

# “Unwanted” fertility : induced abortion in Zambia

Dr Ernestina Coast

[e.coast@lse.ac.uk](mailto:e.coast@lse.ac.uk)



Research jointly supported by the ESRC and DFID

# Global scale

- 96 million unplanned pregnancies per year
  - Unplanned  $\neq$  unwanted
- 33 million estimated unintended pregnancies as a result of method failure or ineffective use



# Themes

- Language and data
- Abortion and fertility
- Contraception-abortion paradox
- Abortion as a vital conjuncture
- Zambia case study



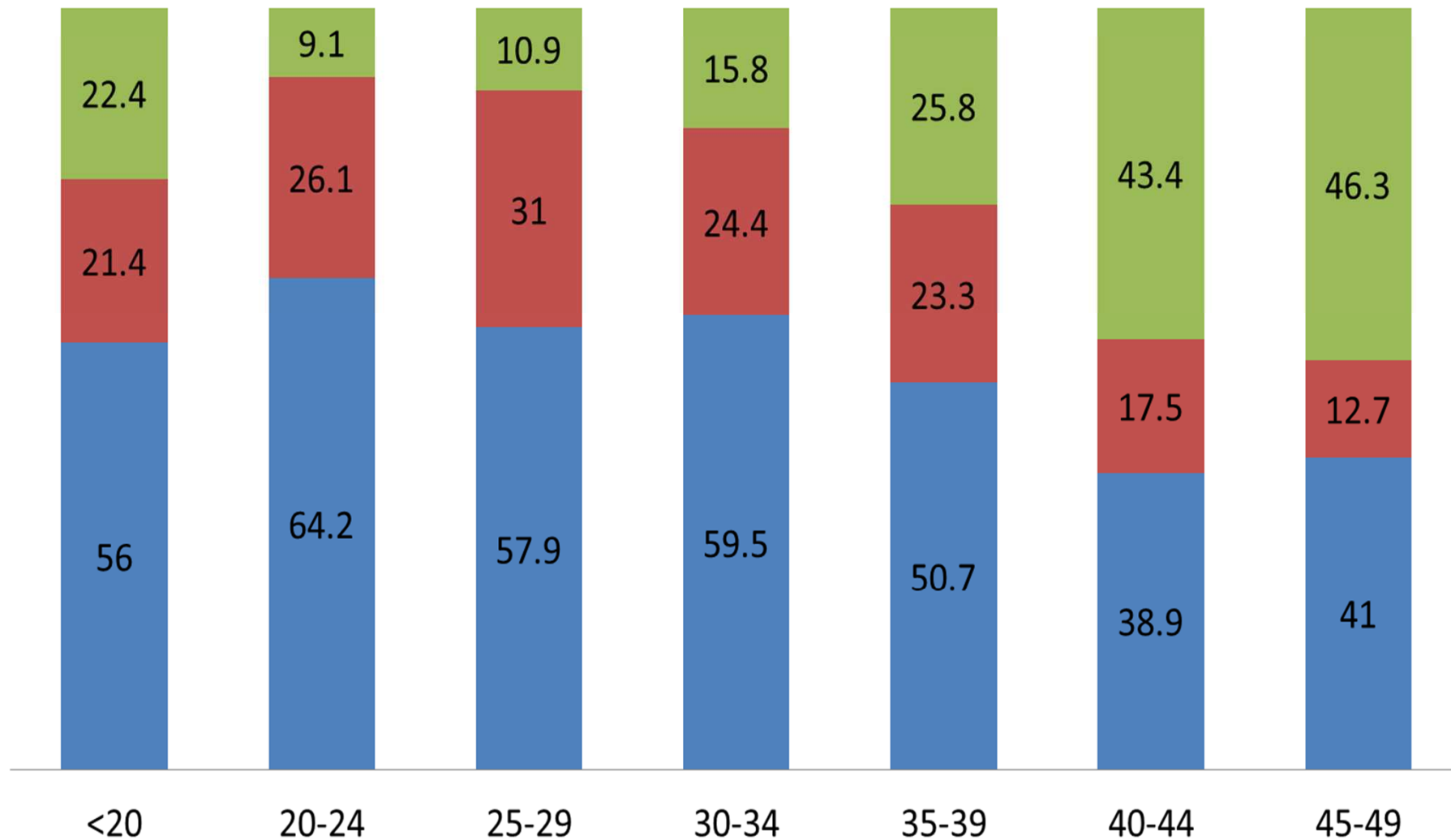
# Language and data

- Wanted vs. unwanted
- Intended vs. unintended
- Planned vs. unplanned



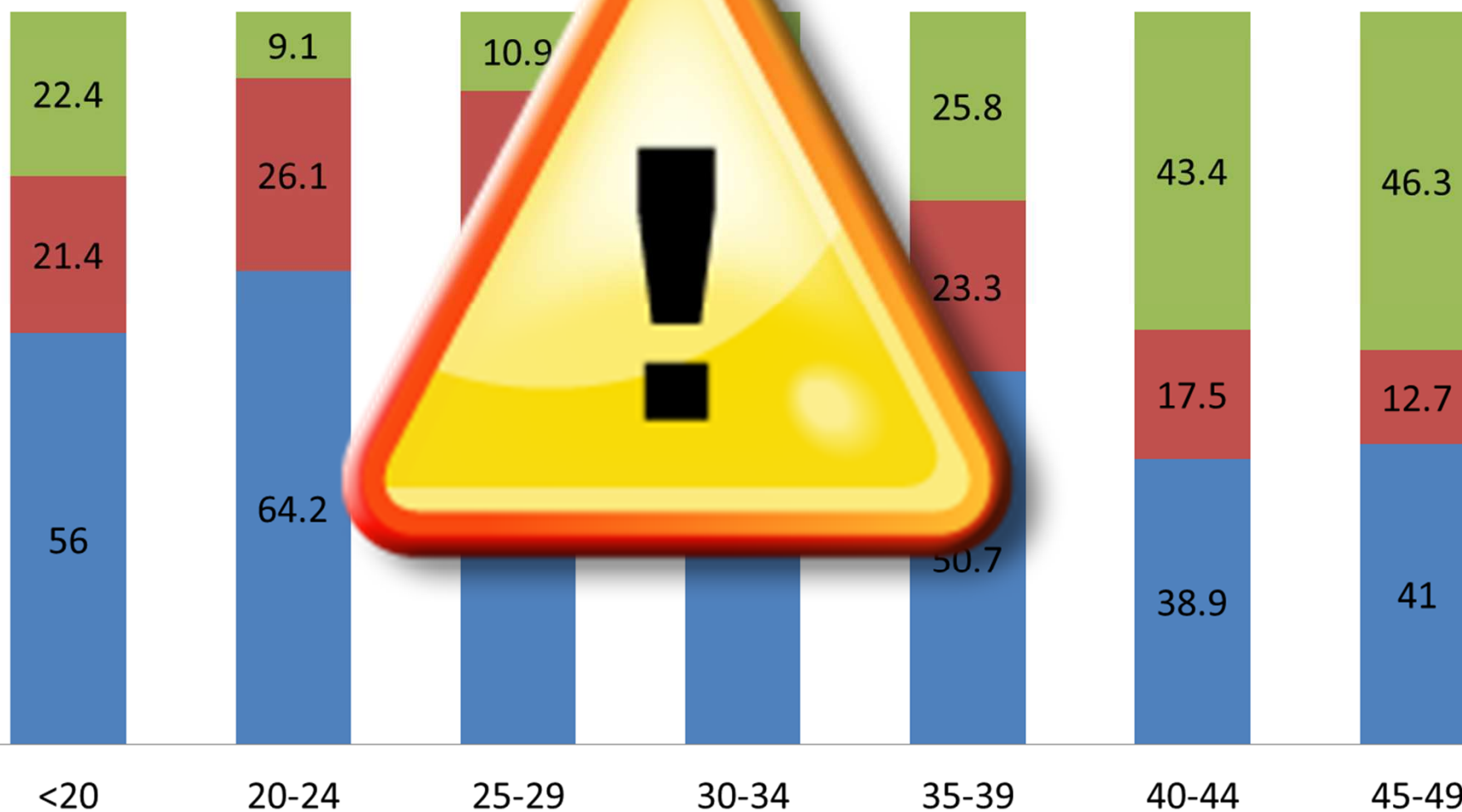
# Distribution of births in the 5 years preceding the survey, by mother's age at birth, Zambia DHS, 2007

