

Opportunities exist at the moment of denial of abortion to improve access to safe abortion services in Tunisia

Background

Tunisia has long been at the forefront of providing legal access to safe and affordable reproductive health services for women [1]. Tunisia was the first Muslim country to liberalize abortion in 1965 and by 1973, it became legally available to all women in the first trimester [2]. Tunisia was also the first African country to legalize mifepristone for medication abortion in 2000 [3] and recently medication abortion became available to women in public facilities. Following efforts to increase access to reproductive health services, total fertility rates fell from 3.13 in 1990-95 to 2.05 in 2005-10 [4] and maternal mortality rates declined significantly [5].

Despite these successes, abortion remains a taboo subject and women lack adequate information about the availability of legal services. Advocates on the ground report a recent decline in safe abortion access in Tunisia since 2011. As a result, women continue to turn to informal sector abortion using traditional medicine or drugs from a pharmacy [2]. Previous study has shown that about one-quarter of women are denied wanted abortions in Tunis: 7 percent were turned away for gestational age reasons, 15 percent were required by the clinic to undergo unnecessary tests, and 4 percent were either required by the clinic to have an ultrasound prior to the procedure or they were referred elsewhere [6].

Objectives

Due to a lack of data and persistent stigma, the reasons why women are denied wanted legal abortions and the actions they take following denial are not well documented in Tunisia. In 2013, researchers from the Groupe Tawhida Ben Cheikh and the University of California, San Francisco came together to study access to legal abortion services in Tunisia. This study is part of a multi-country Global Turnaway Study, which also took place in South Africa, Nepal, Bangladesh and Colombia. Study aims included examination of how often women were being denied care, reasons for denial, options considered after denial, sources of information about illegal abortion, experiences seeking illegal abortion, and complications experienced.

Methods

In-depth qualitative interviews were conducted with women denied abortion services from one public and one private facility in Tunis, Tunisia, which provide abortions. Two research assistants screened women, obtained informed consent, and contacted participants by phone 2 or 3 months later about their experiences seeking and being denied legal abortion services. Clinic staff assisted in identifying women who had been denied on the day they sought an abortion. No identifying information was collected and all interviews were confidential.

Experiences with denial of abortion

Thirteen women participated in in-depth qualitative interviews two months after they were denied abortion care. Nine of the 13 women ultimately terminated their pregnancies and the remaining four women carried their pregnancies to term. Six out of nine women obtained abortions at private facilities. All three women who were in the second trimester when they were initially denied ultimately carried to term, even though two of these women sought abortion for health reasons. Women were dissatisfied with the care they received throughout the abortion seeking process.

Denial due to gestational age

Women denied for gestational age were turned away for being too early and too far along in pregnancy. One woman who was denied medication abortion for being too early in her pregnancy at three weeks gestation was later diagnosed with an ectopic pregnancy. Another woman was first denied for being too early in pregnancy, because the fetus was too small for a sonogram. She was then referred back and forth between facilities and ultimately denied because her pregnancy was too far along so she carried the pregnancy to term.

When I went the last time, she did a sonogram and she lied telling me that I was at the third month. I responded that the previous time she had told me that I was one week pregnant and now I am three months pregnant, and how could that happen so fast? [The provider said] "He's developed, it's a sin."

Denied for health conditions

Women reported being referred to other facilities because they were diabetic, had asthma, and had previously taken an anticoagulant medication for blood clotting. Women were confused as to why their health conditions impacted their access to abortion

care. The woman who had asthma was referred to a hospital where she was told they did not even perform abortion. The woman who was denied because of potential blood clotting explained that her denial was based on the fact that she had taken an anticoagulant medication during a previous pregnancy, but was no longer taking the medication. On the contrary, one woman sought abortion because she was anaemic and had thrombosis but was denied at a public hospital without being asked why she wanted an abortion and ultimately carried the pregnancy to term.

The doctor denied the abortion. She said it was because I was diabetic and that I had to go to the hospital. But at the hospital they sent me back because my glucose levels were not very high... even though the doctor had told me that if she did it, it would be complicated because of the diabetes.

Denial for logistical and bureaucratic delays

Several women were not explicitly denied care but instead told to wait long periods or to go home and return later for care. Some women were made to wait for many hours or sometimes weeks, others described being referred back and forth between departments at a hospital or

between facilities. Many of the women who faced delays in public facilities left and went to private clinics because they were worried the delays would limit their ability to have an abortion. One woman returned

At Hospital 1 they are slow...they said either that the doctors were on strike, or that the test results would only be ready in three to six days, or this, and that...so that it meant everything would take a lot of time, do you understand? ...This didn't work for me considering that I was already one and half months pregnant. It was an emergency, and I was not going to wait.

to the same hospital eight times and then decided to seek care at a private clinic. Those

women who were able to obtain care at private facilities commented on the higher quality care they received there. Public hospital providers were seen as more judgmental about a woman's decision to have an abortion.

Conclusions

Across the board, women were dissatisfied with the care they received throughout the abortion seeking process. They faced challenges including lack of partner support or lack of financial means, as well as logistical and systematic barriers, such as ineffective referral systems and service delays. Many women visited multiple facilities.

- Women were turned away from abortion care for three main reasons: gestational age, medical contraindications, and logistical barriers and delays
- Delays, such as financial and logistical barriers and endless referrals prevent many women from receiving legal abortion services in the first trimester
- Providers and medical staff are misinterpreting the abortion law, due to either malevolence and/or inadequate training
- Minimal support and information is provided to women at the moment they are denied services

Recommendations:

1. Provide comprehensive training for abortion providers and staff

- Ensure knowledge of the abortion law
- Evaluate provider and staff knowledge of contraindications for and risks of abortion
- Reduce denial of services without examination, counseling or information

2. Increase provider empathy for women with unintended pregnancy

- Conduct values clarification exercise with providers and medical staff
- Expand the provider workforce to provide first and second trimester abortion
- Train providers to counsel women about the legal indications for abortion and time restrictions
- Ensure the availability of trained providers at all designated facilities

3. Improve awareness among women and their partners

- Inform women and their partners about the legal indications for abortion
- Provide comprehensive counseling to women about contraception and pregnancy recognition
- Inform women about the potential dangers of self-induction and unsafe methods of abortion

4. Improve efficiency of abortion services

- Reduce unnecessary delays
- Enhance referral systems to equip women with the knowledge they need to seek care
- Support women at the moment of turn-away, regardless of reason for denial

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References

1. Nazer I. The Tunisian experience in legal abortion. *Int J Gynaecol Obstet.* 1980; 17(5):488-92.
2. United Nations. *Abortion Policies A Global Review.* United Nations Population Division 2002.
3. Blum J, Hajri S, Chelli H, Mansour FB, Winikoff B. The medical abortion experiences of married and unmarried women in Tunis, Tunisia. *Contraception.* 2004;69(1):63-9.
4. United Nations DoEaSA, Population Division. *World Population Prospect: The 2012 Revision* United Nations, 2013.
5. Farhat EB, Chaouch M, Chelli H, Gara MF, Boukraa N, Garbouj M, et al. Reduced maternal mortality in Tunisia and voluntary commitment to gender-related concerns. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics.* 2012;116(2):165-8.
6. Gerdtts C, DePiñeres T, Hajri S, Harries J, Hossain A, Puri M, et al. Denial of abortion in legal settings. *J Fam Plann Reprod Health Care.* 2014.