

Working in communities matters!

Results from postabortion clients in Zambia

Despite the broad grounds under which the Termination of Pregnancy Act of 1972 legalized abortion, safe abortion services are not widely available in Zambia, forcing many women to seek unsafe abortions. Since 2010, Ipas has been working with the Ministry of Health (MOH) to expand access to comprehensive abortion care in four of Zambia's 10 provinces. The MOH and Ipas launched extensive efforts to improve comprehensive abortion care, including legal abortion, postabortion care and contraceptive services, in 88 public health facilities across the country. An important and essential component of this scale-up of care was to help inform Zambians of service availability and their right to access these services in partnership with existing community-based volunteers and organizations working in the areas of sexual and reproductive health and rights.

The program helped facilitate legal pregnancy terminations for more than 6,500 Zambian women during July 2013–June 2014. The large program scale-up created opportunities for various forms of information gathering—researchers collected data from 616 women who sought safe abortion care in 22 government health facilities in April–June, 2014. The results highlight findings from women themselves, a perspective often neglected in reproductive health.

REACHING WOMEN, EVALUATING OUR EFFORTS

Provider training and support—in treating complications from unsafe abortion as well as provision of safe and legal abortion—has been ongoing since the project's inception. Ipas partnered with local organizations in the catchment areas surrounding 13 of the 22 intervention facilities (eight health centers and five hospitals) to disseminate information on abortion availability to women in their communities from January 2013 to June 2014. Messages focused on the prevention of unplanned pregnancy, the dangers of unsafe abortion, the abortion law in Zambia, and where to access safe abortion services. Additionally, local pharmacy workers were trained to respond to clients seeking information on unplanned pregnancy in a more compassionate manner, to provide more accurate information on regimens and usage of medication abortion, and to provide referral information to women seeking safe abortion services in a health facility.

To explore issues of quality, service delivery and information dissemination as perceived by women, researchers conducted exit interviews at 22 public sector health facilities in Lusaka, Copperbelt, Central and Southern Provinces. In total, 616 women who sought a safe and legal pregnancy termination with either manual vacuum aspiration (MVA) or medication (using a combined regimen of mifepristone and misoprostol) were interviewed

over a three month period between April–June, 2014.

This analysis aimed to determine the differences in women's sources of safe abortion information among women interviewed at the sites where Ipas had community affiliations compared with women at the sites with no community affiliation.

It is important to note that the intervention and comparison sites may differ in more ways than simply having or not having a community partner affiliation; this is a post-test only analysis and does not account for other similarities or differences between the two groups that may provide an explanation for differences between the two groups of women.

THE RIGHT INFORMATION CAN MAKE ABORTION SAFER

- Women at the intervention sites delayed seeking abortion care significantly less often than women at the comparison sites (42% vs. 51%).
- Women at the intervention sites took medication to induce abortion before coming to the facility less often (5% vs. 10%).
- 14% of women in both groups sought abortion care elsewhere before coming to the facility, and about half of women knew about the availability of MA before coming to the facility (49% at intervention sites and 50% at comparison sites).

Working with community partners in Zambia

Community-level strategies were implemented and evaluated from 2012–2014 at **13 facilities**—five in Lusaka Province, four in Southern Province and four in Central Province. Pilot activities included training youth volunteers in peer education and community outreach; engaging local youth drama groups to raise awareness of safe abortion care and increase referrals for safe abortion services; setting up Safe Motherhood Action Groups; and airing radio programs with safe abortion information.

