ABORTION AND REPRODUCTIVE HEALTH IN THE AFTERMATH OF A NATURAL DISASTER: THE CASE OF NEPAL

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In April and May of 2015, the Himalayan nation of Nepal was struck by two major earthquakes and multiple aftershocks. An estimated 9,000 people died as a result, with UNFPA (2015) estimating around 1.4 million women and girls of reproductive age were affected.

Shortly after the first earthquake, reports of increased numbers of abortion cases began appearing in the news as were reports of women seeking to terminate otherwise wanted pregnancies due to fear that the tremors would cause deformity to the foetus (Sanghani 2015).

To address mounting concerns regarding women's decision making processes around abortion being impacted by misinformation, Marie Stopes Nepal Clinics (having re-opened just days after the first quake), tailored their abortion counselling to ensure women could make informed decisions regarding their choice to terminate their pregnancy. Subsequent qualitative research in the four worst hit areas was conducted to gain contextual understanding and explore knowledge, attitudes and beliefs of pregnant women during the aftermath of major earthquakes to inform evidence based counselling, program and intervention strategies for crisis settings (Rogers et al. 2017).

The research, presented at the World Congress on Public Health in Melbourne, Australia in 2017 and soon to be published internationally, highlights the sociocultural and religious factors impacting abortion seeking decision making during a crisis. It demonstrates that service providers are not always equipped with accurate information to support women in times of crises. Therefore, it is important to ensure that providers' counselling is evidence based and tailored so that women in need can make informed decisions. While the findings are particularly relevant to countries where safe abortion services are legal, women unable to access accurate information and safe abortion services where laws are restrictive, face even greater challenges to their sexual and reproductive health and rights. The study also showed that it is indeed possible to provide safe abortion services within a crisis setting and that women have a proven desire for these services.

The necessity of providing sexual and reproductive health (SRH) services in humanitarian crisis settings has been gaining greater recognition over the last decade, however, safe abortion services are still rarely provided within this context (McGinn and Casey 2016). In November 2017, the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) included language around safe abortion in the Minimum Initial Service Package (MISP) for Reproductive Health guidelines for the first time (Edwards 2017). While this is a forward step towards achieving the inclusion of safe abortion services in SRH humanitarian response frameworks, sustained political opposition and sensitivity to abortion will continue to derail support for formal inclusion in the MISP. Globally, 25·1 million unsafe abortions occur each year with 97% of these in developing countries (Ganatra et al. 2017).

WHILE DEVELOPING COUNTRIES CONTINUE TO BEAR THE BURDEN OF NATURAL DISASTERS AND CIVIL CONFLICT, WOMEN WILL CONTINUE TO SEEK UNSAFE MEANS OF TERMINATING PREGNANCIES AND CONTINUE TO LOSE THEIR LIVES.

While developing countries continue to bear the burden of natural disasters and civil conflict, women will continue to seek unsafe means of terminating pregnancies and continue to lose their lives. There is a vital and global need to provide safe abortion services and access to culturally appropriate SRH care to all women.

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