

Women's Voices:

Results from post-abortion client interviews in Zambia

INTRODUCTION

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 risk their health and lives by seeking unsafe abortions.

Recognizing this problem, the Zambian Ministry of Health (MOH), University Teaching Hospital and Ips initiated a pilot introduction and evaluation of the feasibility and acceptability of safe abortion services. The multi-pronged operations research study included the introduction of clinical services in 28 facilities in Lusaka and the Copperbelt - including 121 clinical trainees, 80 pharmacy trainees, and eight intensive community-based organizations implementing interventions to introduce safe services. Evaluation of the pilot project was done using pre- and post-intervention mystery pharmacy client surveys, 906 post-intervention facility client exit interviews, and more than 800 pre-and post-intervention community household surveys.

ASKING WOMEN WHAT THEY THOUGHT

To explore women's perceptions about their abortion care, researchers interviewed 906 women who sought a safe and legal pregnancy termination in the 25 providing intervention sites over a three month period between May-July, 2011. Women who selected or could only receive an abortion procedure with manual vacuum aspiration due to the length of her pregnancy (more than 9 weeks) were interviewed once in the health facility after the procedure. Women who chose medical abortion (a combined regimen of mifepristone and misoprostol) were eligible for two interviews, one immediately following the mifepristone and another during their follow-up visit 7-10 days after taking the mifepristone. Three hundred fifty-six women were interviewed for a second time, during their return visits.

RESULTS AT A GLANCE

Women's characteristics:

The average age of women seeking care in these facilities was 25 and they were overwhelmingly educated; more than 95% had some kind of formal education. Six in 10 were unmarried, and 40% were seeking care for their first pregnancy. When asked why she was seeking abortion services, one in four women said she was not ready for a child or that she was in school. Another 15% of women said it was too soon for them to have another child; 10% said they could not afford another child. Ten percent of women said they were seeking an abortion because they were, or thought they might be, HIV positive.

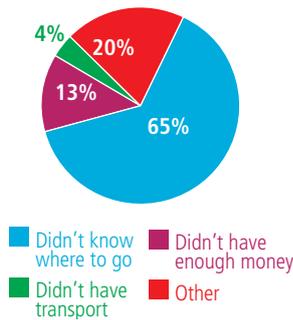
THE CLIENT INTERVIEWS PROVIDED A SNAPSHOT OF WOMEN'S EXPERIENCES WITH ABORTION SERVICES:

- Although the services were new, women know about MA—four in 10 women knew they could have an abortion with tablets before coming to the facility.
- Women were more likely to leave with a contraceptive method if they had a medical abortion and returned for follow up.
- Most women received MA, although some said they didn't understand their choices of termination method.
- Many women who wanted a contraceptive method left the facility without one—and even women who received a method wanted to know more about family planning.
- Provider information, respect and treatment was nearly always considered satisfactory but rarely excellent.
- Women's responses to questions about abortion stigma point to the need for more supportive counseling around pregnancy termination.

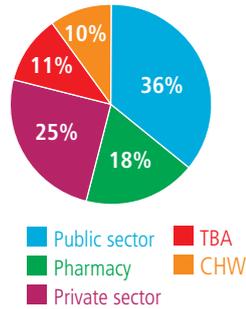


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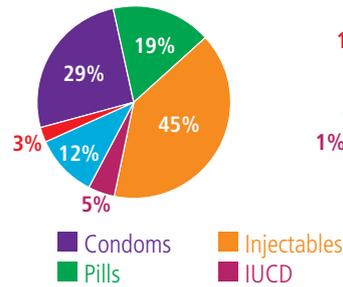
1 in 4 women delayed seeking care



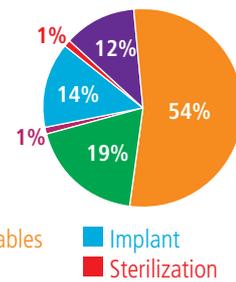
Almost 1 in 5 women first sought care somewhere else



Contraceptive method choice, MVA clients



Contraceptive method choice, MA clients



Care at the intervention facility:

- Women are finding out about abortion services through word-of-mouth, although most still don't know where to go for safe services. Only one in four said they found out through a medical provider, and 26% said they delayed seeking care.
- MA was the most common procedure performed for abortion; 73% of interviewed clients received an MA procedure. However, only 42% of women reported that they had had the opportunity to choose their procedure, indicating that providers favor MA for abortion and that women are not necessarily making an informed choice about their procedure method.
- One in five women said they came to the facility specifically because they heard there were tablets for abortion available there.
- Young women are experiencing barriers to care that older women are not; four in 10 women under 20 were either told to or required to bring their parents to the facility while seeking her abortion.

Family planning:

- Although most (92%) clients said they did not want to get pregnant again soon; only 66% of those women left the facility with a contraceptive method.
- More than three out of every four women (78%) said they wanted to learn more about contraception at their visit.

Follow-up of MA clients:

- 25% of women receiving MA received a take-home sheet with information about their follow up care. Of these, 92% of women planned to read the sheet again at home, and 94% thought the information looked helpful.
- More than half (56%) of MA clients returned to the facility for their two-week follow-up visit. Before the follow-up visit, 35% of MA clients said that they had telephoned a health provider, and 9% said that they had gone to see a health provider because of concerns about their procedure.

A TOUGH DECISION:

MA clients who returned for their follow-up visit were asked questions about their abortion procedure. Results indicate that although women feel conflicted about their reproductive health decisions, they still feel like they have made the best decision for their lives. Three quarters (76%) felt like they had made the right decision and 70% felt like they had control of

their lives. However, 47% reported feeling like a bad mother, 37% reported feeling ashamed of their abortion and 36% had asked someone to keep her abortion a secret. Close to half of these women said that they felt it was good to have a chance to talk about their abortion experience during the survey, indicating that increased opportunities to openly discuss abortion decision making would be welcomed by women.