



Ibis Reproductive Health

October, November, December 2008 Newsletter

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About Ibis:

Ibis Reproductive Health aims to improve women's reproductive choices, autonomy, and health worldwide. We accomplish our mission by conducting original clinical and social science research, leveraging existing research, producing educational resources, and promoting policies and practices that support sexual and reproductive rights and health.

New Publications:

- Wynn L, Foster A, Trussell J. Can I get pregnant from oral sex? Sexual health misconceptions in e-mails to a reproductive health website *Contraception*. February 2009.
- Grossman D. Should the contraceptive pill be available without prescription? *British Medical Journal*. December 2008;337:a3044.
- Turner AN, De Kock AE, Meehan-Ritter A, Blanchard K, et al. Many vaginal microbicide trial participants acknowledged they had misreported sensitive sexual behavior in face-to-face interviews. *Journal of Clinical Epidemiology*. November 2008.
- Ramjee G, van der Straten A, Chipato T, de Bruyn G, Blanchard K, et al. The Diaphragm and Lubricant Gel for Prevention of Cervical Sexually Transmitted Infections: Results of a Randomized Controlled Trial *Plos One*. October 2008;3(10):e3488.

Self-Induced Abortion among Low-Income Women

Women's use of misoprostol and other substances to self-induce an abortion has long been documented in Latin America and the Caribbean, where abortion laws are heavily restrictive and unsafe abortion rates are high. Misoprostol used alone is a safe and effective regimen for abortion, and when used outside the clinic setting is safer than other more invasive techniques to self-induce abortion.

Evidence is beginning to accumulate that self-medication with misoprostol is becoming more common in the United States, especially among immigrants from Latin America. As this phenomenon grows, it is important to understand why women choose to self-induce and where they get information about the methods they use. To help answer these questions, in 2008 Ibis Reproductive Health and Gynuity Health Projects launched research in Boston, Massachusetts; New York, New York; San Francisco, California; and McAllen, Texas, to learn more about abortion self-induction in the US.



Ibis staff analyzing data from the self-induced abortion study

The study is enrolling women at health clinics that predominantly serve Latinas. Women who join the study are asked about their access to reproductive health services, their knowledge of the legal status of abortion, their knowledge about ways to self-induce an abortion, and whether or not they themselves have ever tried to induce an abortion on their own. Trained female bilingual interviewers are conducting the interviews in English and Spanish in each city.

Women who say that they have attempted to self-induce an abortion are invited to participate in a longer in-depth interview that explores women's experiences with abortifacient agents, the reasons why they chose not to use legal abortion clinics, and insights about how their reproductive health needs might be better met. We expect that results will be available in mid-2009.

Immigrant women likely face unique barriers to accessing reproductive health services, including abortion care, especially when they are undocumented. Many may come from countries where laws and practices surrounding abortion are much more restrictive and may not know about the availability of funding, in some states, for elective abortion care. Large numbers face language, cultural, and geographic barriers that impede access to services. There is also widespread distrust of government-funded programs for fear of deportation.

In a previous study of a predominantly Latina sample in New York City clinics completed in 1999, misoprostol use was significantly associated with recency of immigration and better knowledge about the drug. When asked why women might use misoprostol, respondents most commonly said because it is "easier" than abortion and because "abortion is too expensive." (*Continued on next page*)



Bridging research and advocacy. Shifting decision making to women. Tackling under-researched and controversial topics. Simplifying services and technologies. Training the next generation of reproductive health researcher-advocates. Advancing reproductive health and rights. Supporting evidence-based policies.

New! 2006-2008 Organization Report

Ibis is proud to share our new Organization Report for the years 2006-2008. This new report provides an overview of Ibis's portfolio of projects over the past three years in our three main areas of work: abortion, contraception, and HIV and sexually transmitted infections (STIs). Please visit our website to view and download a copy of the report. In the report, you will learn more about Ibis's research to simplify medication abortion and improve second trimester abortion care, our contributions to US legislation on emergency contraception, our efforts to reform reproductive health education and training in nursing and medical schools worldwide, and other exciting work Ibis has undertaken in recent years. Please contact us at 1.617.349.0040 or jstone@ibisreproductivehealth.org to request a hard copy of the report.



Self-Induced Abortion among Low-Income Women

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Two recent cases highlight the urgent need for this work. In 2007 a Dominican woman in Massachusetts was charged with illegally inducing an abortion when she delivered a 25-week fetus after taking misoprostol. In South Carolina in 2004, a 22-year old woman induced her abortion with misoprostal pills sent to her from Mexico. She was charged with procuring an illegal abortion, and held in jail for over four months.

With the confluence of increasingly limited federal and state funding for reproductive health care services in the US and

“Large numbers [of Latina immigrants] face language, cultural, and geographic barriers that impede access to [reproductive health] services.”

consequent barriers to access, greater restrictions on abortion services and clinics, and divisive political debates about immigration reform, it is quite plausible that self-medication may become even more common. Therefore it is critical to examine the issue in more depth and devise policy and practice recommendations that will support women in the direst of circumstances and also improve all women's access to high-quality reproductive health care.

This project is supported by The Wallace Alexander Gerbode Foundation, The David and Lucile Packard Foundation, the Society of Family Planning, and The Mary Woblford Foundation.

