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FACTORS INFLUENCING UNINTENDED PREGNANCY AND ABORTION AMONG UNMARRIED YOUTH IN VIETNAM: A LITERATURE REVIEW

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Abstract

Unintended pregnancy and abortion among unmarried youths arepublic health issues in Vietnam. This review aims to analyse factors influencing unintended pregnancy and abortion among unmarried youths using published and unpublished literatures. An ecological model was used as the conceptual framework with five levels of factors to guide the analysis. The intrapersonal factors include increasing permissive attitudes and practices of premarital sex, lack of knowledge on contraception, andlow self-efficacy among females. The interpersonal factors include poor communication among partners and between parents and youths on sexuality-related issues, and peer-influence. The organizational factors include inadequate sexuality education and sexual and reproductive health (SRH) services for youths. The contextual factors include gender inequality, cultural norms, and migration. The final level is lack of separate policy on youth SRH. The findings point out four major determinants of unintended pregnancy and abortion among unmarried youths, including: 1) cultural norms, which consider premarital sex is a taboo; 2) lack and inadequate quality of sexuality education in the schools; 3) lack of youth-friendly SRH services; and 4) no separate policy addressing youth SRH.

Keywords

Unintended pregnancy; abortion; premarital sex; influencing factors; Vietnam

INTRODUCTION

Since the start of Doimoi (Renovation) in 1986, many social changes have taken place in Vietnam, including family relations and sexual relations among young people[1]. Research results indicated that premarital sex among young people had been increasing in Vietnam in recent years, for example, in Survey Assessments on Vietnamese Youth (SAVY), premarital sex increased from 7.6% in 2003 to 9.5% in 2009[2-4].

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CONFLICTS OF INTEREST

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Vietnam had ever been one of countries with the highest abortion rate in the world. Although the statistics showed that there was a decrease in abortion rate, it has remained high (table 1). During 7 years from 2002 to 2009, the abortion rate gradually reduced from 28.5 to 13.2 (per 1000 women 15-44 years old). However, this rate rose to 19 and 18.4 (per 1000 women 15-44 years old) in 2010 and 2011, respectively and then declined to 15.7 in 2013. Moreover, it was estimated that another one-third to one-half of abortions which were taken place in private facilities, have grown in recent years, where abortions were undocumented well. Therefore, it was difficult to confirm the decrease trends in the abortion rate in Vietnam[5].

Current literatures show that unintended pregnancy and abortion among Vietnamese unmarried young women is not uncommon[6-9]. Over 10% of unmarried girls aged 15-24 who weresexually active had an unintended pregnancy[10]. Abortion among young unmarried women accounted for more than 20% of all abortion cases and it is estimated that abortions by unmarried women accounted for one-third of all abortions performed in Vietnam[7,11]. Moreover, abortions were underreported among unmarried youths because of the long standing taboo on premarital sex, and unmarried youths misreported their age and marital status at the time they underwent the abortion procedures[8,12,13].Additionally, current studies on unintended pregnancy and abortion in Vietnam mainly focus on married women, so it is difficult to obtain the trend of unintended pregnancy and abortion rate among unmarried youths[9,14]. Reducing unintended pregnancy and abortion and improving youth SRH are set as a target in the National Strategy on Population and reproductive care 2011-2020 by Vietnam government[15]. Therefore, this article, which aims to analyze factors contributing to unintended pregnancy and abortions among unmarried youths in Vietnam, is essential to reduce unintended pregnancy and abortion among unmarried youths.

METHODS

This article was based on the review of published and unpublished scientific studies on sexual behaviours, contraceptive use, unintended pregnancy and abortion among young people in Vietnam, written in English and Vietnamese. A variety of inter-related factors determining sexual behavior, contraceptive use and ultimately unintended pregnancy and abortion was analyzed in this paper using the ecological model adapted from McLeroy (1988) (figure 1) as a guide for analysing the literature[16]. According to this model, the five levels of influences on health behavior are: Intrapersonal (Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits); Interpersonal (Interpersonal processes and primary groups, including family and friends that provide social identity, support, and role definition); Institutional/Organizational (Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors); Contextual (Norms, standards, culture, religion in society enabling or serving as a barrier for healthy behavior); and Public policy factors (Local or national policies and laws that regulate or support actions and practices). These levels can be linked to multiple factors influencing sexual behavior resulting in unintended pregnancy. The ecological model has been used effectively in analysing sexual behavior and unintended pregnancy in many studies[17-20].

