REPRODUCTIVE HEALTH matters

FEATURE

Safe abortion information hotlines: An effective strategy for increasing women's access to safe abortions in Latin America

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Abstract: *This paper describes the implementation of five Safe Abortion Information Hotlines (SAIH), a strategy developed by feminist collectives in a growing number of countries where abortion is legally restricted and unsafe. These hotlines have a range of goals and take different forms, but they all offer information by telephone to women about how to terminate a pregnancy using misoprostol. The paper is based on a qualitative study carried out in 2012-2014 of the structure, goals and experiences of hotlines in five Latin American countries: Argentina, Chile, Ecuador, Peru and Venezuela. The methodology included participatory observation of activities of the SAIH, and in-depth interviews with feminist activists who offer these services and with 14 women who used information provided by these hotlines to induce their own abortions. The findings are also based on a review of materials obtained from the five hotline collectives involved: documents and reports, social media posts, and details of public demonstrations and statements. These hotlines have had a positive impact on access to safe abortions for women whom they help. Providing these services requires knowledge and information skills, but little infrastructure. They have the potential to reduce the risk to women's health and lives of unsafe abortion, and should be promoted as part of public health policy, not only in Latin America but also other countries. Additionally, they promote women's autonomy and right to decide whether to continue or terminate a pregnancy.*

Keywords: abortion, misoprostol, feminism, safe abortion information hotlines, sexual and reproductive rights, Latin America

The demand for the decriminalization of abortion is getting more and more priority in the agendas of feminist organizations in Latin America and the Caribbean. As part of this action, feminist collectives in a number of countries in the region where abortion is legally restricted and unsafe have begun to implement Safe Abortion Information Hotlines" (SAIHs). This is an information service whose purpose is to promote access to safe abortions,[1] offering women information by telephone about how to terminate a pregnancy using misoprostol, a prostaglandin abortifacient medication in pill form, which is on the Essential Medicines List of the World Health Organization. This paper describes and analyzes the work and experiences of hotlines in five Latin American countries – Argentina, Chile, Ecuador, Peru and Venezuela – where there are legal restrictions on access to safe abortions.

Methodology

This was a qualitative study, which consisted of participatory observation in various activities organized by three of these groups and in-depth interviews with ten women activists who participate as volunteers in providing this service for the five hotlines, identified through snowball sampling. I also interviewed 14 women who requested information from one of the SAIHs by telephone and later had an abortion using misoprostol. The women who used the hotlines' services gave informed consent for the interview, the recording and the publication of the results of the research. The National Clinical Hospital Ethics Committee in Córdoba, Argentina, approved the research with the women who used misoprostol. The findings are also based on a review of materials obtained from the five hotline collectives involved: documents and reports, social media

posts, and details of public demonstrations and statements.

The main aim of the research was to describe the potential of safe abortion information hotlines for reducing the risks of unsafe abortion for women who live in legally restrictive contexts in Latin America.

The global impact of unsafe abortion

In the developing world, 56% of abortions are unsafe. In the developed world, in contrast, only 6% of abortions are unsafe.[2] Globally, 40% of women of reproductive age live in countries with highly restrictive laws in which abortion is completely prohibited or allowed only to save the life of the woman or protect her physical or mental health.[3] In Chile, El Salvador, Honduras, Dominican Republic, Nicaragua and Surinam, all abortions are criminalized. On the other hand, in Mexico City, Uruguay, Cuba, Puerto Rico, Guyana, and French Guyana, abortion is legal when it is carried out before the 12th or 14th week of pregnancy. In the rest of the countries in Latin America and the Caribbean, the "indications model" is applied, which allows for abortion on certain grounds,[4] such as risk to the life or health of the woman, non-viability of the fetus outside the uterus, and/or when the pregnancy is the result of rape or sexual abuse.

The main problem in countries with restrictive laws on abortion is that women with few resources resort to untrained abortion providers or induce an abortion themselves with unsafe methods. In these cases, there is a high risk of incomplete abortion, infection, uterine perforation, pelvic inflammatory disease, haemorrhage or other injury to internal organs that can lead to death, permanent morbidity and/or infertility. This makes it important for women to be able to receive adequate post-abortion care for such complications, which can help to reduce the morbidity and mortality from unsafe abortion if accessible in a timely manner.[5] Studies carried out in Latin America[6] indicate that the increase in the self-use of misoprostol for medical abortion is related to a decrease in serious complications and maternal mortality and morbidity caused by unsafe abortions with other methods. This article shows how Safe Abortion Information Hotlines are one means of allowing women to obtain reliable information about medical abortion.

Medical abortion in legally restrictive contexts

The penalization and criminalization of abortion is not actually associated with lower rates of abortion.[2] They do not discourage women in their search for an abortion, but they do increase the risks to their health and lives. In the clandestine context of restrictive laws, one of the options that has gained traction in recent decades is the use of medical abortions.* Medical abortion using a combination of mifepristone and misoprostol as per WHO guidance has a similar safety and efficacy profile as surgical or aspirations abortion in the first trimester of pregnancy.[7] In countries where abortion is legally restricted, however, mifepristone has not been approved because its only indication is for inducing abortion.

Where mifepristone has not been approved, including in Latin America, medical abortion is carried out using the drug misoprostol, an E1 prostaglandin analog that has been available in pharmacies in Latin America since the late 1980s, under the trade name Cytotec, as a medication for treating gastric ulcers. Misoprostol causes uterine contractions, which causes the detachment of tissue formed within the uterus in pregnancy, similar to what happens with a spontaneous abortion or miscarriage. The expulsion of the contents of the uterus with misoprostol alone occurs in 80-85% of cases.[8] The most frequent form of use is by placing the pills in the vagina, or in the mouth sublingually or buccally, using a dosage that is related to the number of weeks of pregnancy from the last menstrual period.[9†]

Beginning in the late 1980s, the use of misoprostol outside of the network and control of health care providers spread rapidly, driven by word of mouth between women who had abortions without complications. Starting in the 1990s, in various Latin American countries misoprostol became one of the most commonly used abortifacients to induce abortions[10] because it allows safe early termination of pregnancy,[1] even where there are legal restrictions and in contexts with limited health care resources. This medication allows women to take the simple steps necessary for this procedure.[11] The decision to abort with misoprostol can even precede consultation with a doctor.[12]

In the majority of Latin American countries, women access the medication by buying it in

*Also called medication abortion, mostly in the USA.

†The updated protocol for medical abortion with misoprostol alone can be found in detail in the 2014 WHO *Clinical Practice Handbook for Safe Abortion*.[8]