■ Wanted then   ■ Wanted later   ■ Wanted no more



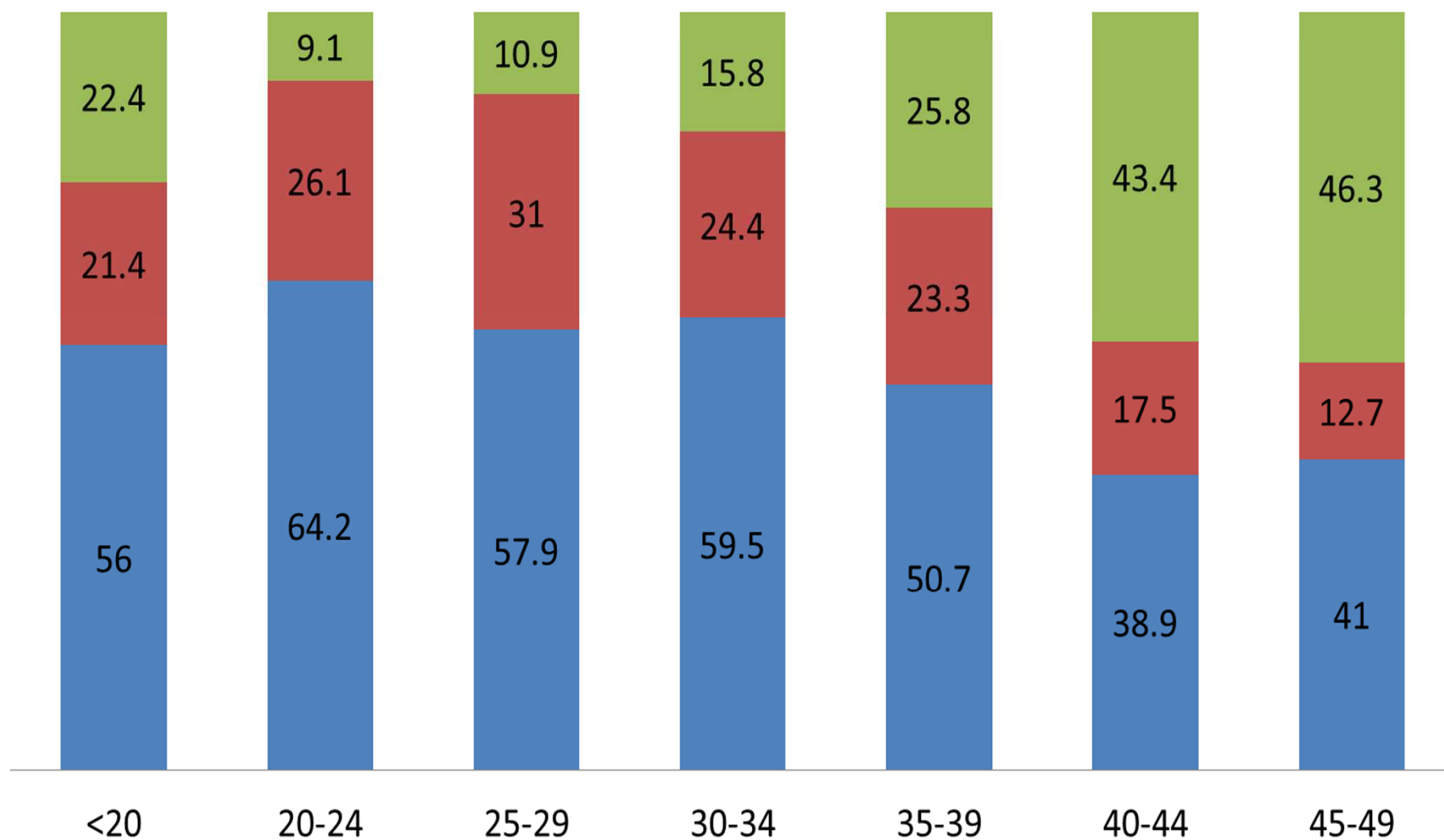
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# Data on (un)wanted / mistimed / (un)intended pregnancy