WOMEN ARE GETTING THE MESSAGE

- More women at the intervention sites had received positive information on abortion-related issues than women at the comparison sites (53% compared to 40%).
- Women at the intervention sites were more likely to attend an event that discussed safe abortion care (48% vs. 25% at the comparison sites).
- Exposure to street theater performances and youth group activities was significantly higher among women at the intervention sites compared to the non-intervention sites (9% vs. 6% and 21% vs. 6% respectively).
- Friends and family were the most common sources of abortion-related information in both groups, yet friends were significantly less common sources of information for women at the intervention sites.
- Peer educators, youth groups, and drama performances were significantly more often cited as the routes through which women received health education information on abortion services among women at the intervention sites.
- Women at intervention sites had greater exposure to written materials and radio than women at comparison sites, but exposure to health education on abortion services through the internet was more common among women at the



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comparison sites (5% of women at comparison sites vs. 1% at intervention sites).

- Slightly more women from the intervention sites were referred or suggested to come to that particular facility (57% vs. 55%), yet were less often escorted to the facility by a representative of a local reproductive health organization (16% vs. 20%) compared to women at the comparison sites.
- Women at intervention sites more frequently cited peer educators and youth groups as the route through which they were referred to that particular facility (28% vs. 5%).
- Pharmacists were infrequently cited as sources of information, but health centers provided information to approximately one-fifth of the women in both groups, with no significant difference between the two groups.
- Women's groups were the least common route through which women received abortion-related information in both groups.

CONCLUSIONS & RECOMMENDATIONS

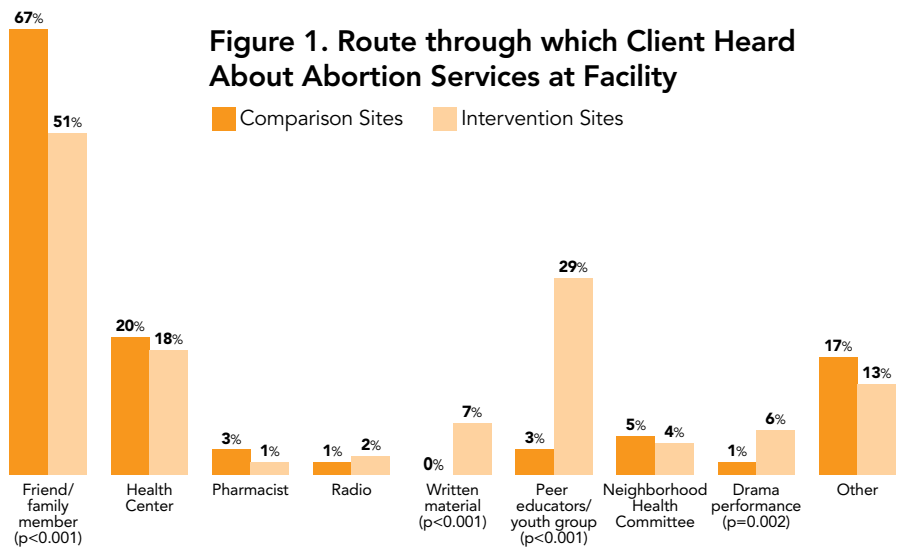
Women at intervention facilities received significantly more information from peer educators, youth groups, written materials and drama performances. After friends and family, peer educators were the second most common route through which women at intervention facilities heard about abortion services at the facility, highlighting the importance of social networks in accessing abortion information and care. Women at intervention facilities also attended more abortion-related community events, including street theater

performances and youth group activities, very likely attributable to Ipas's work with community partners in those areas.

There were significant differences in the care-seeking behavior between the two groups of women. Women at the intervention sites were less likely to delay seeking abortion care. These women were also less likely to take medication to induce abortion before coming to the facility. It is possible that women's increased exposure to safe abortion information at the intervention sites translated into women's timelier access to safe abortion care.

These results indicate a positive correla-

tion between Ipas's work with community partners and women's access to safe abortion information and referrals. By working with community-based organizations, Ipas successfully increased women's access to the necessary information and referrals to make informed, empowered decisions about their fertility. A more rigorous evaluation of women's exposure to Ipas's work with community-based organizations and its impact on their access to abortion-related information and care networks would be highly beneficial in understanding which activities have the most impact on women's knowledge of and access to safe abortion care.



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