

THE TURNAWAY STUDY

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This study identified barriers to legal abortion care in Bangladesh, Nepal, South Africa, and Tunisia and documented the consequences of being denied that care. We examined the feasibility of conducting a longitudinal study of women receiving or being denied abortions in each of the countries. In each country, we conducted 8-25 in-depth interviews with women two months after they were denied legal abortion services. The survey contained questions on the following key topics: reasons for seeking abortion; reasons for denial and subsequent responses; the decision-making process after being denied; knowledge of abortion law and facilities where abortion is provided; knowledge of unlicensed providers and self-induction methods; and recommendations for other women.

About half of women who were denied legal abortions went on to seek abortions elsewhere, sometimes unsafe abortions outside of the formal health system. Following denial of services, nine women in Tunisia received abortion elsewhere and four carried to term; six women in South Africa received abortion and two carried to term. Out of 25 women in Nepal, 12 went on to receive abortion, while 12 carried to term and one reported a miscarriage. In Bangladesh, nine women had abortions, while eleven women carried to term and one woman reported a miscarriage. There were five total complications, two in Nepal and three in Bangladesh, including severe bleeding, weakness, and the need for medical interventions: blood transfusion and D&C.

We find substantial room for improvement in the quality of legal abortion services, particularly among public providers. Providers in some countries denied care to women for reasons that were not legally or medically necessary, such as being unmarried or not having a husband's consent. Sometimes women were not denied services immediately but instead experienced systemic inefficiencies in service provision or faced recurring delays to making appointments, which ultimately jeopardized their ability to receive abortion within the legal gestational limit. Women lacked support and sufficient information to be able to effectively navigate endless bureaucratic requirements in order to receive care. Providers in many settings were often unavailable or unreachable, overburdened by high patient volumes and low resources. These barriers to quality service provision may reflect a lack of provider training and/or potentially stigma and malevolent practices. Across the board, women lacked sufficient knowledge about the abortion law in their countries, as well as where, when, and under which circumstances they could obtain services at legal facilities.