**Abortion in a Global Context**

**QUIZ QUESTIONS**

1. Globally, approximately what percentage of pregnancies are unplanned?
* 10%
* 20%
* 40%
* 80%

Answer: **40%**

1. Which of the following can be done to address unsafe abortion?
* Training on the use of manual uterine aspiration for medical providers
* Revisions of restrictive abortion laws
* Accessible post-abortion care services
* Use of harm reduction models (such as providing information to more safely self- induce abortions)
* All of the above

Answer: **All of the above**

1. Which of the following is false?
* Misoprostol causes uterine contractions, the opening of the cervix, and vaginal bleeding
* Misoprostol is only 40% effective in causing complete abortion when used vaginally in repeated doses
* In several countries in Latin America, abortion-related mortality has declined as use of misoprostol has become more prevalent
* In Brazil, complications have been noted to be less common with reporting use of misoprostol compared to other invasive methods
* None of the above

Answer: **Misoprostol is only 40% effective in causing complete abortion when used vaginally in repeated doses**

1. The overall rate of abortion is approximately \_\_\_\_\_\_\_\_\_ in countries with more restrictive abortion policies compared to countries with less restrictive abortion policies.
* Higher
* Lower
* The same
* There is not enough evidence to suggest a conclusion to overall abortion rates

Answer:  **The same**

1. Which of the following is true?
* Policymakers and healthcare managers working to provide reproductive health services should always ensure that safe abortion care is readily accessible and available to the full extend of the law
* Abortion laws and services should protect the health and human rights of all women, including adolescents
* Abortion is one of the most investigated topics
* Providers and networks have protocols and guidelines for safety, based on evidence
* All of the above

Answer: **All of the above**

1. The WHO lists four indicators for safe abortion care: Availability, Quality, Information, and Outcome/Impact. Which of the following is an example of the quality indicator for safe abortion care?
* Access within two hours of where they live to a facility
* Number of providers per certain number of women in the community
* Number of service areas that provide evidence-based and safe abortion care
* Number of clinicians and women who accurately know the legal status of abortion in their country
* Maternal mortality due to unsafe abortions

Answer: **Number of service areas that provide evidence-based and safe abortion care**

1. Even in countries where abortion is legal (such as Colombia after 2006), what are challenges women face to obtaining safe abortions?
* Abortion legislation is confusing and women may not know abortion is legal, failing to seek timely care
* Evidence of coerced sex is required and women don’t want to have to prove they were raped
* Arbitrary gestational limits when women present for care
* Stigma and harassment
* All of the above

Answer: **All of the above**

1. True/False: Carrying a pregnancy to term is safer than having an abortion.
* True
* False
* Information to answer this question was not provided in the lecture.

Answer: **False**

1. True/False: There is a strong association between abortion restrictions and a high prevalence of unsafe abortions.
* True
* False
* Information to answer this question was not provided in the lecture.

Answer:  **True**

1. What percentage of maternal deaths worldwide in 2013 was due to unsafe abortion?
* 5%
* 15%
* 30%
* 50%

Answer: **15%**

1. What percentage of the world population live in countries where abortions are only legal to save the women’s life or prohibited altogether?
* 10%
* 25%
* 45%
* 60%

Answer: **25%**

1. In countries where abortion is not legalized under any circumstance (like Brazil and other countries in Latin America), what is a safer method to self-induce abortion?
* The use of misoprostol
* Inserting foreign objects into the cervix
* Ingesting toxic substances
* All of the above are safe options

Answer: **The use of misoprostol**

1. Which of the following can be done to address unsafe abortion?
* Training on the use of manual uterine aspiration for medical providers
* Revisions of restrictive abortion laws
* Accessible post-abortion care services
* Use of harm reduction models (such as providing information to more safely self-induce abortions)
* All of the above

Answer: **All of the above**

1. Which of the following statements is/are true?
* In settings where abortion care is restricted, stigma can make it difficult for women to obtain accurate information
* Where abortion is legally restricted, safe abortion services are inexpensive, making them easily accessible to poor women
* Adequately trained abortion providers are often concentrated in rural areas, leaving women in urban areas with few options to access safe abortion care
* Mifepristone, the most effective abortion drug, is not available everywhere and manual vacuum aspiration equipment may be expensive or difficult to access

Answer: **In settings where abortion care is restricted, stigma can make it difficult for women to obtain accurate information**

**AND**

**Mifepristone, the most effective abortion drug, is not available everywhere and manual vacuum aspiration equipment may be expensive or difficult to access**

1. Safe later-term abortion services are not available in many settings because:
* There is a lack of trained providers in later-term abortions
* Later term abortion services are often concentrated in urban areas
* There is intensified stigma for later-term abortions
* All of the above

Answer: **All of the above**

1. Which method of termination after the first trimester is conducted in an inpatient setting, is more dependent on nursing care, and may be more emotionally difficult for the patient?
* D&C (Dilation and Curettage)
* D&E (dilation and evacuation)
* Medical Induction
* None of the above

Answer: **Medical Induction**

1. True/False: When analyzing delays to accessing abortion care in South Africa, studies have shown that there is a significantly longer delay between ultrasound to abortion for women who underwent medical induction than for women who underwent dilation and evacuation.
* True
* False
* Information to answer this question was not provided in the lecture.

Answer: **True**

1. The use of ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ significantly shortens the median induction-to-delivery time to 5-7 hours vs. 11-15 hours
* Misoprostol alone
* Mifepristone alone
* Mifepristone and misoprostol
* Methotrexate and misoprostol
* Mifepristone and Methotrexate

Answer: **Mifepristone and misoprostol**

1. Which of the following can be done to address unsafe abortion?
* Training on the use of manual uterine aspiration for medical providers
* Revisions of restrictive abortion laws
* Accessible post-abortion care services
* Use of harm reduction models (such as providing information to more safely self-induce abortions)
* All of the above

Answer:  **All of the above**

1. True/False: There is a strong association between abortion restrictions and a high prevalence of unsafe abortions.
* True
* False
* Information to answer this question was not provided in the lecture.

Answer: **True**

1. Which of the following is false?
* Misoprostol causes uterine contractions, the opening of the cervix, and vaginal bleeding
* Misoprostol is only 40% effective in causing complete abortion when used vaginally in repeated doses
* In several countries in Latin America, abortion-related mortality has declined as use of misoprostol has become more prevalent
* In Brazil, complications have been noted to be less common with reporting use of misoprostol compared to other invasive methods
* None of the above

Answer: **Misoprostol is only 40% effective in causing complete abortion when used vaginally in repeated doses**