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BEYOND BARRIERS: ENHANCING ABORTION CARE IN SOUTHEAST ASIA

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Abstract

WHO estimates show that 45% of abortions globally are unsafe and responsible for up to 13 % of maternal deaths, a burden that is disproportionately high in regions with restrictive abortion law such as developing regions like Southeast Asia. Our scoping review explores the knowledge, attitudes, practices (KAP), barriers, and limitation related to abortion care in Southeast Asia from 2019 to 2023. This review was conducted following PRISMA-ScR guidelines. Articles published between 2019 and 2024 were identified using PubMed, ScienceDirect, Scopus, and Google Scholar. Inclusion criteria focused on studies from Southeast Asia addressing abortion care, including PAC, with qualitative, cross-sectional, cohort, or intervention designs. Data were synthesized descriptively by themes such as KAP, barriers, and policy implications. From 584 identified records, 11 studies met inclusion criteria. Findings revealed significant knowledge gaps among healthcare providers and the general population, influenced by cultural and religious stigmas. Support for abortion was higher in medically critical situations than for socio-economic reasons. Barriers included stigma, legal restrictions, and inadequate training. Findings emphasize the importance of addressing cultural and systemic barriers, enhancing provider training, and incorporating PAC into primary healthcare systems. Global practices, such as telemedicine in China and mid-level provider training in Ethiopia, provide valuable models for Southeast Asia. To improve PAC access and quality in Southeast Asia, culturally sensitive, decentralized, and collaborative approaches are essential. Governments, healthcare systems, and communities must work together to ensure equitable and inclusive reproductive health services.

Keywords: Abortion, Induced, Post-abortion Care, Health Knowledge, Attitudes, Practice, Reproductive Health Services, Asia, Southeastern

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INTRODUCTION

Abortion is a straightforward procedure with minimal risk when performed safely by trained provider (WHO, 2022). However, WHO estimates show that 45% of abortions globally are unsafe and responsible for up to 13 % of maternal deaths, a burden that is disproportionately high in regions with restrictive abortion law such as developing regions like Southeast Asia (WHO, 2022). Post-abortion care (PAC) is critical in reducing maternal morbidity and mortality in Southeast Asia, where unsafe abortion remains a significant public health issue (WHO, 2022, 2020). The World Health Organization (WHO) defines PAC as the provision of services after an abortion, including contraceptive service, counselling, management of complications, and referrals to additional healthcare services as needed (WHO, 2022).

In Southeast Asian countries like Malaysia, Thailand, and Indonesia, restrictive legal environments and limited access to comprehensive PAC increase the likelihood of unsafe abortion practices and complications (Jain et al., 2023). Despite recent policy shifts in some areas, healthcare systems often fall short in meeting PAC needs, especially in rural and marginalized communities where stigma and limited healthcare access persist (Philbin et al., 2020; Sanitya et al., 2020; WHO, 2020). The scarcity of reproductive health services in these regions has led to calls for task-shifting, empowering mid-level providers, such as nurses and midwives, to deliver PAC services to improve access and reduce health risks for women (Suchira et al., 2024; WHO, 2022).

To address these challenges this scoping review aims to systematically map the current evidence from 2019 to 2023 regarding knowledge, attitudes, and practices related to abortion care in Southeast Asia, including but not limited to post-abortion care (PAC). The review focuses on understanding key barriers to abortion services, examining healthcare providers' perspectives and knowledge about abortion care, and exploring interventions that may improve access to safe abortion practices. By addressing these broader objectives, the review seeks to provide insights that could inform more supportive and accessible reproductive health services across Southeast Asia.

METHODS

We undertook a scoping review rather than a systematic review, as we anticipated that studies on abortion care in Southeast Asia would vary widely in focus, and multiple themes would need to be addressed, including barriers, healthcare provider perspectives, and intervention impacts. This scoping review approach allowed for a broader mapping of the available evidence rather than a narrow synthesis of intervention-focused studies. The review was conducted using a framework developed for scoping reviews and follows the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines for reporting on scoping reviews (Tricco et al., 2018)

The review focuses on abortion care in Southeast Asia, covering articles published from 2019 to 2024 across various Southeast Asian countries, including Malaysia, Thailand, Singapore, Myanmar, Laos, Brunei, the Philippines, Cambodia, and Indonesia.

