

# Client Exit Interviews show that in Kenya, women need clear, accurate information about abortion care

## Background Information

The global evidence on abortion shows that around the world, approximately 42 million abortions take place every year (WHO, 2010). Of these, roughly half (21.6 million) are unsafe (WHO, 2010).

Each year, an estimated 47,000 women across the globe die from unsafe abortions and countless others suffer serious and life-threatening injuries (WHO, 2010). In sub-Saharan Africa, the unsafe abortion rate is 31 per 1,000 women aged 15–44 years compared with only one in developed countries (Shah, 2010).

The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both.

In Kenya, unsafe abortion is a major cause of maternal morbidity and mortality. A 2012 study estimated that in one year more than 120,000 women sought medical care in health facilities for complications from incomplete or unsafe abortion. Further, three-quarters of these complications were moderate or severe. Complications were especially severe among young women, 45% of whom experienced severe complications (APHRC et al., 2013). Kenya is also characterized by a high rate of unintended pregnancy, which lies behind nearly ever abortion. More than 70% of women in the 2012 study of women seeking post-abortion care were not using a method of contraception when they became pregnant (APHRC et al., 2013). Low contraceptive use is associated with contraceptive failure, poor use of short-term methods and non-use of modern contraception (Hubacher et al., 2008). On average, a Kenyan woman gives birth to one child more than she wants (Hussain R., 2012).

## Aiming to improve abortion care and information

To inform community and health facility level interventions that focus on abortion care services, the Ipas Africa Alliance Research and Evaluation staff organized baseline data collection conducted in 2014. Data was collected through exit interviews with 716 women who sought abortion services in 24 public health facilities in four counties in Western Kenya for a period of two months. The study explored abortion knowledge and attitudes, as well as care-seeking behaviors, from women seeking legal abortions and women seeking treatment for unsafe abortions.

The sampled sites were selected based on their high average caseloads. Twenty-four public health officers/community health extension workers were selected as data collectors and trained to administer the semi-structured questionnaire to women presenting to the facility for abortion services.

## Results:

- Postabortion care (PAC) clients are significantly different from women seeking induced abortions. Women seeking induced abortions are less likely to be married and more likely to be students than women seeking PAC services. PAC clients are disproportionately less educated, supporting the belief that poorer and less educated women more often turn to unsafe abortion. More PAC clients had only attended primary school and far fewer had gone to post-sec-

ondary school. Similarly, heads of households of PAC clients are less educated and likely poorer than those of women seeking abortions.

- 87% of the clients were not comfortable indicating that they were seeking abortion services when approaching the registration desk.
- Women still do not know or understand their sexual and reproductive rights, almost one in three women who sought CAC services, even some women who obtained an induced abortion, were not aware that safe abortion could ever be performed legally in Kenya. Among all women seeking an abortion, 14% had to go to the facility more than once to receive the care they needed.
- Once women did access care, they did not wait long. The average time waited to see a provider on the day of their procedures was only 21 minutes.
- 75% of women seeking CAC services reported receiving information about, or receiving, a contraceptive method. The remaining 25% reported issues with individual or decision-making with their partners, barriers in the community or, in a few instances, structural problems at the facility.
- One in five women try to start their abortion before coming to the facility, even some who come seeking an induced abortion. Women who knew safe abortion was available were more likely to seek an induced abortion and less likely to think that safe abortions

