

## Expanding choice in abortion services in Armenia

### Introduction

Located in Southwestern Asia, east of Turkey, the Republic of Armenia attained independence from the Soviet Union in 1991. Almost two-thirds of the 3.0 million people in Armenia live in urban areas, and slightly fewer than half live below the poverty line.

Abortion has been legal in Armenia since 1955 and is available on request during the first 12 weeks of gestation. After the 12<sup>th</sup> week, abortion is available up to 28 weeks of gestation for a broad range of medical and social reasons. Due in part to inadequate family planning services and low rates of modern contraceptive use, abortion is a major method of birth control. The abortion rate remains high at 2.6 abortions per woman. Induced abortion is used predominantly by married women to control fertility after completing their desired family size rather than by unmarried women who are seeking to delay a first birth.

Currently only surgical abortion services are available in Armenia. Since abortions must be performed by gynecologists and in either maternity hospitals, gynecological wards or specialized health centers, many women living in rural areas are unable to access safe abortion services. The introduction of mifepristone medical abortion, which is simple to use and can be offered by non-specialist doctors or mid-level providers, potentially could help fill this need. Medical abortion could also improve the quality of reproductive health care by providing an important alternative for women seeking to avoid surgery.

### Knowledge, attitude, and practice (KAP) surveys of women and providers

Gynuity Health Projects is collaborating with the Women's Rights Center, based in Yerevan, to introduce mifepristone medical abortion as an option for pregnancy termination in clinics throughout Armenia. As a first step, we conducted an assessment of medical providers' knowledge, attitudes, and practices related to abortion, as well as the knowledge and attitudes of women regarding a new method of abortion. Four hundred women and 99 medical providers were interviewed in June and July of 2007 in three urban areas of Armenia: Yerevan, Echmiadzin and Vanadzor.



### Key findings from the women's survey:

- A significant proportion of women are not well informed about the legal status of abortion in Armenia. One in seven women surveyed believes that abortion is illegal under all circumstances. Women with less education were more likely to believe that abortion is unconditionally illegal. Of those women who believe abortion is legal in some circumstances, many are not clear on the gestational age limitations or the conditions under which one may obtain an abortion.
- The vast majority believed that women face at least one barrier to obtaining abortion services. The most commonly cited barriers were: personal/ religious beliefs (57%); partner objections (54%); and the high cost of services (39%).
- Even though medical abortion (MA) services are not yet available in the country, 59% of women reported having heard of the method (but most had superficial or incorrect knowledge). Women most commonly reported hearing about MA from their friends (34%), a doctor (21%), or a relative (21%). More than three-fourths believed that medications for MA can be obtained in pharmacies.

- To clear up any misinformation they might have, all women were read a short description of the MA procedure and then asked which method they might choose should they need an abortion in the future. Thirty percent were interested in trying MA, 25% would choose surgical abortion, and 45% had no preference or didn't know what they would choose.

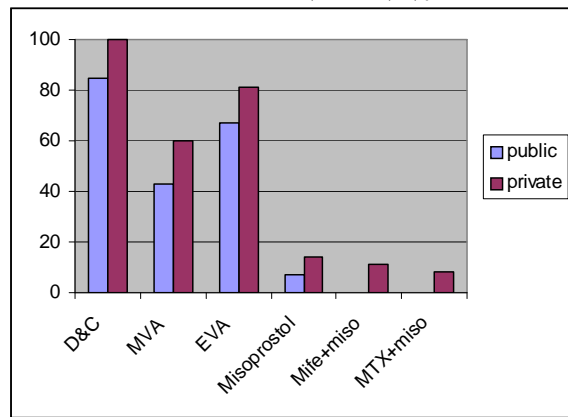
### Key findings from the providers' survey:

- Providers were less likely than the women surveyed to consider unsafe abortion a very serious problem (37% vs. 59%). Female doctors were more than twice as likely as male doctors to consider unsafe abortion to be a very serious problem (44% vs. 19%).
- Doctors reported being most experienced in dilatation and curettage (D&C) for termination of first trimester pregnancies, followed by electric vacuum aspiration (EVA) (see Figure 1). About 1 in 10 private providers considered themselves "very experienced" in mifepristone MA, while no public providers claimed such expertise.<sup>1</sup> Overall, interviewees were twice as likely to report being "very experienced" in misoprostol-alone MA than mifepristone MA (12% vs. 6%). However, the regimens used varied widely, and only 4 providers reported using an evidence-based regimen of mifepristone MA (600mg mifepristone + 400mcg misoprostol)<sup>2</sup>
- When asked about the main reasons they were not offering medical abortion to their patients, 38% responded that they were worried about the method's efficacy; another 32% cited concerns over the method's safety. Thirty-one percent felt they did not know enough about the method to feel confident providing it to their patients.
- More than one-third of providers reported being very interested in receiving training on medical abortion. Doctors working in public facilities expressed more interest than those working in private facilities, and younger doctors tended to be more interested than older doctors.

### Conclusions

These surveys highlight the need for two main activities: the development of educational materials for women, and training providers in medical abortion. Women need accurate, clear information on the legal status of abortion and on what medical abortion entails. Rather than seeking medication from pharmacies where the advice may be ill-informed, women should be encouraged to seek information from trained<sup>3</sup> doctors. Widespread training on medical abortion should be conducted for doctors, with special emphasis on the safety and efficacy of the method and on evidence-based, proven regimens. These activities will be carried out in the next phase of our project, which will also seek to introduce high-quality medical abortion services in three clinics in Yerevan and increase access to the necessary medications.

Figure 1. Percentage of providers who reported being very experienced in the following methods of first trimester abortion, by facility type



<sup>1</sup> Medical abortion is legal in Armenia, however the necessary medications are not readily available. Mifepristone was registered in April 2007 but a distribution mechanism has not been established. Misoprostol was registered in July 2008, but it is not available in pharmacies thus far. However misoprostol is illegally imported from neighboring countries, and is available in pharmacies through black market.

<sup>2</sup> Although this regimen has been shown to be effective, widespread clinical practice and large-scale research studies have shown that the mifepristone dose can be reduced to 200mg without any loss of efficacy.

<sup>3</sup> To date, medical providers from 3 clinics in Yerevan have undergone training on MA: the Institute of Perinatology, Obstetrics & Gynecology, the Center for Family Planning & Sexual Life, and the State Medical University.