- Survey data – posthoc rationalisation of “wantedness” (and then whether mistimed etc.)
  - retrospective
- Data collected from women at the time of pregnancy termination
  - Unwanted at that point in time



# Data on induced abortion

- Zambia DHS unusable
  - “Did you have any miscarriages, abortions or stillbirths that ended before 2002?”
- No reliable national estimates



# Abortion and fertility

$$\text{TFR} = \text{TF} \times \text{Cm} \times \text{Ci} \times \text{Ca} \times \text{Cc}$$

TF = total fecundity

Cm = index of marriage

Ci = postpartum infecundability

Ca = induced abortion

Cc = contraception

# Bongaarts

$$\text{TFR} = \text{TF} \times \text{Cm} \times \text{Ci} \times \text{Ca} \times \text{Cc}$$

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Cc	contraception

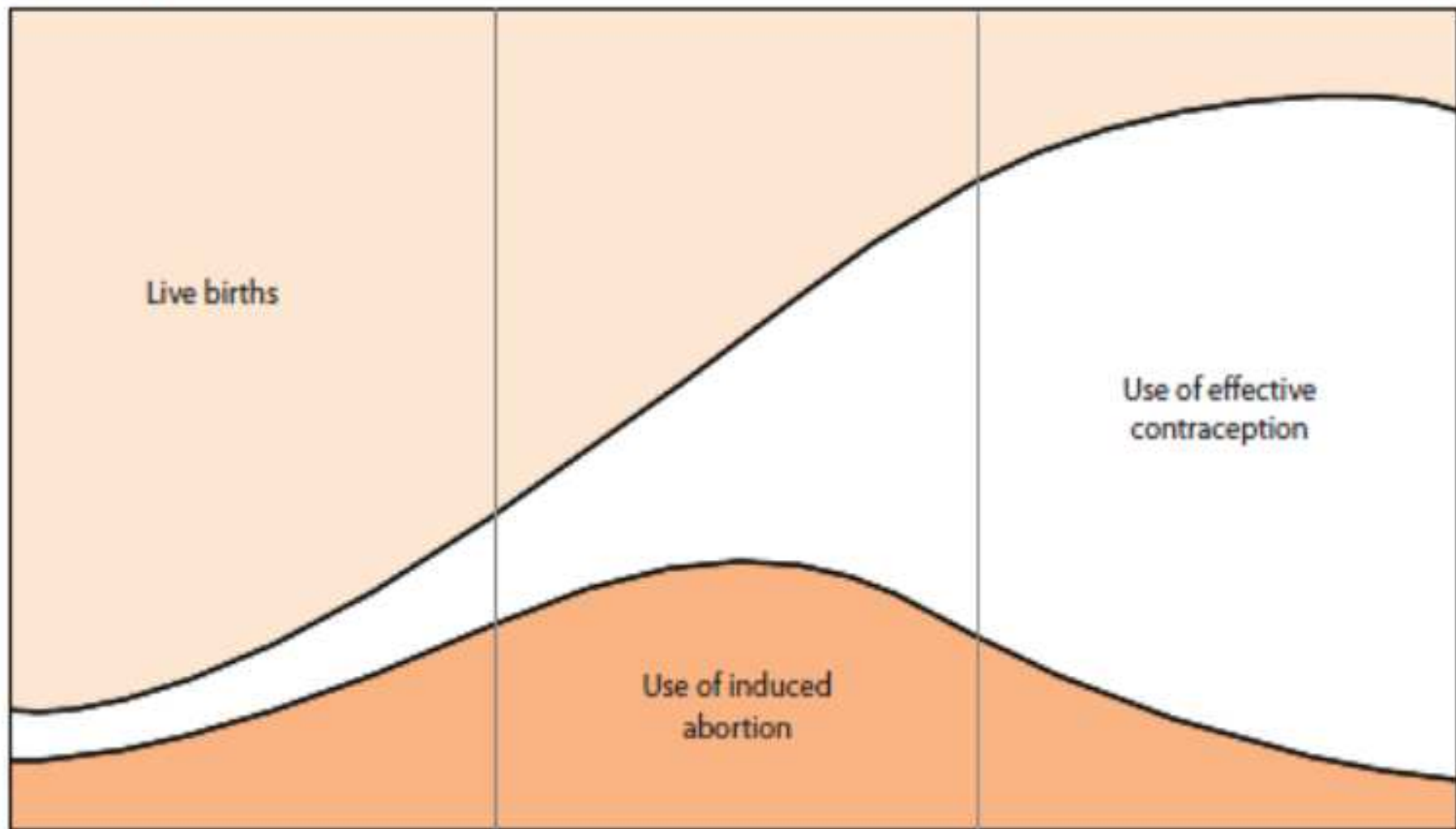
Cc and Ca = alternative ways to achieve the same aggregate level of fertility

