need to be aware of when carrying out a physical examination on a young woman in such a situation?

5. How frequently do basic supplies and other resources for resuscitation run out in your experience?

6. What could have been done differently to save the young woman's life after she presented at the hospital?

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Annex 3

Role plays

Session 5: ACTIVITY 5-3

ROLE PLAY 1

A 14-year old girl, dressed in her school uniform, comes during school hours, to see the duty medical officer in the casualty department of a district hospital.

She explains to the doctor that she thinks she is pregnant and wants a termination. She does not want to talk about who the father might be, even on probing.

She tells him that she is the first-born in a family with six children. She attends a local Catholic secondary school and lives with an uncle who is her local guardian and is paying for her upkeep. Her parents are poor farmers living in a rural area.

The girl believes that her future education and her relationship with her family will be irrevocably damaged by carrying through with this pregnancy. She says that she depends on the support of the duty medical officer to find a solution…

The doctor seems willing to consider assisting her, but the nurse on duty is a staunch Christian who believes that abortion is murder.

Roles: Doctor, nurse, 14-year old girl.

ROLE PLAY 2

A young woman (18 years) has died in hospital from septic incomplete abortion (see Case study 2) in the care of a certain middle-aged male doctor.

Two months before her death, the woman had come to the hospital seeking an abortion. She had met with this doctor who had told her that he would be prepared to perform the procedure in his private clinic, on payment of a heavy fee (and had then refused to do so because she did not have the money required). This doctor now has to break the news of her death to the family, and he has in his office both her parents and her sister.

The sister breaks down sobbing and in anger reveals what had happened two months earlier when her sister came to the hospital for help.

The doctor wants to comfort the family but, of course, his own part in the affair makes this very difficult. He feels torn between his own guilt, genuine sympathy for the family and his real concerns about safeguarding his position . . .

Roles: Doctor, young woman's parents and 21-year old sister.

ROLE PLAY 3

A manual vacuum aspiration (MVA) programme has recently been introduced in the gynaecology ward of a busy regional hospital. This means that evacuations can now be performed in the treatment room rather than in the operating theatre.

The value of post-abortion counselling and contraception has been stressed during staff training.

Three girls of secondary-school age who have just undergone medical termination of pregnancy are in the office of the nurse in charge, waiting to be discharged. The nurse has only a few minutes to devote to them.

As she begins talking to them about preventing future pregnancy, one of the girls says that she does not want to take contraceptive pills as she is sure that her parents will find them. She and her family live in small 2-roomed quarters and she has no privacy. The other girls immediately nod in agreement.

Roles: Nurse, three girls of secondary-school age.

ROLE PLAY 4

At 8 a.m. on a Monday morning, a gynaecologist at a regional hospital is summoned to see the Hospital Superintendent urgently.

The Superintendent is not in a laughing mood! He accuses the gynaecologist of performing abortions in the hospital, abortions which he says are illegal. His accusations are based on reports from the nurse in charge of the gynaecology ward.

The Superintendent has ordered the confiscation of the MVA instruments and instructed that henceforth all evacuations are to be performed in theatre under general anaesthesia.

The nurse in charge of theatre has been instructed to release instruments only for sharp curettage if she herself has confirmed that they are to be used in cases of incomplete abortion.

The gynaecologist is very angry now too and threatens to resign. He tells the Superintendent that he has carried out only 10 terminations of pregnancy in the last 12 months, following assessment and recommendation by a psychiatrist. The psychiatrist's notes have been duly recorded in the case sheets. He points out that he receives 10 cases of incomplete abortion daily. Most of these are induced outside and have high rates of complications. He challenges the Superintendent to do something about that. He then realizes that angry words will not solve the problem . . .

Roles: Hospital superintendent, gynaecologist.

Annex 4

Questions

Session 6: ACTIVITY 6-1

1. Given societal norms, laws and policies, what can health-care workers do to prevent unsafe abortion?

Specifically, how can they:

- improve access to reproductive health information and services?
- create a climate conducive to contraceptive use for all sexually active adolescents?
- involve communities in discussions of the issues of unwanted pregnancy and the consequences of unsafe abortion, as well of their role in enabling adolescents to prevent these problems and to cope with them when they occur?

2. Given societal norms, laws and policies, what can health-care workers do to reduce the consequences of unsafe abortion when it occurs?

Specifically:

- how can a young person's confidentiality be respected in public hospitals where records and notes are difficult to protect from inquisitive eyes?
- if there are medical complications, under what circumstances should we inform parents or guardians?
- how should we build our own capacity to provide comprehensive abortion care including post abortion counselling and contraception?

3. What can health-care workers do to generate supportive norms and stimulate policy review and reform?

Specifically:

- to what extent should health-care workers conform to community beliefs and values if these conflict with principles such as availability and accessibility?
- how could you use existing legal avenues to expand access to safe abortion while pressing for review of existing laws?
- how could you involve communities in discussions of the issues of unwanted pregnancy and the consequences of unsafe abortion, as well of their role in enabling adolescents to prevent these problems and to cope with them when they occur?