The literatures were searched using search engines Pubmed, Science Direct, Scopus, and Google Scholar and using combination of key words including “abortion”, “unintended pregnancy”, “contraceptive”, “family planning”, “premarital sex”, “sexuality education”, “sexual and reproductive health”, “parent-youth communication”, “peer influence”, “gender roles”, “cultural norms”, “migration”, “youth”, “adolescent”, “Vietnam”. In addition, some scientific journals in Vietnamese were accessed and searched for the related articles including Vietnam Journal of Public Health, Vietnam Journal of Gender and Family, Vietnam Journal of Practical Medicine, Journal of Population and Development, and Journal of Gynecology and Obstetric. Finally, the national data on sexual behaviour, contraceptive use, unintended pregnancy and abortion were searched from websites and library databases of MOH, and General Statistical Office.

The search identified 611 records. Based on reviewing their titles and abstracts, 477 records were excluded. A total of 134 full text were assessed and an additional 91 studies were excluded as they did not meet the criteria. Finally, 43 full-text records were included in this review (Figure 2).

RESULTS

Intrapersonal factors

Perception and attitude towards sexuality and premarital sex—Young women do not need a marriage plan before having their sexual intercourse. Rather, a desire to express their love and commitment motivated their first sex. These women supposed that love and sex went hand in hand and sex was the ultimate pledge of love, regardless of marital status[21]. Sexual intercourse was the union of body and mind, to get closer and become more intimate[1,21]. Additionally, unmarried youths considered having sex as a way of holding onto their boyfriends and girlfriends so they wanted to have sex or avoided refusing sex although some young women described that they never really enjoyed their sexual ventures and were too scared of being found out[22]. The percentage of youths having permissive attitudes towards premarital sex is increasing in Vietnam, from 36% in 2003 to 44% in 2009[4,23]. More men and urban youths had a permissive attitude than women and rural youths[4,23].

Practices of premarital sex—There was an increase in the percentage of youths having premarital sex in Vietnam[4]. This prevalence rose from 7.6% in 2003 to 9.5% in 2009[2,4]. Due to the sensitivity of sexuality topic, this percentage might be underreported, especially among girls because they were bashful to report their sexual experiences in a face-to-face interview[4,10]. The percentage of youths reported having premarital sex in the group which used Audio Computer-Assisted Self Interview (ACASI) was much higher than that reported in face-to-face group, 20.4% and 11.1% respectively[24]. Another research applying ACASI collection method had confirmed that one in five Vietnamese youths reported having premarital sex[25]. Meanwhile, in another research using online questionnaire in 2012, 36.3% among 758 youths aged 15-24 reported having premarital sex[10].

Knowledge on conception and contraception—Although the majority of Vietnamese youths know at least one contraceptive method, they just “heard about” rather than “learn about” it[2,10]. Some studies showed that few youths actually knew how to use

contraceptives[10,26-28]. For example, 27.6% of youths thought that condom should be put on right before the ejaculation[10]. In another research, nearly half of youths did not know how to use condom and contraceptive pill[27]. Moreover, the knowledge of youths concerning conception was limited. Only 71% of youths knew that a girl could get pregnant at first sex,[4] and only 13% of youths in SAVY[1] and 17% in SAVY[2] correctly answered the question regarding woman's most conceivable time during the menstrual circle[4]. Additionally, there were many confusing beliefs and fears of side effects relating to contraceptives among youths. For example, they thought that contraceptives would make them weak, hot, unable to work, easy to forget, stupid or unfeminine, or even cause infertility or cancer[29,30]. In addition, youths thought that traditional contraceptive methods posed less risks to their health than modern contraceptive methods[31].