Eligibility Criteria

The inclusion criteria:

i. Studies published between 2019 and 2024
ii. Conducted within Southeast Asian countries (Malaysia, Thailand, Singapore, Myanmar, Laos, Brunei, the Philippines, Cambodia, and Indonesia)
iii. Focused to abortion care but not limited to post-abortion care (PAC).
iv. Designed as cross-sectional, cohort, qualitative, or intervention studies
v. Published in English language
vi. Published in open-access journals

Exclusion criteria*:*

i. Review papers (e.g., scoping, systematic, and narrative)
ii. Editorial articles, policies, books, reports, and board meeting materials
iii. Studies with incomplete data
iv. Case series and case studies
v. Meta- analysis articles.

Search Strategy

The literature search was conducted on October 25th, 2024, using four databases: PubMed, ScienceDirect, Scopus, and Google Scholar. Boolean operators and keywords were used to optimize search precision. For Scopus and PubMed, the search terms included: “safe abortion” OR "post-abortion care" OR "unsafe abortion" AND ("Southeast Asia" OR "Philippines" OR "Vietnam" OR "Indonesia" OR "Thailand" OR "Malaysia" OR "Laos" OR "Singapore" OR "Brunei" OR "Myanmar" OR “Cambodia”). For ScienceDirect and Google Scholar, the search terms were: ("safe abortion" OR "post-abortion care" OR "unsafe abortion") AND ("Southeast Asia").

Study Selection

The selection process followed the PRISMA flowchart for scoping reviews, including identification, screening, eligibility, and inclusion stages (Page et al., 2021). Two reviewers independently screened titles and abstracts, followed by full-text reviews to determine eligibility based on the inclusion and exclusion criteria.

Data Extraction

The data extraction process was conducted in two phases. In the first phase, demographic data were extracted, including author, year, country, population, sample size, study design and type (cross-sectional, cohort, etc.). In the second phase, information was collected on the research focus on the key findings related to post-abortion care which include knowledge, attitudes, practice, limitation and and barriers of abortion care in Southeast Asia Countries.

Data Synthesis

A descriptive synthesis approach was used to analyse and present the findings, organized by themes related to abortion care and PAC barriers, interventions, healthcare provider perspectives, and policy implications. As this is a scoping review, quality appraisal of individual studies was not conducted.

RESULTS

This scoping review maps evidence from 2019 to 2023 on knowledge, attitudes, and practices (KAP) related to abortion care in Southeast Asia, including post-abortion care (PAC). Using the PRISMA framework, 584 records were identified across databases such as ScienceDirect, Google Scholar, PubMed, and Scopus. After removing duplicates, 566 records were screened, 549 excluded, and 11 studies met the inclusion criteria (Page et al., 2021). The selection process is outlined in the PRISMA Framework (Figure 1).

