

Telemedicine can help women get early abortions safely: South African study

In South Africa, it is [legal](#) to have an abortion upon request until the 13th week of pregnancy. The procedure is performed by trained certified midwives or registered nurses at specific primary care clinics. However, [social stigma](#) exists around the procedure, and there is a [shortage](#) of services in rural areas where about [32% of the population live](#).



Source: [Pexels](#)

Urban areas near major cities have better access to abortion services, with women in rural areas travelling [longer hours](#) to access abortion care.

Nonetheless, accessing these services can still be challenging. This is because there is a [shortage](#) of trained and willing abortion providers. And delays in seeking care are common.

Many health problems and deaths related to unsafe abortions can be prevented by providing [comprehensive](#) safe abortion care. The introduction of medical abortion, which involves taking specific pills, has greatly improved access to early abortions. In fact, most abortions in [wealthier](#) countries are now done using these pills alone. Taking the pills at home is just as safe and effective as having the procedure done at a clinic, especially up to the 10th week of pregnancy.

Our recent [study](#) examined the acceptability of implementing telemedicine (remote medical care using technology) for early medical abortion in South Africa. The goal of our study was to understand how people in South Africa felt about using telemedicine and whether it could be a viable option for expanding access to safe and legal abortion services.

Our findings suggest that telemedicine has the potential to improve access to safe and legal abortion services, particularly in areas where clinics may be far away or difficult to reach. Telemedicine can offer a practical alternative that respects individuals' autonomy, privacy, and reproductive rights.

Covid 19 prompted a leap in virtual healthcare

Telemedicine involves using technology like phones or computers to connect patients with healthcare providers who are not physically present. In the case of early medical abortion, it allows individuals to consult with healthcare professionals, receive guidance, and obtain necessary medications without having to visit a clinic in person.

Telemedicine models may include testing at local clinics and different methods of delivering the medication, such as pick-up points, mail or courier delivery, or prescriptions for local pharmacies. These models can be integrated into existing healthcare facilities or operate outside of the formal health sector in countries where abortion is illegal.

In 1998, South Africa's Ministry of Health recognised the benefits of integrating [telemedicine](#) into their healthcare systems and took action by forming a National Telemedicine Task Team to oversee its introduction in the country's healthcare services. Despite being a slow process with obstacles, such as technical challenges, the COVID-19 pandemic triggered [significant transformations](#) in health systems worldwide, including South Africa, with the widespread adoption of smart digital technologies supporting virtual healthcare.

We conducted interviews and surveys with people who had [experienced](#) early medical abortion using telemedicine in South Africa. The study participants were diverse in terms of age, education, and background.



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Katja Hamilton 5 Jun 2023



“People tend to judge other people when it comes to abortion”

Overall, our findings showed that telemedicine for early medical abortion was highly satisfactory to participants. Many appreciated the convenience, privacy, and reduced travel costs. The majority of participants felt comfortable using technology to communicate with healthcare providers, and they reported high levels of satisfaction with the telemedicine service.

On privacy, one of the participants said: “People tend to judge other people when it comes to abortion. So, it was easy for the individual, which is me, to communicate with the doctor without anyone knowing what is happening around me,”

Some others believed telemedicine protected them from the judgement they might face at clinics: “For me, it’s better to talk to someone I don’t know because I can express myself more freely. When you talk face-to-face with someone you know, you might feel awkward or judged.”

Importantly, we also found that telemedicine did not compromise quality of care. Participants felt that the telemedicine provided them with the necessary information, support, and medical guidance. They reported feeling well-informed, cared for, and confident in their decision-making throughout the process.

Looking ahead

Some of the potential barriers are the digital divide in South Africa. The availability of telemedicine services relies on access to technology and reliable internet connectivity. In some areas, especially rural and underserved communities,

limited access to technology could hinder its widespread adoption. Another barrier could be effective communication. If the provider and patient do not share a common language, it can lead to misunderstandings, misdiagnoses, or inadequate medical advice.

Also, telemedicine platforms and resources might predominantly be available in major languages such as English, which can limit access for individuals who are more comfortable speaking other official languages like Zulu, Xhosa, or Afrikaans. While the findings are promising, further research and consideration are needed to ensure the safe and effective implementation of telemedicine for early medical abortion in South Africa.

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