Attitude towards contraceptives and abortion—There was also a common misconception among youths that contraceptive methods were only for married couples[32]. Some youths had a negative attitude towards contraceptives. For example, condoms were disgusting and they felt uncomfortable using it[29]. Youths, especially females,feeluncomfortabletobuycontraceptive methods because buying contraceptive methods means to confess that they have sex or because they were afraid of meeting an acquaintance[10]. For instance, the most frequently mentioned barriers for youths to use condoms are feeling of shyness, embarrassment and fear of being seen by somebody when buying condoms[4]. Moreover, youths often feel reluctant to bring contraceptives with them because they are afraid that people will think badly about them and they will be in trouble if their parents or teachers find out about this[10].

Most of youths thought that abortion is very dangerous for their health although they could not describe any specific harms related to abortion[26]. Women view the experience of abortion with considerable worry and fear[30]. Yet many people also agreed that abortion was a necessary back-up option and was used only when contraception fails, especially for women who used traditional contraceptive methods[33].

Practices of contraceptive use—The percentage of unmarried youths using contraceptive methods at first sex and last sex is low. In SAVY2, nearly half of youths did not use contraception at first sex[34]. Only 20.7% of youths reported using condom in first sex in Duong's research and this percentage is 32. 4% in Bui's research and 28.6% in Do' survey[28,35,36]. In addition, studies with unmarried youths seeking abortion also showed that contraceptives were used infrequently and inconsistently and many of them relied on traditional contraceptive methods[1,29,31]. Particularly, among unmarried youths seeking abortion in Hanoi, only 15% of participants reported having ever used any kind of modern contraceptives, and hardly used contraceptives on a regular basis; 45% of participants had used withdrawal; 35% of participants had used periodic abstinence, and 37% had never used any type of contraceptives[1]. For people who had ever used a condom, some used it only on the days they thought as fertile[31]. Having sex without contraceptive use places youths at the increased risk for unintended pregnancy[37].

Perceived self-efficacy to avoid unwanted sex and to use contraceptives—In Vietnam, girls have low self-efficacy in refusing unwanted sex and requesting contraceptive

use, especially for those who agreed with the traditionally unequal gender roles[35]. Woman's lack of confidence and power to negotiate contraceptive use is one risk factor for not using contraceptives[38-40]. Girls who perceived that women are subordinate to men had lower sexual communication self-efficacy which relates to the low frequency of discussion on safer sex and the frequency of asking their boyfriends to use condoms[35].

Interpersonal factors

Communication among partners about sexuality-related issues—

Communication was poor among youths and their sexual partners on sexuality and contraceptive use. Female youths were passive in initiating the communication and using contraceptives[29,41]. Most of them thought that men were responsible to initiate the discussion because men initiated sexual intercourse. Moreover, the desire to pretend to be virgin and inexperienced made them hesitant to talk about the risk of pregnancy and ways to prevent it. Furthermore, the role and involvement of men in contraceptive use were limited because they thought contraceptive use was a women's responsibility[26]. In many cases, when the boyfriends refused, girls did not dare to use contraceptives[35,42].

Parent-youth communication on sexuality-related issues—Parent-youth communication on sexuality-related issues delayed sexual initiation and led to more contraceptive use and fewer unintended pregnancy among youths[43]. However, a poor communication between parents and their children on sexuality-related issues was indicated in many studies in Vietnam[4,10,22,29,42,44]. In SAVY2, only 5% of male youths and 19% of female youths have ever talked with their parents about sexuality[4]. When parents talked with their children about sexuality, the talks were more "threatening" and "warning" rather than a friendly and open discussion[10,29,44]. Moreover, parents had not mentioned the methods to prevent unintended pregnancy. From their perspective, abstinence was the only way to prevent pregnancy among youths[44]. Many parents held the belief that information about sexuality and contraception was not appropriate for unmarried young people. They thought that sexuality education would encourage youths to have sex[10,42,44,45]. Additionally, parents had some common barriers to communicate with their children on sexuality-related issues, including their embarrassment and in-confidence to discuss sexual matters. Their lack of knowledge and communication skills on those sensitive topics also prevented them from dicussing with their children[29,46, 47].