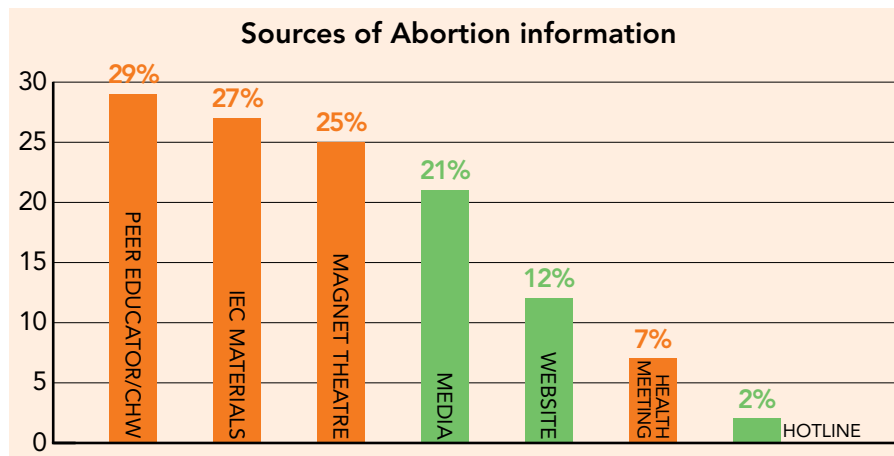
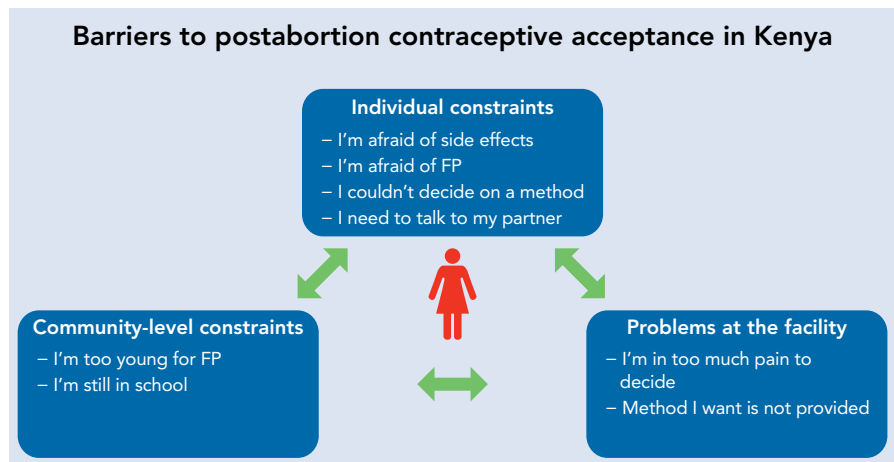
**Table 1: Demographic Characteristics of the women seeking abortion services**

	PAC (n=386)		TOP (n=330)		All clients (n=716)		P value
	n	%	n	%	n	%	
<b>Age</b>							
25+	185	48	128	39	313	44	0.016
24 and under	198	52	198	61	396	56	
<b>Relationship status</b>							
Married	216	57	122	37	338	48	<0.001
Unmarried	166	43	206	63	372	52	
<b>Currently a student</b>	87	23	118	36	205	29	<0.001

can occur outside of a health facility. They were also less likely to try to start their abortions before seeking out the services of a health-care provider.

- Among PAC clients, fewer women knew that abortion could be provided safely using medical abortion (MA) in public health facilities, they were also less likely to know (or believe) any kind of abortion could be performed safely in a health facility.
- Although two out of five women had attended a health meeting in their communities—only 7% had specifically discussed abortion.

Women in this study reported having learned about abortion in a variety of ways. Many learned about the services close to home from local volunteers distributing information, education and communication (IEC) materials or holding meetings or drama performances in the community. However, a large proportion of women are also seeking and finding information from mass media, the internet and even local hotlines.



## Conclusions and Recommendations

- Women are getting abortion information through informal channels: three of four women talk to people in the community about where or how to start an abortion and many women are learning about abortion from locally developed IEC materials.
- Professionals, or people trained in health care, are also providing information on how to get an abortion outside of a health facility instead of referring.
- More than 1/3 of women are getting their information about safe abortion from the media. Stronger, media-based interventions are needed.
- Forty percent of women attended a health meeting, but less than 1 in 10 heard anything about termination of

pregnancy. Integration of abortion messages in ongoing community health forums and meetings will increase the dissemination of information regarding safe abortion services.

- Women report feeling scared AT the facility. More must be done to decrease opposition to abortion among all staff to reduce women's fear once at facility
- Contraception needs to be addressed more frequently in more ways so that women get the information they need and the method they want.
- Women need clearer and simpler messages about the law and the results of the Constitutional revision on their right to choose abortion.

## References

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