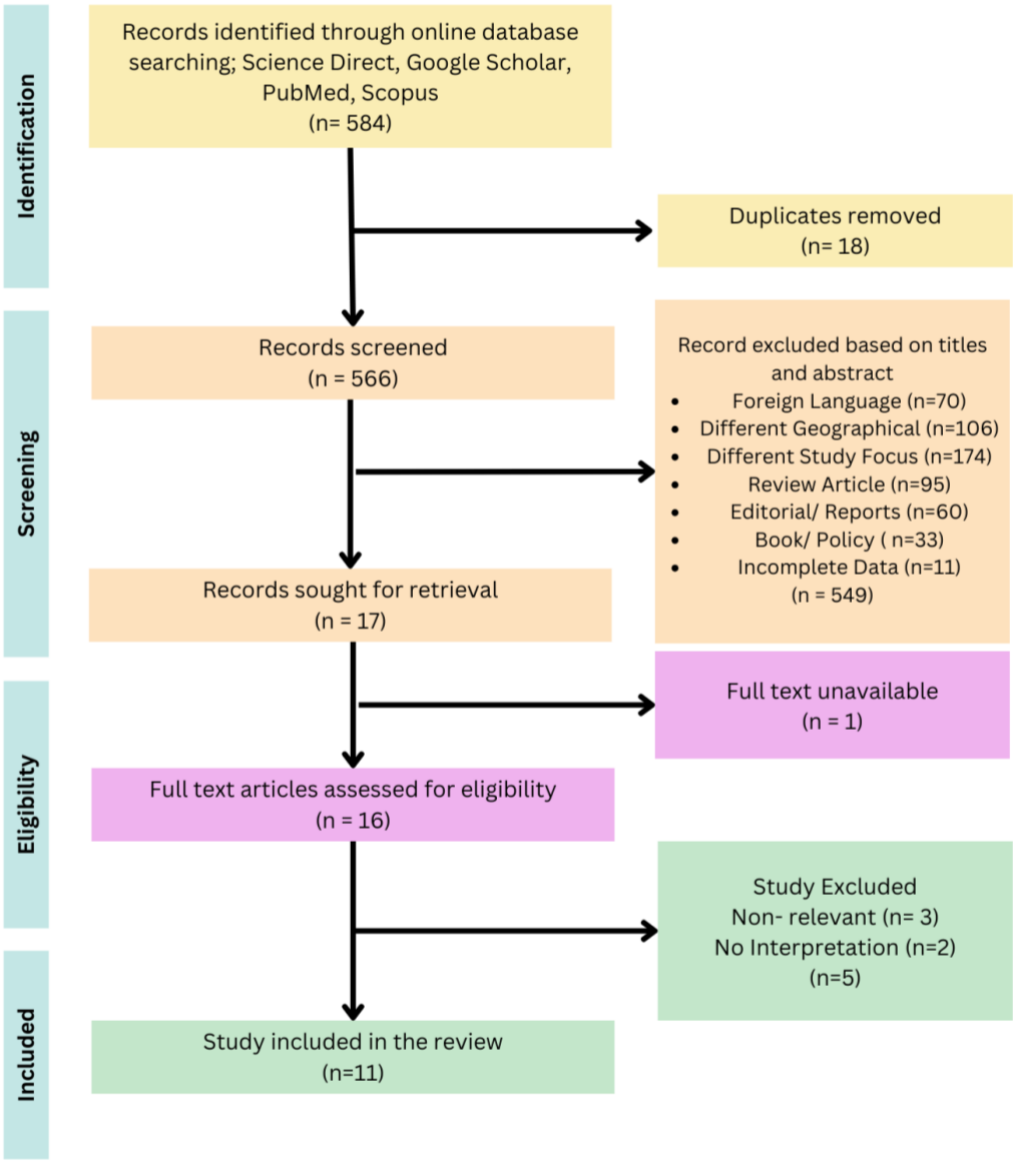

Figure 1: PRISMA Framework

Of the 11 studies, seven originated from Thailand, and one each from Indonesia, Lao PDR, Vietnam, and Myanmar. Sample sizes ranged from 12 to 926 participants, reflecting diverse objectives and study designs. Six studies focused on healthcare providers, while others examined adolescents, reproductive-age women, and healthcare facilities. Most employed a cross-sectional design, with two using interventional and quasi-experimental approaches.

Seven studies used the KAP framework, including one on knowledge improvement following intervention. Ngo et al. (2023) examined Mhealth application impact on knowledge in Vietnam, while Sanitya et al. (2020) evaluated post-training KAP improvements among Thailand healthcare workers. A qualitative study explored post-abortion experiences in Thai women, and Htun et al. (2019) studied contraceptive use attitudes in Myanmar. Philbin et al. (2020) assessed PAC readiness in Indonesian hospitals and public health clinics using signal function analysis. Table 1 provides detailed study characteristics.

Knowledge, Attitudes, and Practices Related to Abortion Care

Knowledge levels about abortion laws and services among healthcare providers and the general population varied significantly across Southeast Asia. In Thailand, 31.7% of pharmacy students demonstrated strong knowledge of abortion laws, while 45.6% of medical students had high knowledge scores, especially regarding legal contexts for abortion (Poolkumlung et al., 2023; Rongkapich et al., 2023). However, misconceptions were common; for instance, only 30% of participants could correctly identify legal gestational limits for second-trimester abortion (Poolkumlung et al., 2023). Similarly, in Laos, only 31.5% of adolescents were aware of induced abortion, highlighting significant knowledge gaps in the region (Vongxay et al., 2020).

Public understanding of abortion laws was very low and heavily influenced by cultural and religious beliefs. In Laos, 93% of adolescents held negative attitudes toward abortion, often associating it with sin or promiscuity, although 62.1% recognized the risks of unsafe abortion (Vongxay et al., 2020). In Myanmar, 62.6% of women reported negative attitudes toward emergency contraceptive pills, with cultural stigma being a primary factor affecting access and use (Htun et al., 2019). These findings show how societal norms shape public perceptions and influence access to reproductive health services.