Peers influence—Peers play an important role in youth's attitudes and behaviours relating to sexualitythrough passing their norms and attitudes on sexuality[23,46,47]. Unmarried adolescents who had close friends who were sexually active before marriage had permissive attitudes toward premarital sex and are 24 times more likely to be sexually active compared to those who did not have such friends[23,48]. Other research showed that unmarried female youths were under peer pressure to have sex or having unprotected sex behaviour such as not using condom[21,28]. If youths did not have sex with their lover, their friends would think that they did not love seriously[21]. Moreover, peers also had influence on youths by sharing SRH knowledge. When all youths had ever talked about sexuality with their friends, the majority of them talked as a joke and only 40% considered this talk as serious[10].

Institutional/Organizational Factors

Formal sexuality education in school—School-based sexuality education can reach a large number of young people and influence their knowledge, values and skills related to sexuality[49]. In Vietnam, there is no formal subject of sexuality in the schools. Basic sexuality education is integrated within the subject of biology, literature, civic education, geography and extra-curricular activities from 8th grade and above, but the program focuses primarily on the 10th-12th grades[13,50]. Adolescents are given basic information about the body, love, friendship, family planning and population. However, more sensitive topics such as STIs, pregnancy and abortion have not been included in the curriculum. In addition, teachers often feel uncomfortable and embarrassed when talking about SRH with their students and think that schools are not appropriate to talk about sexuality and prefer parents to take responsibility to discuss it with their children[13,32,50]. Additionally, teachers also recognize that they do not have sufficient knowledge and teaching methods to teach about sexuality properly[10]

Family planning services—Access to contraceptive methods remains difficult for unmarried youths[30]. In Vietnam, while health sector provides contraceptive methods in commune health centres, population sector provides un-clinical contraceptive methods, including condom and pills through its population volunteers at communal level[51]. However, the target group of family planning services is married couples only. Unmarried people are neglected by subsidized programs[26,33,52]. Healthcare providers have negative attitudes and stigmatize towards youth sexuality. Therefore, unmarried youths are reluctant to access public health services because they concern about the way they are treated, privacy and confidentiality[30]. Furthermore, although contraceptives are widely available at pharmacies without a prescription, unmarried youths, especially for girls, are still embarrassed to buy contraceptive methods due to the stigma with premarital sex of pharmacists[10,42].

Post-abortion counselling services—Post-abortion counselling which provide tailored information regarding contraception has an important role in promoting safe sex practices and preventing repeat unintended pregnancy among women seeking abortion[53,54]. However, post-abortion counselling in Vietnam is inadequate. Contraceptive counselling was provided for only nearly half of women seeking abortion[55,56]. The content of contraceptive counselling mainly focused on pills and condom and key contents including side-effects, alternative contraceptive methods, negotiation with partners were missed. In addition, counsellors did not ensure clients fully understand the information[55,57]. Moreover, abortion providers had a strong disapproving attitude to premarital sex and abortion[58]. Therefore, instead of providing information on contraceptive use, they threatened youths the danger of both premarital sex and abortion. They thought that “no sex is the best contraceptive” for unmarried youths[58].

Exposure to media—The media messages particularly those from the West, which are becoming more popular in youth’s life, are believed to substantially change youth’s attitudes and practices on sexuality in Vietnam. Through television, the Internet and social media, youths are exposed to more permissive attitudes, values and norms on premarital sex. By this way, media contribute to a more permissive attitude and practice of premarital sex[2,59].

Moreover, media is a source of SRH information which is easily accessible and minimally embarrassing for youths, especially in the Asian countries where talking about sexuality is still uncomfortable for teachers and parents[60]. SAVY2 showed that the main sources that youths learn about pregnancy and family planning are from media, particularly television (65%) and newspaper/magazines (47%)[4]. Another paper revealed that exposure to the Internet increased the odds of have positive attitude toward premarital sex[23].

