

Informal Access to and Use of Misoprostol In Colombia

Colombia's abortion law is moderately restrictive, allowing abortion to save the woman's life and to protect her physical or mental health, and in cases of rape, incest or fatal fetal anomaly. Such restrictions do not prevent abortions so much as lead some women to seek them clandestinely. Misoprostol (used without mifepristone) is, by far, the most common method of clandestine medication abortion employed in Colombia, and this fact sheet presents findings from two recent studies on how Colombian women informally acquire and use this drug.

Mystery clients' attempts to buy misoprostol

- Roughly half of drug sellers who were approached by mystery clients provided information about misoprostol but did not offer to sell the drug itself. One-sixth both offered the drug for purchase and provided some instructions on how to use it.
- About four in 10 sellers referred the mystery clients to health facilities that provide legal abortions.
- Only two-fifths of sellers who provided instructions also conveyed the recommended dosage,* and fewer provided information on proper administration.

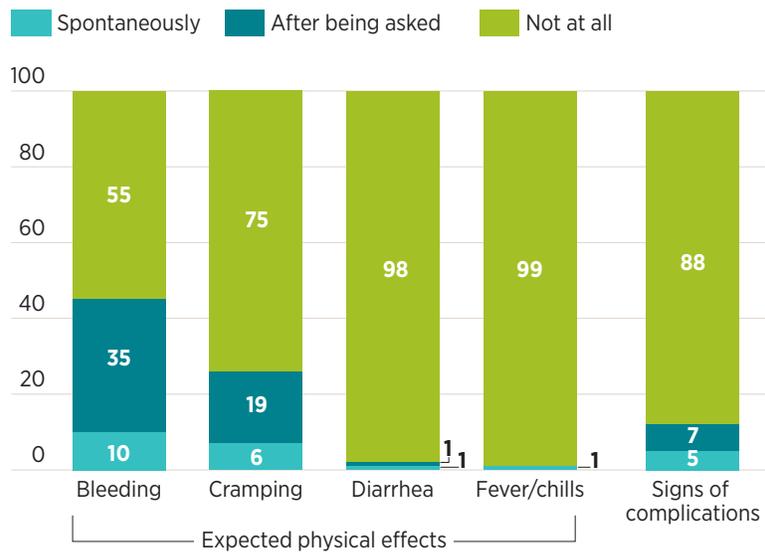
DATA SOURCES

Mystery client study: A 2017 quantitative study of 558 interactions between drug sellers and women posing as clients seeking misoprostol without a prescription at independent drugstores located in the metropolitan areas of Bogotá and in three cities in the Coffee Axis (Manizales, Caldas; Armenia, Quindío; and Pereira, Risaralda)

Study of women seeking care after attempting a misoprostol abortion: A 2018 qualitative study based on in-depth interviews at two clinics (one in Bogotá and one in the Coffee Axis) with 47 women who had attempted to induce an abortion with misoprostol obtained without a prescription from an informal source (online seller, drugstore or street vendor)

Drug sellers in urban Colombia provided minimal information on the use of misoprostol for abortion

% of sellers, according to whether they mentioned each topic:



Note: Data are from 558 mystery client interactions.

- Very few sellers provided mystery clients with information on expected physical effects of misoprostol—bleeding, cramping, diarrhea and fever/chills—or on how to recognize complications that require care. The most commonly communicated physical effect of the drug (prolonged bleeding)

was spontaneously mentioned by only 10% of sellers, and another 35% mentioned it only after the client asked whether she would bleed.

Experiences of women who sought care after misoprostol use

- Women who sought care at a clinic after attempting an abortion using misoprostol obtained from informal sources reported that they had been sold anywhere from three to 24 pills of 200 mcg each; the majority received 4–6.

*The current World Health Organization guidelines for misoprostol-only regimens advise a minimum of 800 mcg to be taken for pregnancies up to 12 weeks' gestation, with no maximum dosage (<https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/>).

- Women seeking care reported being between two and 13 weeks pregnant when they used misoprostol; the majority believed they were 4–8 weeks pregnant.
- Regardless of the seller they used, most women seeking care reported that they had only received some of the information deemed essential by the World Health Organization. In most cases, women did not receive information on all of the main expected physical effects of misoprostol and fewer received information on complications that would require medical care.
- Compared with those who had purchased the drug elsewhere, more women presenting for care who had bought misoprostol online received the recommended dosage of misoprostol, detailed instructions on how to use it and information about what to expect.
- Half of the women presenting for care who had purchased misoprostol in a drugstore also received unnecessary and painful injections.
- Among the women who sought care after attempting a misoprostol abortion, one-fifth (nine women) had successfully self-managed their abortion, while the remaining respondents never started to bleed, or arrived at the clinic with an incomplete abortion or with an abortion in progress.
- Failures to successfully complete misoprostol abortions could have been caused by suboptimal doses and routes of administration, or by fake or expired misoprostol tablets.

Recommendations

Misoprostol sold through informal channels has increased the safety of clandestine abortions and provides an alternative to unsafe practices. The following recommendations are aimed at improving the experiences of women who seek misoprostol abortions from any source.

- Abortion must be made available to the fullest extent allowed by law, to encourage women to avoid untrained providers and instead receive the safe services, information and counseling that they need.
- Information on the grounds on which women qualify for legal abortion needs to be widely disseminated. Doing so could increase the proportion of women getting care in the formal health sector and the proportion of drug sellers referring women for care.
- Women's experience with misoprostol could be improved by the broad dissemination of information about how to use the drug, what to expect after taking the drug and how to identify complications.
- Proper quality control is required to ensure the integrity of the active ingredients in misoprostol pills.
- Pregnancy tests could be included in misoprostol sales to allow women to check their pregnancy status after taking the drug, thus avoiding unnecessary clinic visits and costs.

Sources

The information in this fact sheet can be found in the following sources: Moore AM et al., What does informal access to misoprostol in Colombia look like? A mystery client methodology in Bogotá and the Coffee Axis, *BMJ Sexual & Reproductive Health*, 2020, 46:294–300, doi:10.1136/bmjshr-2019-200572; and Moore AM et al., What does informal access to misoprostol in Colombia look like? An exploration from two urban areas, presentation at the annual meeting of the Population Association of America, Austin, TX, USA, April 10–13, 2019 (slides available from first author at amoore@guttmacher.org).

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