# Induced abortion and fertility transition

- An important but temporary function
- Precise impact difficult to estimate
- Contributes little to reducing the TFR
  - Woman can conceive in the next menstrual cycle following an abortion
  - Much more rapid risk of next pregnancy than following a birth

High fertility

Low fertility



HIGH FERTILITY

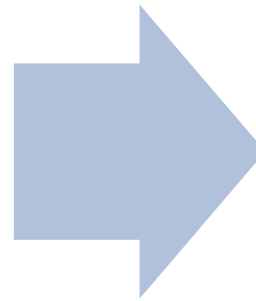
LOW FERTILITY

# Contraception-abortion paradox

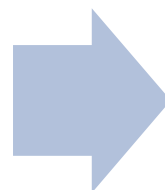
- Where unmet need for contraception is high
- Contraceptive prevalence is low
- Less-effective contraceptive methods prevail

# **Empirical study: aggregate relationships between contraceptive use and induced abortion**

- Limited to few countries with reliable data on both
- When fertility transition is occurring – often a simultaneous increase in both







# Abortion & unmet need

- Abortion as an outcome of unmet need for contraception
- People are motivated to regulate their fertility but effective contraception
  - Inaccessible
    - and/or
  - Inconsistently or incorrectly used

# Contraception and postpartum (PPFP)

- Much of unmet need is in the postpartum period
  - Women 0-12 months PP report unmet need up to 65%

# Zambia: case study

- Comparing the experiences of girls and women who seek
  - ToP services
  - PAC following an unsafe abortion
- On-going
- Multi-method
  - Quantitative survey (400)
  - In-depth interviews (28 to date)
  - Qualitative longitudinal interviews
  - Key informant interviews
  - Cost-effectiveness analyses
  - Medical notes analyses



[//personal.lse.ac.uk/coast/ZambiaTOP](https://personal.lse.ac.uk/coast/ZambiaTOP)