Contextual factors

Gender roles—Vietnam has been strongly influenced by the Confucianism in which the guiding principle of gender relations is "male as superior and female as subordinate"[61]. In sexual relations, men are supposed to initiate sexual activity and women should keep passive and sexually innocent. The research with unmarried youths in three Asian countries showed that youths from Hanoi held the most traditional attitudes to gender roles[61]. Chastity is particularly required for women while premarital sexual experiences for boys are socially accepted and even encouraged[61]. To give the impression of being innocent, many girls did not discuss contraceptive use with their partners. Men were often the decision-makers for which method to use, although few appeared to care. They often practiced contraception irregularly and thus risked unintended pregnancy[61]. Another research confirmed that being a girl reduced the odds of having "condom-protected" first premarital sex[28].

Cultural tradition, norms and values: In Vietnamese culture, a woman is required to keep her virginity until marriage and premarital sex is strongly condemned, stigmatized and even considered as a degradation of Vietnamese culture[58,62]. Additionally, the Confucianism sees sexuality is taboo and forbidden topic for discussion. This restricted meaningful parent–child communication on sexuality. Consequently, youths keep their sexual experiences in secret from their parents and adults, and parents adopt a "silencing" approach to sex-talk[63]. Moreover, Gammeltoft's research with unmarried youths seeking abortion revealed that girls tried to defend their identities from social and moral condemnation by expressing that their premarital sex was uncontrollable, unplanned and expression of love rather than lustful act[1,22]. As a result, although they were well aware of the risk of pregnancy, they still did not initiate contraceptive use[1,13]. These factors made it difficult not only for youths to acknowledge their SRH needs, but also for policy-makers and program managers to respond to youth's needs[1].

Migration—In Vietnam, 6.6 million people changed their place of residence in 2009, a significant increase from the 4.45 million in 1999[64]. In SAVY2, 38% of youths reported to have ever been living away from home continuously for more than a month to "earn a living" (41%) and "study" (37%)[4]. In general, males migrate more than females, and rural youths migrate more than urban peers[4]. Being far from home, migrants experienced a freedom from family control, as well as a difference in community's culture which could lead youths to participate in premarital sex[65]. The frequency of unprotected sex among migrants was higher than that of non-migrant counterparts[66]. They were also highly susceptible to sexual exploitation and abuse[67]. Female rural-to-urban migrant were more likely to work in higher sex-related risks industry such as beer promoter[68]. Being new to their place of destination, they often lacked access to SRH information and services and

SRH programs also are ineffective in reaching migrants due to their long working hours and mobile status[64,68,69].

Public policies

Vietnamese government is willing to address SRH issues of youths and adolescents in general and unintended pregnancy and abortion in particular[7]. Improving youth and adolescent SRH is integrated in numerous policies in Vietnam (table 2).

Evidence from table 2 shows that there is no separate policy addressing youth and adolescent SRH. This creates great difficulties for planning, implementation, monitoring and evaluation (M&E) of youth and adolescent SRH services and programs. It also limits the budget and resources for those programs.

DISCUSSION

The unintended pregnancy and abortion incidence among unmarried youths is likely to be high in Vietnam. Unintended pregnancy and abortion among unmarried youths are socially constructed. The intrapersonal, interpersonal, organizational, contextual and public policy factors of unintended pregnancy interact and influence each other. All of them influence sexual behaviours and contraceptive use and ultimately influence the risk of unintended pregnancy. However, all the correlations found point out some major determinants, which can be perceived as the common denominators of many factors mentioned in the conceptual framework.

Vietnam is still a society where sexuality of unmarried youths is a sensitive and taboo issue. This makes youths shy when accessing to sexuality information and contraceptives, which greatly prevents them from having open discussion on sexuality topic with their friends, parents, and teachers, and from expressing their SRH needs. Due to the stigma towards premarital sex, youths try to perceive their sexual intercourse as out-of-control events to protect them from social judgment. However, it prevents youths from having proper preparation for their safe sex. Moreover, it also makes the SRH services and policy fail in meeting youth’s needs.