Support for abortion was highest in medically critical situations. In Thailand, 95.6% of medical students supported abortion for nonviable feotal anomalies, and 93.2% agreed in cases of rape. However, support was much lower for socio-economic reasons, such as contraceptive failure (62.5%) or pregnancies among women under 15 years (66.4%) (Poolkumlung et al., 2023). Among nursing students, 97.3% agreed with abortion for maternal health reasons, showing a preference for cases considered medically necessary (Uaamnuichai et al., 2023).

Barriers on Abortion Care

The studies identified several barriers that hinder access to abortion and post-abortion care (PAC) services. Cultural and religious beliefs played a significant role, with strong stigmatization and moral opposition affecting access and discussions around abortion, particularly among non-Buddhist populations in Southeast Asia (Saengruang et al., 2021; Sinthuchai et al., 2022; Vongxay et al., 2020). Legal restrictions, such as limiting abortion procedures to specialists like Ob/Gyns, reduced PAC availability in lower-level facilities and rural areas, as observed in Indonesia and Thailand (Philbin et al., 2020; Poolkumlung et al., 2023). Knowledge gaps among healthcare providers, including limited understanding of

abortion laws and safe procedures like medical abortion and manual vacuum aspiration (MVA), further contributed to reduced service provision (Rongkapich et al., 2023; Sanitya et al., 2020). Additionally, misconceptions about emergency contraceptive pills (ECPs) and their usage created hesitancy among women in Myanmar, further complicating access to reproductive health services (Htun et al., 2019).Social stigma, lack of confidentiality, and inadequate gender-sensitive services were also prominent barriers that restricted mental health support for women post-abortion (Ngo et al., 2023; Prasertwong et al., 2021)

Service Limitations on Abortion Care

The studies presented several limitations that impacted the breadth and applicability of their findings. Many were conducted in single locations or among specific populations, such as university students, healthcare trainees, or urban residents, which limited the generalizability of the results to other regions or demographic groups (Poolkumlung et al., 2023; Sinthuchai et al., 2022; Uaamnuichai et al., 2023). The use of self-reported data was a frequent limitation, potentially introducing bias due to the sensitive and stigmatized nature of abortion-related topics (Htun et al., 2019; Prasertwong et al., 2021; Sanitya et al., 2020). Small sample sizes in some studies, such as those focusing on women with abortion histories, further restricted the robustness of the conclusions (Prasertwong et al., 2021). Cross-sectional designs employed in most studies limited the ability to capture changes in knowledge, attitudes, or practices over time (Saengruang et al., 2021; Vongxay et al., 2020). Finally, some studies lacked representation from rural or underserved populations, leaving critical gaps in understanding abortion care disparities (Htun et al., 2019; Philbin et al., 2020). The key findings, barrier and limitation is further explained in Table 2.

Table 1: Study Characteristics

No	Author (Year)	Population	Sample size	Country	Design	Type
1	Saengruang et al. (2021)	Medical Graduates	926	Thailand	Cross Sectional	Questionnaire-KAP study
2	Sinthuchai et al. (2022)	Registered Nurse	375	Thailand	Cross Sectional	Questionnaire - KAP Study
3	Sanitya et al. (2020)	healthcare worker	247	Thailand	Interventional	Pretest-Postest survey - KAP
4	Uaamnuichai et al. (2023)	Nursing Student	206	Thailand	Cross Sectional	Questionnaire - KAP Study
5	Ngo et al. (2023)	Female Sex Worker (FSWs)	251	Vietnam	Quasi Experimental	Pretest-Postest Mhealth
6	Vongxay et al. (2020)	Adolescent	800	Lao PDR	Cross Sectional	Questionnaire - KAP Study
7	Philbin et al. (2020)	Registered public health centres in Java, Indonesia	657	Indonesia	Cross Sectional	Signal Function Analysis
8	Rongkapich et al. (2023)	Pharmacy Students	104	Thailand	Cross Sectional	Questionnaire - KAP Study
9	Htun et al. (2019)	Reproductive age woman	238	Myanmar	Cross Sectional	Structured Interviews – contraceptive
10	Poolkumlung et al. (2023)	Medical Student	204	Thailand	Cross Sectional	Questionnaire-KAP study
11	Prasertwong et al. (2021)	Reproductive woman with abortion history	12	Thailand	Cross Sectional	Qualitative descriptive – Post abortion

Table 2: Key Findings, Barriers and Service Level Limitations.