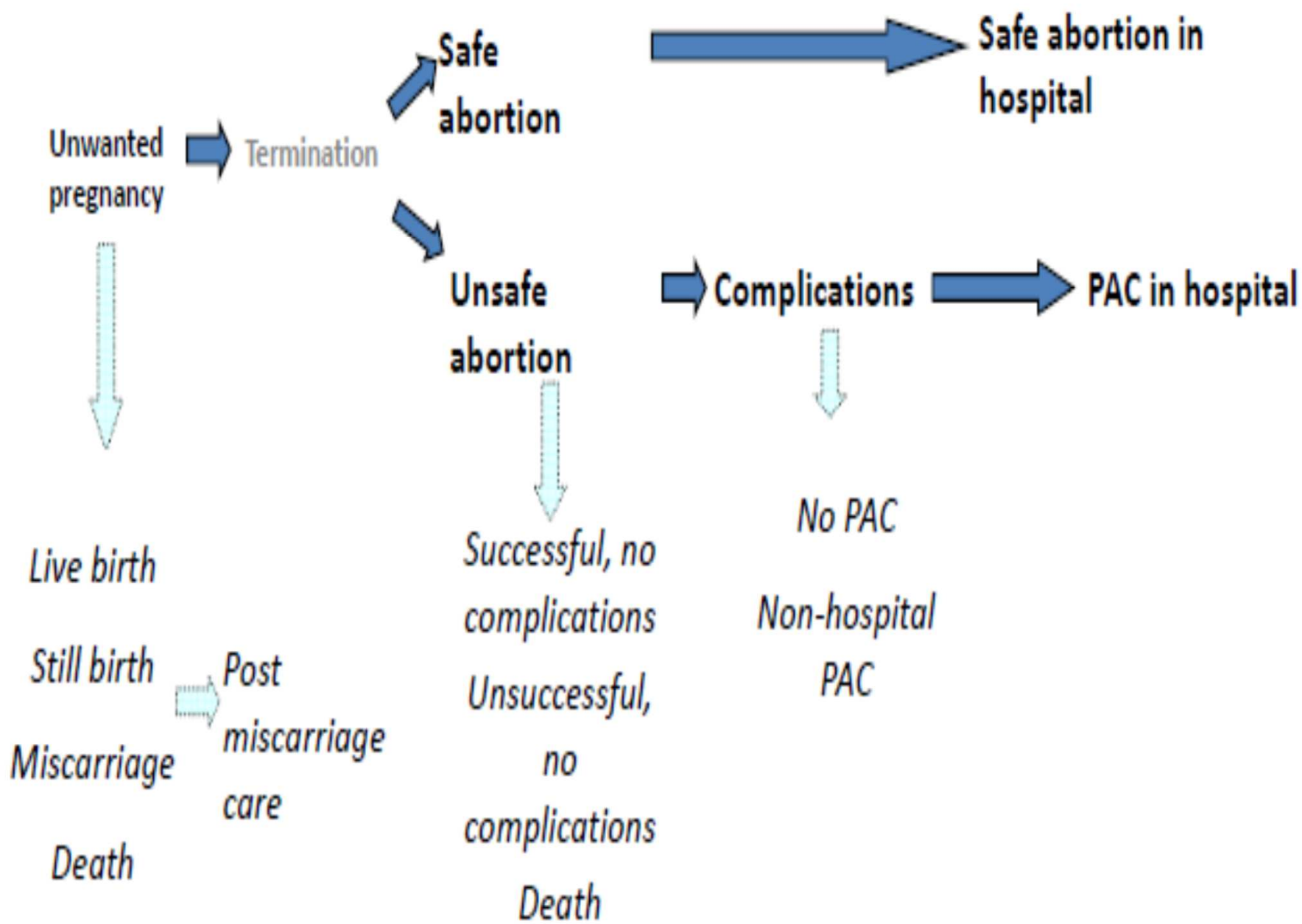
# Legality: Zambia (Category IV)

