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## WEEK 1: Introduction and Abortion Around the World

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### QUIZ QUESTION ANSWER SHEET

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**

*Explanation: All answers presented are reasons why women face challenges to obtaining safe abortions, even when abortion is legal. Please refer back to Dr. Teresa DePineres' lecture "Abortion in the International Context: Why, Who, and When" for a detailed explanation.*

2. 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**

*Explanation: Having an abortion is safer than carrying a pregnancy to term. The risk of death associated with childbirth is approximately 14 times higher than the risk of death with having an abortion.\*\* Dr. Teresa DePiñeres refers to this in her lecture "Abortion in the International Context".*

\*\* Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol.* 2012 Feb; 119(2 Pt 1):215-9. Doi: 10.1097/AOG.0b013e31823fe923. PubMed PMID: 22270271.  
<http://www.ncbi.nlm.nih.gov/pubmed/22270271>

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

Answer: **40%**

*Explanation:* Globally, it is estimated that 40% of pregnancies are unplanned, with half of pregnancies unintended in the US. It is also important to note that around the world there are 215 million women with an estimated unmet need for contraception. Please refer back to Dr. Grossman's lecture "Global Abortion Overview" for a detailed explanation.

4. 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**

*Explanation:* All answers presented are ways to address unsafe abortion. Please refer back to Dr. Dan Grossman's lecture "Global Abortion Overview" for a detailed explanation.

5. Approximately what percent of all unsafe abortions occur in poor countries?
- 25%
  - 60%
  - 88%
  - 97%

Answer: **97%**

*Explanation:* There are nearly 20 million unsafe abortions around the world year and nearly all of them (97%) occur in poor countries. Please refer back to Dr. Philip Darney's lecture "Preventing Maternal Mortality: The Role of Safe Abortion" for a detailed explanation.

6. Name two methods of using simple, low cost technology for safe abortion care.
- Natural Herbs and Misoprostol
  - Dilation and Curettage (D&C) and Natural Herbs
  - Manual Uterine Aspiration (MUA) and Misoprostol**
  - Dilation and Curettage (D&C) and Manual Uterine Aspiration (MUA)

**Answer: Manual Uterine Aspiration (MUA) and Misoprostol**

*Explanation: Manual uterine aspiration (MUA) and the drug misoprostol are two simple, inexpensive technologies for safe abortion and post-abortion care. Dilation and Curettage is another surgical for abortion but also requires a trained provider, is more expensive, and has higher complication rates than the other two methods. Natural herbs can be used as a method for self-induction of abortion but can be ineffective and unsafe.\*\* When MUA and misoprostol are widely available and abortion is legal, maternal mortality from unsafe abortion is virtually eliminated as the cause of death. Please refer back to Dr. Philip Darney's lecture "Preventing Maternal Mortality: The Role of Safe Abortion" for a detailed explanation.*

\*\*Grossman D, Holt K, Peña M, et al. Self-induction of abortion among women in the United States. Reproductive Health Matters. 2010 Nov; 18(36): 136-146.  
<http://www.ncbi.nlm.nih.gov/pubmed/21111358>

7. Personal experiences, religious identity, ethical norms, and scientific knowledge as a cultural value (like whether life begins at conception, first heartbeat, viability, or quality of life) are part of which framework?
- Clinical care
  - Public Health
  - Cultural and Moral
  - Judicial and Legislative

**Answer: Cultural and Moral**

*Explanation: Cultural and Moral frameworks are shaped by personal experiences, religious identity, scientific knowledge as a cultural value, and ethical norms. Clinical care focuses on the technical aspects of the abortion procedure. The Public Health framework includes a discussion on the prevalence and demographics of abortion. The Judicial and Legislative framework incorporates factors limiting accessibility to abortion services such as mandatory waiting periods, gestational limits, physician admitting privileges, and parental consent. Please refer back to Dr. Carolyn Sufrin's lecture, "Abortion and its Multiple Contexts" for a more detailed explanation.*

8. Which social movement emphasizes the importance of individuals and their communities?
- The Reproductive Rights Movement
  - The Anti-Abortion Movement
  - The Reproductive Justice Movement**
  - None of the Above

**Answer: *The Reproductive Justice Movement***

*Explanation: The Reproductive Justice Movement emphasizes the importance of individuals and their communities, while the Reproductive Rights Movement came out of second wave feminism and is concerned with individual autonomy and freedom from control. The Anti-Abortion Movement is a social movement often identified as the “Pro-Life” movement. Please refer back to Dr. Carolyn Sufrin’s lecture, “Abortion and its Multiple Contexts” for a more detailed explanation.*

9. Effective ways to decrease abortion stigma towards patients include:
- Encouraging patients to keep their abortion experiences private
  - Offering compassionate care and foster a sense of community
  - Decreasing financial barriers for women to obtain abortion services
  - All of the above

**Answer: *Offering compassionate care and foster a sense of community***

*Explanation: Offering compassionate care and fostering a sense of community is one way to decrease abortion stigma towards abortion patients. As noted in the Prevalence Paradox, encouraging patients to keep their abortion experiences private further increases abortion stigma. Decreasing financial barriers for women who seek abortion services is important but does not directly impact abortion stigma. Please refer to Dr. Lori Freedman’s lecture, “Abortion Stigma: What is it and how does it affect women’s health?”*

10. The risk of death from an abortion is significantly \_\_\_\_\_ in television and films compared with reality.
- Higher
  - Lower
  - Neither. The risk of death from abortion is correctly displayed on television and film.

**Answer: *Higher***

*Explanation: In Carolyn Sufrin’s lecture “Presentations of abortion in film and television” she presents a study examining representations of abortion in television and film. In this study, the risk of death from an abortion was significantly higher (9%) in television and films than compared with reality (0.0006%).*