No.	Author (Year)	Key Findings	Barrier	Limitation
1	Saengruang et al. (2021)	a) Strongest support for abortion in life-threatening, rape, and foetal impairment cases. b) Urban-trained graduates more supportive than rural-trained CPIRD graduates. c) Less support for abortion in non-marital and socioeconomic cases.	CPIRD's rural training focus limits support for non-critical abortion cases.	Limited to public sector-bound graduates, lacks private sector representation.
2	Sinthuchai et al. (2022)	a) Low abortion law knowledge (only 19% scored >80%). b) Majority held pro-life views, especially among Muslims. c) Willingness to provide abortion was higher among Buddhists than Muslims.	Religious beliefs and lack of legal update training limit abortion support.	Single location with limited department representation, reducing generalizability.
3	Sanitya et al. (2020)	a) Improved attitudes post-training, especially among non-doctors. b) Highest support for cases involving health risks, foetal anomalies, and rape/incest. c) Knowledge gaps remain on laws and safe methods.	Cultural opposition and resource limitations hinder access to safe abortion services.	Urban training bias and voluntary participation limit applicability.
4	Uaamnuichai et al. (2023)	a) High knowledge on abortion legislation among 37.4% of students. b) Strong support for abortion in cases of maternal/foetal health issues and sexual assault. c) Buddhist students showed more favorable attitudes.	Religious beliefs, especially among non-Buddhist students, influence abortion attitudes negatively.	Focus on one location limits generalizability to broader student populations.
5	Ngo et al. (2023)	a) Safe abortion knowledge improved (e.g., correct gestational age rose from 78.9% to 96.8%). b) Stigma concerns decreased from 36.5% to 27.8%. c) 80%+ satisfaction with app's privacy and support.	Initial stigma and complex medical language in the app affect accessibility.	Limited to female sex workers, lacks comparison with non-users.
6	Vongxay et al. (2020)	a) Low awareness of induced abortion (31.5%); 68.3% support safe access.	Strong cultural and religious beliefs create	Gender differences in knowledge, with females

		b) High negative attitudes (93%) with 71% viewing abortion as sinful. c) Majority (59%) desire more education on abortion and pregnancy.	stigma and hinder post-abortion care discussions.	more supportive and informed than males.
7	Philbin et al. (2020)	a) Only 46% of hospitals have full PAC services, with highest availability at referral hospitals. b) Expanding authorization to midwives/GPs could significantly increase PAC access. c) 88% of PAC patients treated with D&C in 2018.	Limited PAC capacity at lower-level facilities due to staffing and regulatory constraints.	Results may not generalize to regions outside Java.
8	Rongkapich et al. (2023)	a) Only 31.7% had good knowledge of abortion laws. b) High support for abortion in cases of foetal defects (97.1%) and sexual assault. c) Low support for abortion for socioeconomic reasons.	Limited abortion education in curriculum; cultural biases impact attitudes.	Single university sample with potential self-report bias.
9	Htun et al. (2019)	a) 11.3% ECP use, primarily due to contraceptive failure. b) 94.5% availability and 84.9% affordability reported. c) Higher usage linked to higher income and no pregnancy history.	Cultural and social misconceptions about ECP create hesitancy among women.	Limited to urban area, may not reflect rural settings.
10	Poolkumlung et al. (2023)	a) 45.6% had high knowledge on Thai abortion laws. b) Strong support for abortion in foetal anomalies (95.6%) and rape cases (93.2%). c) Less support for abortions due to socioeconomic factors.	Knowledge gaps on gestational limits could affect legal compliance.	Limited to one university's medical students, affecting broader applicability.
11	Prasertwong et al. (2021)	a) Long-term guilt and stigma post-abortion; religious rituals provided peace. b) Desired empathetic support and responsibility-sharing from men. c) Highlighted need for accessible mental and obstetric care.	Social stigma and lack of confidential, gender-sensitive services restrict access to mental health support.	Small sample size: stigma may limit full disclosure of experiences.