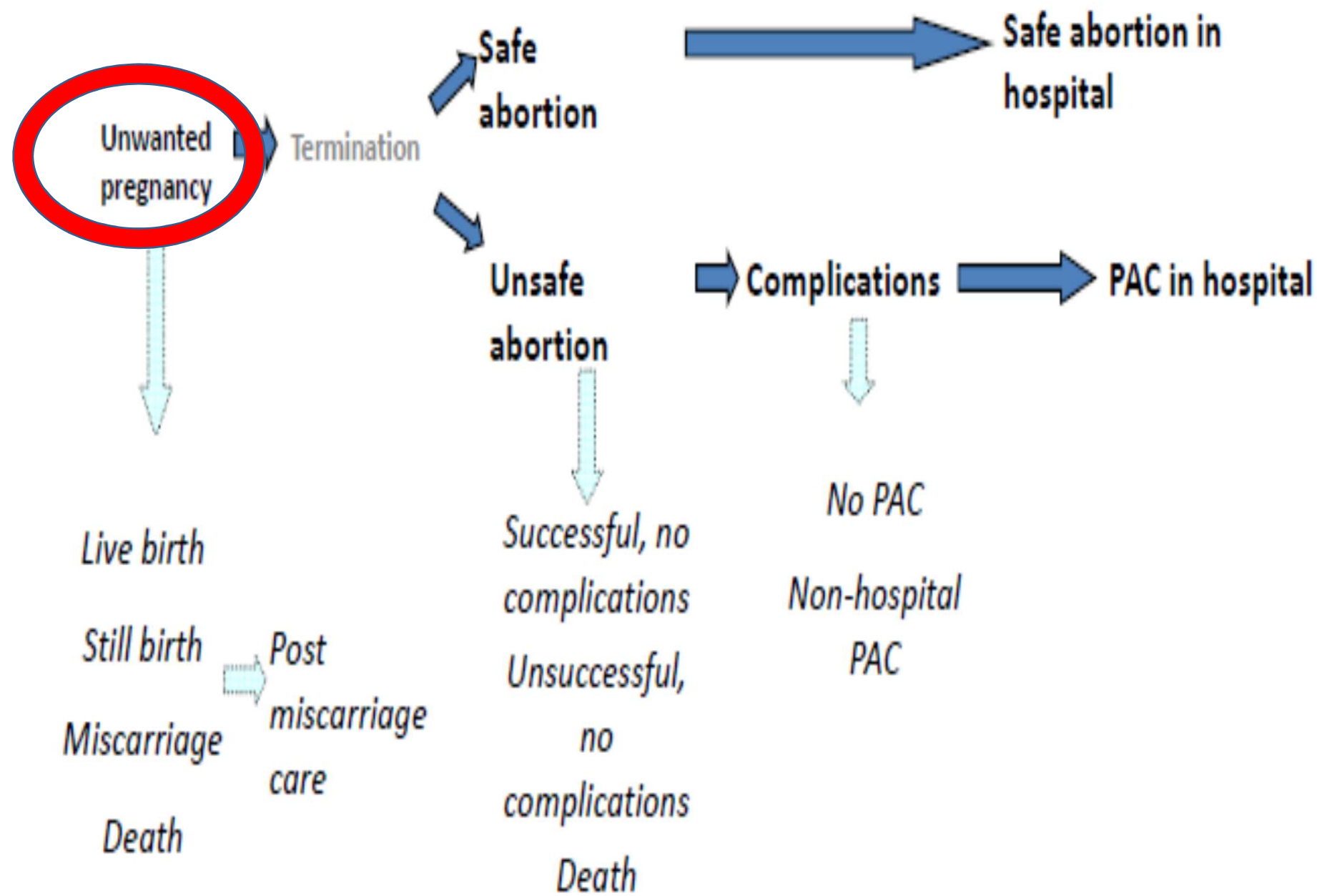
- Abortion is legally permitted
  - To save the life of a woman
  - To preserve physical health
  - To preserve mental health
  - Socio-economic grounds
  - Foetal impairment

