

Opportunities in Self-care Abortion and Telemedicine: Findings from a Study in Colombia

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Abstract : In February 2022 Colombia achieved a historic milestone in ensuring universal access to abortion rights with ruling C-055 of 2022 decriminalising abortion up to 24 weeks of gestation. In the context of this triumph and the expansion of telemedicine services in the wake of the COVID-19 pandemic, this research studied the acceptability of self-care abortion in young people (13 - 28 years) through a telemedicine service and also explored the primary needs that should be the focus of such care. The results shine light on a more comprehensive understanding of opportunities and challenges of teleabortion practices in a context that combines overall higher access to technology and low access to reliable information of safe abortion, stigma, and scarcity especially felt by transnational migrants, racialised people, trans men and non-binary people. Through a mixed methods approach, this study collected 5.736 responses to a virtual survey disseminated nationwide in Colombia and 47 in-person interviews (24 of them with people who were assigned female at birth and 21 with local key stakeholders in the abortion ecosystem). Quantitative data was analyzed using Stata SE Version 16.0 and qualitative analysis was completed through NVivo using thematic analysis. Key findings of the research suggest that self-care abortion is practice with growing acceptability among young people, but important adjustments must be made to meet quality of care expectations of users. Elements like quick responses from providers, lower costs, and accessible information were defined by users as decisive factors to choose over the abortion service provider. In general, the narratives in participants about quality care were centred on the promotion of autonomy and the provision of accompaniment and care practices, also perceived as transformative and currently absent of most health care services. The most staggering findings from the investigation are related to current barriers faced by young people in abortion contexts even when the legal barriers have: high rates of scepticism and distrust associated with pitfalls of telehealth and structural challenges associated with lacking communications infrastructure, among a few of them. Other important barriers to safe self-care abortion identified by participants surfaced like lack of privacy and confidentiality (especially in rural areas of the country), difficulties accessing reliable information, high costs of procedures and expenses related to travel costs or having to cease economic activities, waiting times, and stigma are among the primary barriers to abortion identified by participants. Especially in a scenario marked by unprecedented social, political and economic disruptions due to the COVID-19 pandemic, the commitment to design better care services that can be adapted to the identities, experiences, social contexts and possibilities of the user population is more necessary than ever. In this sense, the possibility of expanding access to services through telemedicine brings us closer to the opportunity to rethink the role of health care models in transforming the role of individuals and communities to make autonomous, safe and informed decisions about their own health and well-being.

Keywords : contraception, family planning, premarital fertility, unplanned pregnancy

Conference Title : ICGSRH 2023 : International Conference on Gender, Sexual and Reproductive Health

Conference Location : Copenhagen, Denmark

Conference Dates : July 10-11, 2023