DISCUSSION

Knowledge and Attitudes

The results highlight significant gaps in knowledge and attitudes about abortion care in Southeast Asia, particularly among healthcare providers and the general population. For instance, only 31.7% of pharmacy students in Thailand demonstrated strong knowledge of abortion laws (Uaamnuichai et al., 2023). Misconceptions about gestational limits and safe abortion procedures were prevalent, reflecting insufficient training and awareness. Similarly, adolescents in Lao PDR exhibited limited awareness, with only 31.5% knowing about induced abortion, heavily influenced by cultural and religious stigmas (Vongxay et al., 2020). However, global practices show that targeted education and training initiatives can bridge these gaps. In the United States, evidence-based training programs for healthcare providers have significantly improved their knowledge and confidence in providing PAC and abortion care (Jung et al., 2023). Positive outcomes from targeted interventions were noted in Kenya and Vietnam, where education and training programs significantly improved knowledge and attitudes (Mutua et al., 2018; Ngo et al., 2023; Ngugi et al., 2021). These findings emphasize the importance of education in transforming attitudes and highlight the pervasive impact of societal norms on public and provider perceptions.

Barriers to Access

Barriers to accessing post-abortion care (PAC) in Southeast Asia are deeply rooted in cultural, legal, and systemic challenges. Stigma surrounding abortion remains a significant obstacle, particularly in Myanmar and Indonesia, where societal norms frame abortion as immoral and sinful, deterring women from seeking care (Htun et al., 2019; Philbin et al., 2020). Legal restrictions, such as limiting PAC procedures to specialists, further restrict access, particularly in rural areas (Owolabi et al., 2019). Knowledge gaps among healthcare providers exacerbate this issue. Social stigma and lack of confidentiality also deter women from seeking care, as evidenced in Uganda and Kenya, where fear of judgment often outweighed the need for medical attention (Kibira et al., 2023; Penfold et al., 2018). In Burkina Faso, integrating PAC into routine services and training providers improved access significantly, illustrating the importance of comprehensive training (Kiemtoré et al., 2016). Nepal's liberal abortion laws and community-based PAC initiatives have improved service accessibility, even in rural areas (Huber, 2019). These approaches demonstrate how policy reforms and decentralized healthcare systems can enhance PAC services.

Strengthening PAC Services

Global best practices offer valuable insights into improving PAC services in Southeast Asia. Ethiopia’s integration of PAC into primary healthcare systems, supported by training mid-level providers such as midwives, significantly improved rural access (Baker et al., 2024; Huber, 2019). Nepal's liberal abortion laws and community-based initiatives successfully increased access without alienating cultural norms (Huber, 2019). During the COVID-19 pandemic, China adopted telemedicine for PAC, enhancing accessibility and ensuring privacy for patients, a model that could benefit Southeast Asia (Wang & Yang, 2021). Incorporating post-abortion family planning counselling, as practiced in Kenya, effectively reduced the likelihood of repeat abortions and supported long-term reproductive health goals (Ngugi et al., 2021). These global examples illustrate that tailored, culturally sensitive interventions can address barriers and improve PAC delivery.

Study Strength and Limitation

This scoping review has several strengths. It provides an up-to-date overview of abortion care and post-abortion care (PAC) in Southeast Asia from 2019 to 2024, using a transparent search strategy across four major databases and following the PRISMA-ScR framework. By synthesising findings on knowledge, attitudes, practices, barriers and service limitations, the review highlights key themes relevant for policy and practice.

However, several limitations must be acknowledged. The evidence base is geographically imbalanced, with seven of eleven studies from Thailand; thus, Buddhist-majority contexts are over-represented, while Muslim-majority countries such as Indonesia, Malaysia and Brunei are under-represented. Most studies were also conducted in urban or tertiary settings among students, trainees or facility-based populations, limiting applicability to rural or marginalised groups. Although Timor-Leste is part of Southeast Asia, it was not explicitly included in the search terms, and no studies were identified from that country. In addition, the review was restricted to English-language, open-access publications, resulting in the exclusion of numerous non-English studies (n = 70) that may contain important context-specific findings. Finally, as a scoping review, no formal quality appraisal was undertaken, so individual study findings should be interpreted cautiously.

A Path Forward

An approach that is culturally sensitive and multifaceted is crucial for improving PAC in Southeast Asia. Decentralising services by empowering mid-level providers directly addresses shortages such as those in Indonesia, where only 46% of hospitals had full PAC services and care remained concentrated in referral facilities (Philbin et al., 2020). Evidence from Ethiopia and Burkina Faso shows that decentralisation is most effective when paired with structured training, supervision and regulatory oversight (Baker et al., 2024; Huber, 2019; Kiemtoré et al., 2016)

Telemedicine can also mitigate barriers identified in this review, including stigma, confidentiality concerns and geographical distance. China's experience demonstrates its feasibility for counselling and follow-up (Wang & Yang, 2021). With internet penetration exceeding 70–80% in Thailand, Malaysia and Vietnam, telemedicine could complement facility-based PAC where supported by appropriate regulation and data-protection measures.

