



Internal and External Obstacles to Safe Abortion Services in Humanitarian Settings:

A study on health care providers' perceptions and experiences
in Nepal and Pakistan

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Background

- In 2017, 68,5 million people were forcibly displaced.
- Women in humanitarian emergency settings face multiple sexual and reproductive health (SRH) risks.
- The leading cause of maternal mortality in humanitarian settings is poor SRH services.
- Availability of SRHR in humanitarian settings increase, except for abortion-related services.



Why is safe abortion care not provided?

- Legal uncertainties?
- Health care providers' personal/moral attitudes?
- Lack of quality commodities?

- Research is lacking.



AIM:

To gain a better understanding of health care providers' readiness to provide comprehensive abortion care in humanitarian settings, and to identify obstacles and facilitators in abortion service provision.

METHOD:

- In collaboration with International Planned Parenthood Federation (IPPF).
- In-depth interviews with health care providers with experience from humanitarian settings in Nepal or Pakistan.



Results

- Five interviews.
- A low preparedness to provide comprehensive abortion care:
“I could not provide them proper service because I was not trained so I was feeling helpless (...) I wanted to help the community of women but I could not because I was not well trained, I was not equipped with the medicines, I was not equipped with the family planning commodities, I was not equipped for the abortion services”



Willingness to provide safe abortions! However...

- Poor access to updated guidelines
- Lack of adequate knowledge
- Lack of equipment and supplies
- Uncertainty about legality
- Health care providers' personal values and attitudes (Pakistan):

“To be very frank, service providers’ attitudes dealing with abortion related services often lack of supportive attitude. They are reluctant. And there are certain factors behind as I told you, social factors, religious factors ...”



- Not prioritized by authorities
- Request for more attention, infrastructure and collaboration

“It’s not resistance of the government, it’s, what can I say... Maybe resources, negligence, people do not acknowledge these things to be a big thing. They only awaken when such a big calamity arises, that we should address these issues”

“If the Nepal government give us legal process at that time we have trained manpower, we are able to do CAC-services in a crisis moment also. The main challenging thing is that the coordination and collaboration is not that much properly to our central office”



Conclusions and recommendations

- Need for updated guidelines based on evidence-based information.
- Need for updated information on local legal situations.
- More training addressing health care providers' knowledge, attitudes and values.
- Obstacles are exacerbated by the challenging conditions in humanitarian settings.
- Additional research is necessary in order to improve abortion services.



Thank you!