For more information:

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- Espinoza H, Abuabara K, Ellertson C. Physicians' knowledge and opinions about medication abortion in four Latin American and Caribbean region countries. *Contraception* 2004;70(2):127-33.
- Harper CC, Blanchard K, Grossman D, Henderson J, Darney P. Reducing maternal mortality due to abortion: potential impact of misoprostol in low-resource settings. *International Journal of Gynecology and Obstetrics* 2007;98:66-9.
- Sherris J, Bingham A, Burns MA, et al. Misoprostol use in developing countries: results from a multicountry study. *International Journal of Gynecology and Obstetrics* 2005;88(1):76-81.
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- Rosing MA, Archbald CD. The knowledge, acceptability, and use of misoprostol for self-induced medical abortion in an urban US population. *Journal of the American Medical Women's Association* 2000;55(3 Suppl):183-5.
- Moreno-Ruiz NL, Borgatta L, Yanow S, Kapp N, Wiebe ER, Winikoff B. Alternatives to mifepristone for early medical abortion. *International Journal of Gynaecology and Obstetrics*. 2007 Mar;96(3):212-8.

Ibis Reproductive Health



Ibis Hosts Events with Colleagues in Cambridge and Johannesburg

As the year came to a close, Ibis took an opportunity to gather with colleagues living in the areas of two of our offices. In collaboration with the Group on Reproductive Health and Rights, based at the Harvard Center for Population and Development Studies in Cambridge, MA, in October Ibis hosted an evening reception with presentations by staff. Project Manager Amanda Dennis spoke to the group about Ibis's research examining whether US abortion providers are able to get Medicaid to cover abortions for low-income women whose pregnancies are the result of rape or incest or are life threatening—cases exempt from the Hyde Amendment ban on federal Medicaid funding for abortion. In addition, Senior Associate Angel Foster presented on Ibis's work on emergency contraception (EC) in the Middle East and North Africa. A growing priority for Ibis is to place reproductive health issues in the Arab world in the broader context of the international reproductive health agenda. Angel spoke about one way in which we are achieving that goal by describing the book she is co-editing entitled, "Emergency Contraception: The Birth of a Global Reproductive Health Technology." The book traces the story of EC in 16 different countries, including four countries in the Arab world. The event was well-attended, and everyone enjoyed good food, drink, and discussion of important sexual and reproductive health issues.



Ibis Joburg staff at an event celebrating the 5th anniversary of the office.

In November, we held a similar event in Johannesburg to celebrate the fifth anniversary of that office. Ibis Johannesburg staff Naomi Lince, Mthokozisi Radebe, and Adila Hargey, and President Kelly Blanchard spoke about the history of the Joburg office and our current projects in South Africa. Guests took advantage of one of the first days of beautiful weather to enjoy drinks and hors d'oeuvres in the courtyard of The Peech Hotel, which generously donated the space, and mingle with colleagues.

We are so grateful to have had the chance to see everyone who came out to these events, and we hope to continue to create opportunities to gather together with our friends and colleagues to share in our work.



Ibis Remembers Board Member Dr. Allan Rosenfield

We at Ibis will sorely miss Allan Rosenfield, who served as a founding member of Ibis's Board of Directors. I will miss his excellent sense of humor and his support for me as President of Ibis most. Allan played a critical role in the launch of Ibis, was an amazing source of support and wisdom to me and the staff when Charlotte Ellertson, the founder of Ibis, died and he continued to provide excellent advice and input right up until his death. Allan had a keen eye for ways to simplify reproductive health services and products for women, and was committed to giving women the means to control their reproductive lives and health—which are core values at Ibis. Allan conducted the first study where midwives, not doctors, provided OCs to women and showed that not only was this safe, but significantly increased the quality of the care women received. His pioneering work on demedicalizing reproductive health care inspires much of our work at Ibis related to simplifying contraceptive and abortion services. The relationships Allan had and the work he began will leave legacies of improved health care and increased attention to women's rights and health around the world. We look forward to continuing to try and move the world closer to his vision. I will treasure many memories of Allan, and aspire to be as generous a colleague as he was. —Kelly Blanchard, President



Ibis Reproductive Health

Ibis Co-Sponsors Event on Youth, Sexual Health, and New Media

On December 4, 2008, Ibis Reproductive Health co-sponsored an event coordinated by the Massachusetts Emergency Contraception Network in Boston, Massachusetts. "New Media: Youth Voices on Sexual Health and EC" featured two videos from Lowell, Massachusetts, and Harlem, New York, made by youth, for youth, about teen pregnancy prevention and EC. Several people, including teens, involved in making the films participated in a panel to discuss their experiences. This was followed by a presentation by health communications staff from The Medical Foundation on how media can be used as a tool to educate youth about sexual health and to empower them to make healthy decisions. For more information about the Harlem video, visit www.ec123.org. To learn more about the Lowell video, email stephaniebu@lchealth.org at Lowell Community Health Center.



Ibis staff and advocate partners at the FIGO regional meetings in September 2008

Ibis Joins with Ob/Gyn Societies in Africa

For several years, Ibis has worked with obstetrics and gynecology societies in Latin America and the Caribbean to improve access to safe abortion. In Peru, for example, we have collaborated with PROMSEX and the Peruvian Obstetrics and Gynecology Society to improve access to abortion in cases in which the pregnancy presents a serious risk to the life of the woman—the only legal indication for abortion in Peru—and to broaden the interpretation of this law by defining precisely what these indications are. In the past year we began to explore ways to translate this model of collaborating with ob/gyn societies and women's NGOs to several countries in sub-Saharan Africa. We recently began a partnership with the FIGO (International Federation of Gynecology and

Obstetrics) Working Group on the Prevention of Unsafe Abortion, which is supporting over 50 national ob/gyn societies to address unsafe abortion in their countries. In September 2008, Ibis participated in the Eastern/Central/Southern Africa regional workshop that brought together representatives of the national ob/gyn societies of Ethiopia, Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda, and Zambia. We supported an advocate partner from each of these countries to participate in the workshop, where participants provided input on national action plans to address unsafe abortion in the represented countries. We look forward to deepening our relationships with advocate and physician partners in several of these countries as we move forward with research and training activities to improve access to safe abortion in the sub-Saharan region.

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