Comprehensive provider training is needed to address the KAP gaps observed in Thailand, Lao PDR and Myanmar. Training should include safe methods, legal literacy and value-clarification components to reduce stigma (Saengruang et al., 2021; Sanitya et al., 2020; Sinthuchai et al., 2022). Evidence from Kenya supports the effectiveness of structured PAC and family planning counselling in improving provider confidence and reducing repeat abortions (Mutua et al., 2018; Ngugi et al., 2021)

Finally, community-level and faith-engaged strategies are essential to address deep-rooted stigma in Lao PDR and Myanmar (Vongxay et al., 2020; Htun et al., 2019) and the long-term emotional burden described by Thai women (Prasertwong et al., 2021). Engaging religious and community leaders may help normalise PAC, promote harm-reduction and support women's mental health (Ibrahim, 2015; Kibira et al., 2023).

Co-ordinated action across governments, health systems and communities is necessary for equitable PAC in Southeast Asia. Future research should move beyond documenting KAP and prioritise evaluating integrated interventions such as decentralisation and telemedicine that address the structural and social barriers identified in this review.

CONCLUSION

Post-abortion care in Southeast Asia encounters obstacles stemming from cultural, legal, and systemic difficulties. Global instances illustrate that context-sensitive strategies, including decentralization, telemedicine, and community involvement, may greatly enhance access and quality. By addressing knowledge deficiencies, mitigating stigma, and incorporating PAC into primary healthcare, Southeast Asia can develop equitable and culturally suitable PAC systems. Cooperative initiatives involving governments, healthcare providers, and communities are crucial for guaranteeing the accessibility of reproductive health rights and services for everyone.

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Conflict of Interest

The authors declare that there are no conflicts of interest related to this work.

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REFERENCES

Baker, D., Lim, C. C., & Mahmood, T. (2024). Post-abortion Care. In J. Bitzer & T. A. Mahmood (Eds.), Textbook of Contraception, Sexual and Reproductive Health (1st ed., pp. 243–248). Cambridge University Press. https://doi.org/10.1017/9781108961097.040

Htun, K. W. W., Yodmai, K., & Taechaboonsermsak, P. (2019). Emergency contraceptive pill use among women of reproductive age in Pathein, Myanmar. Journal of Health Research, 33(4), 349–358. https://doi.org/10.1108/JHR-07-2018-0047

Huber, D. (2019). Postabortion Care and the Voluntary Family Planning Component: Expanding Contraceptive Choices and Service Options. Global Health: Science and Practice, 7(Supplement 2), S207–S210. https://doi.org/10.9745/GHSP-D-19-00128

Ibrahim, W. (2015). Effect of Family Planning Counseling on Post Abortion Women Awareness and Practice of Using Contraceptive Methods. Assiut Scientific Nursing Journal, 3(5), 159–167. https://doi.org/10.21608/asnj.2015.59017

Jain, D., Bing, M., Shah, P., & Racherla, S. J. (2023). Access to Safe and Legal Abortion Services in Asia: Challenges and Opportunities. Asian-Pacific Resource & Research Centre for Women (ARROW).

https://arrow.org.my/wp-content/uploads/2023/12/Access-to-Safe-and-Legal-Abortion-Services-in-Asia-Challenges-and-Opportunities-Report.pdf

Jung, C., Oviedo, J., & Nippita, S. (2023). Abortion Care in the United States—Current Evidence and Future Directions. NEJM Evidence, 2(4). https://doi.org/10.1056/EVIDra2200300

Kibira S. P. S.,et al. (2023). Lived experiences and drivers of induced abortion among women in central Uganda. PLOS Global Public Health, 3(12), e0002236. https://doi.org/10.1371/journal.pgph.0002236

Kiemtoré S.et al. (2016). Integration of Post Abortion Care Package in the Activity of 56 Health Facilities by the Burkina Faso Society of Obstetricians and Gynecologists (SOGOB). Open Journal of Obstetrics and Gynecology, 06(08), 457–462. https://doi.org/10.4236/ojog.2016.68061