Schools are potential settings to provide sexuality education for a large number of youths and adolescents. However, the lack of enabling mechanism for sexuality education, insufficient knowledge and teaching skills of teachers, lack of official teaching manual, and no M&E system make the implementation of sexuality education in the schools very challenging and ineffective. Moreover, sexuality education is framed in a bio-medical emphasis. It does not demonstrate that youth SRH is a socially constructed issue. With the moral lectured approach, it teaches young people how they are expected to act instead of focusing on their interests, their youth culture, their needs and what they can do relating to sexuality. There is vast international experience in developing and implementing high quality sexuality education programs, but that experience has as yet hardly reached Vietnam.

Access to SRH services is very important for youths in having information and measures to prevent unintended pregnancy. While health care providers and pharmacists have negative

attitudes towards premarital sex and the target group of SRH services is married couples, there are only a few Youth-Friendly Sexual and Reproductive Health service in Vietnam. Additionally, hardly any of those have been made sustainable, because they are usually only piloted and not made permanent by integrating them in the system of regular health care services. It makes youths difficult to access to contraceptives and reproductive health information thatis necessary for them to prevent unintended pregnancy.

Although youth and adolescent SRH is recognized as important issues and gained public attention, there are still no separate SRH policies for adolescents and youths. This creates difficulties for program managers in planning and implementing as well as M&E of SRH services for youths.

There are some considerable limitations of the literature review. Because of the nature of the topic, research on premarital sex and abortion have to rely on individuals' reports of behaviours, but these reports could be highly biased. Although youths are not homogeneous group, this article mostly focus on general population of youths and some special groups such as ethnic minority and people living with disability were not mentioned. Moreover, there is a lack of data and information relating unintended pregnancy and abortion in Vietnam, especially for unmarried youths.

CONCLUSIONS

Unintended pregnancy and abortion among unmarried youths are public health issues in Vietnam. The findings point out four major determinants of unintended pregnancy and abortion among unmarried youths, including cultural norms which consider premarital sex is a taboo; lack and inadequate quality of sexuality education in the schools; lack of youth-friendly SRH services; and no separate policy addressing youth SRH.

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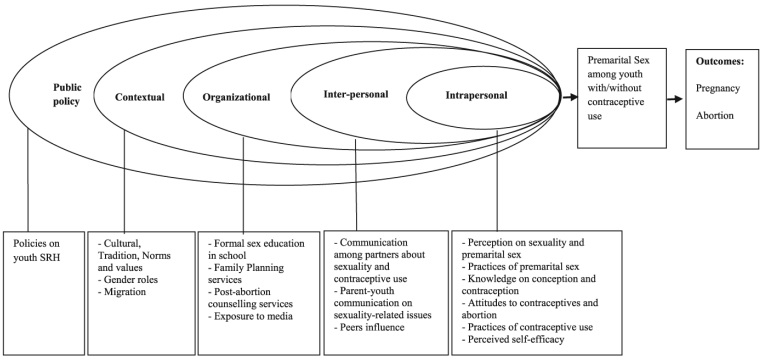

Figure 1. Conceptual framework: The ecological model

Adapted and modifi ed from the ecological model which was developed by McLeroy (1988)[16]