Mutua M. M.et al. (2018). Policy, law and post-abortion care services in Kenya. PLOS ONE, 13(9), e0204240. https://doi.org/10.1371/journal.pone.0204240

Ngo, A.et al. (2023). Effectiveness of mHealth intervention on safe abortion knowledge and perceived barriers to safe abortion services among female sex workers in Vietnam. mHealth, 9, 3–3. https://doi.org/10.21037/mhealth-22-41

Ngugi R. N.et al. (2021). Impact of contraceptive counselling, an essential element of post-abortion care, on uptake of contraceptives: A cross-sectional study of adolescents who received post-abortion care services in Makueni County, Kenya. International Journal Of Community Medicine and Public Health, 9(1), 66. https://doi.org/10.18203/2394-6040.ijcmph20214982

Owolabi, O. O., Biddlecom, A., & Whitehead, H. S. (2019). Health systems' capacity to provide post-abortion care: A multicountry analysis using signal functions. The Lancet Global Health, 7(1), e110–e118. https://doi.org/10.1016/S2214-109X(18)30404-2

Page M. J.et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ, n71. https://doi.org/10.1136/bmj.n71

Penfold S.et al. (2018). A qualitative study of safe abortion and post-abortion family planning service experiences of women attending private facilities in Kenya. Reproductive Health, 15(1), 70. https://doi.org/10.1186/s12978-018-0509-4

Philbin J.et al.(2020). Health system capacity for post-abortion care in Java, Indonesia: A signal functions analysis. Reproductive Health, 17(1), 189. https://doi.org/10.1186/s12978-020-01033-3

Poolkumlung R et al. (2023). Knowledge, attitude, and intended practice of abortion among medical students in Thailand after the amendment of the Thai abortion law. Contraception: X, 5, 100091. https://doi.org/10.1016/j.conx.2023.100091

Prasertwong P et al. (2021). Making Amends for Wrongdoing: Thai Women Coping with Pregnancy Termination. 25(2).

https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/241189

Rongkapich R.et al. (2023). Knowledge, attitude, and intended practice of abortion among pharmacy students in Thailand after the amendment of the Thai Abortion Law. BMC Medical Education, 23(1), 533. https://doi.org/10.1186/s12909-023-04526-4

Saengruang N. et al. (2021). Self-assessment of attitudes towards conditions to provide safe abortion among new medical graduates in Thailand, 2018: An application of cross-sectional survey with factor analysis. BMC Women's Health, 21(1), 273. https://doi.org/10.1186/s12905-021-01412-3

Sanitya, R.et al. (2020). Healthcare Providers' Knowledge and Attitude Towards Abortions in Thailand: A Pre-Post Evaluation of Trainings on Safe Abortion. International Journal of

Environmental Research and Public Health, 17(9), 3198. https://doi.org/10.3390/ijerph17093198

Sinthuchai N. et al. (2022). Survey of knowledge and attitude regarding induced abortion among nurses in a tertiary hospital in Thailand after amendment of the abortion act: A cross-sectional study. BMC Women's Health, 22(1), 454. https://doi.org/10.1186/s12905-022-02064-7

Suchira D. et al. (2024). Abortion and Reproductive Justice: What Does it Mean? Asia Safe Abortion Partnership, 3. https://asap-asia.org/wp-content/uploads/2024/03/Gazette-Vol-2-March-2024.pdf

Tricco A. C., et al. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Annals of Internal Medicine, 169(7), 467–473. https://doi.org/10.7326/M18-0850

Uaamnuichai S. et al. (2023). Knowledge, Moral Attitude, and Practice of Nursing Students Toward Abortion. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 60, 00469580231163994. https://doi.org/10.1177/00469580231163994

Vongxay V. et al. (2020). Knowledge of and attitudes towards abortion among adolescents in Lao PDR. Global Health Action, 13(sup2), 1791413. https://doi.org/10.1080/16549716.2020.1791413

Wang, Y., & Yang, Q. (2021). Post Abortion Care and Management After Induced Abortion During the COVID-19 Pandemic: A Chinese Expert Consensus. Advances in Therapy, 38(2), 1011–1023. https://doi.org/10.1007/s12325-020-01610-9

WHO. (2022). Abortion Care Guideline (1st ed). World Health Organization.

WHO, S.-E. A. O. (2020). Policies, programme and services for comprehensive abortion care in South-East Asia Region. World Health Organization. Regional Office for South-East Asia.