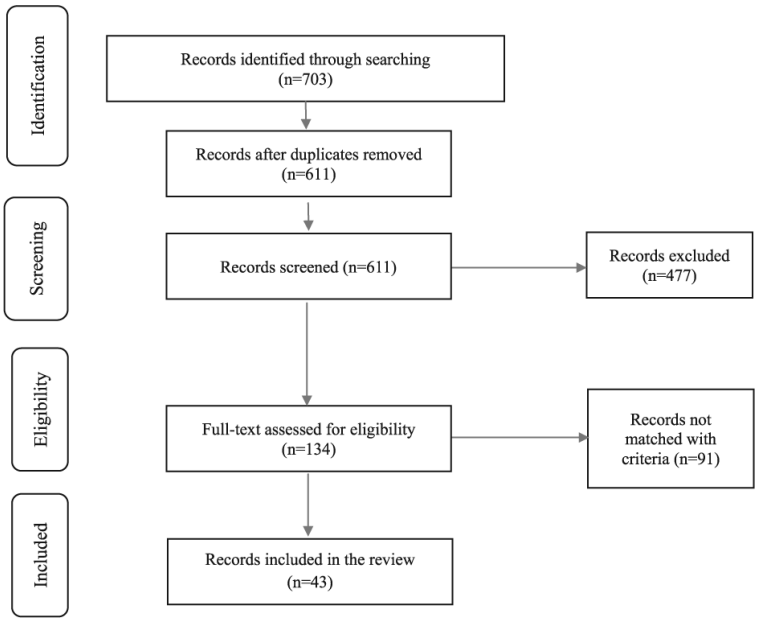

Figure 2.
Flow chart of study selection

Table 1

Abortion rate in Vietnam during period 2002-2013

Year	Total Population* (person)	Female population* (person)	Percentage of women 15-44 years old/female population*(%)	Women 15-44 years old*** (person)	Number of reported abortions** (cases)	Abortion rate *** (Number of abortion per 1000 women 15-44 years old)
2002	79,537,700	40,425,500	49.68	20,083,388	572,425	28.5
2003	80,467,400	40,932,400	49.47	20,249,258	540,400	26.7
2004	81,436,400	41,394,400	49.85	20,635,108	590,630	28.6
2005	82,392,100	41,870,600	52.75	22,086,742	539,720	24.4
2006	83,311,200	42,312,200	49.4	20,902,227	489,076	23.4
2007	84,218,500	42,771,200	49.09	20,996,382	372,502	17.7
2008	85,118,700	43,162,600	48.63	20,989,972	332,200	15.8
2009	86,024,600	43,427,400	50.1	21,757,127	2t87,073	13.2
2010	86,927,700	43,937,000	48.9	21,485,193	407,898	19
2011	87,610,947	44,263,216	48.3	21,379,133	393,609	18.4
2012	88,772,884	44,734,763	47.7	21,338,482	341,545	16
2013	89,479,014	45,215,396	46.9	21,206,020	332,212	15.7

*Survey on Population change and Family planning 2002-2013

**Annual health statistical yearbook in Vietnam from 2002-2013

***Calculated by the author

Table 2

Public policies on SRH of youth and adolescents

Policies	Key pertinent issues
Youth Law in 2005[70]	The Youth Law includes 5 chapters and 36 articles. SRH issues were not set priority in the law. They were mentioned in only two articles (Article 22 on marriage and family life and Article 28 to protect young people 16-18 years-old from sexual abuse). The youth law put family planning services in the context of marriage, not for unmarried youth.
National strategy on reproductive health 2001-2010 (2000)[71]	The strategy indicates the orientation, objectives and activities to improve reproductive health quality and better meet the needs of the population. Adolescent SRH is identified as second among seven outstanding problems that SRH program must address. This document addresses for the first time Adolescent Sexual and Reproductive Health in Vietnam.
Vietnam Population and family planning Strategy 2001–2010[72]	The strategy aims to reduce the fertility rate and improve population's quality. Adolescent Sexual and Reproductive Health is included in IEC programming that focuses on promoting behavior change communication and services. The strategy also mentions minimizing unwanted pregnancies and strongly reducing the abortion rate, especially teenage abortion as a solution to obtain the objectives.
National strategy on population and reproductive health 2011-2020 (2011)[73]	This strategy incorporates population and reproductive health into one single strategy. Improving SRH of youth and adolescent is one among 11 objectives with two indicators: increased Youth-Friendly service sites and reduced unintended pregnancy incidence.
National standards and guidelines for reproductive health care services (2003)[74]	The guidelines constitute the legal foundation for delivering SRH services and is a mannual for health professionals in delivery services as well as a basis for developing training materials for health professionals and supervising and monitoring the quality of service in the health facilities. It underlines the importance of providing adolescents with supportive and non-judgmental reproductive health and abortion counseling.