Gestational age limits apply

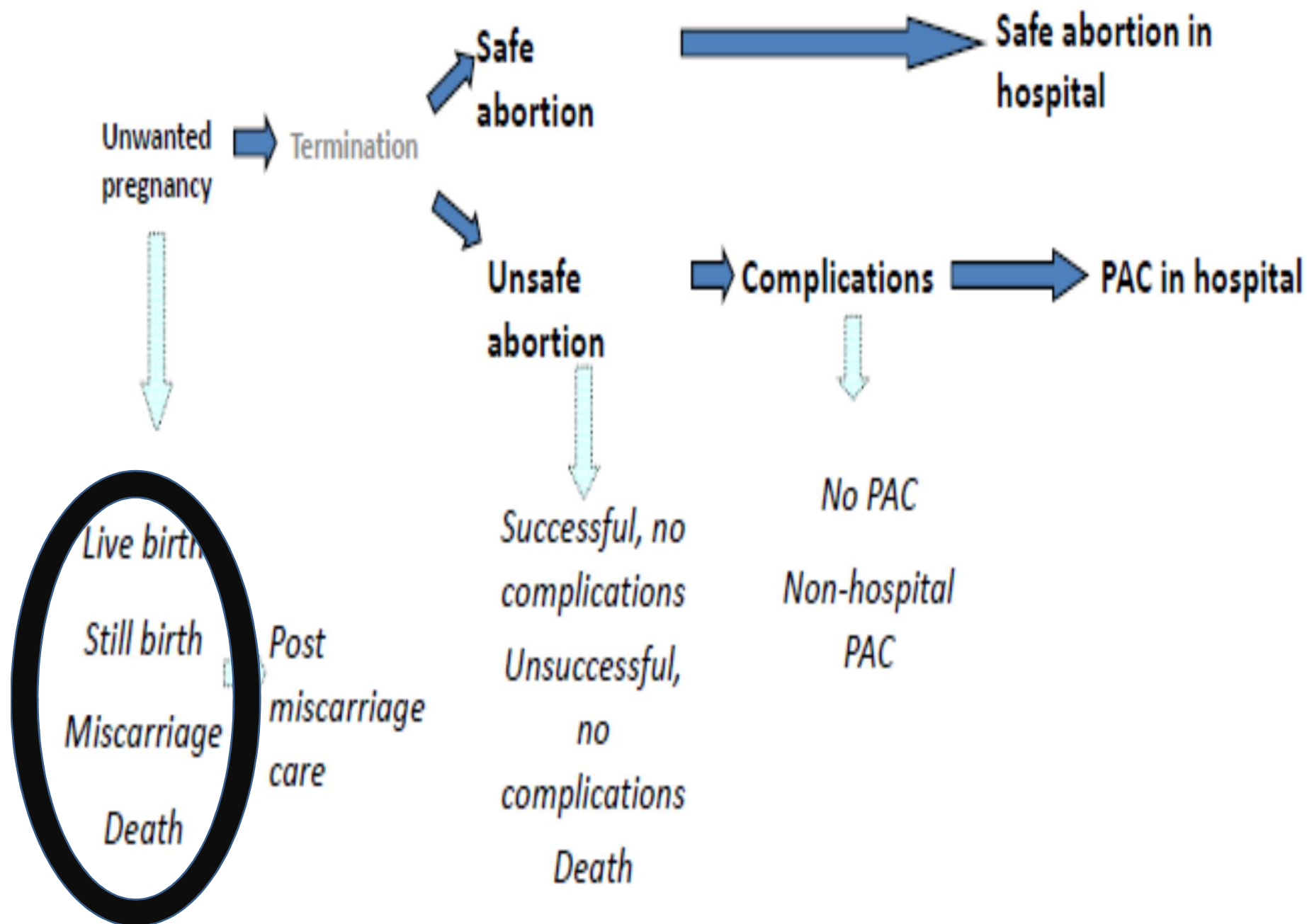
# Discrepancy

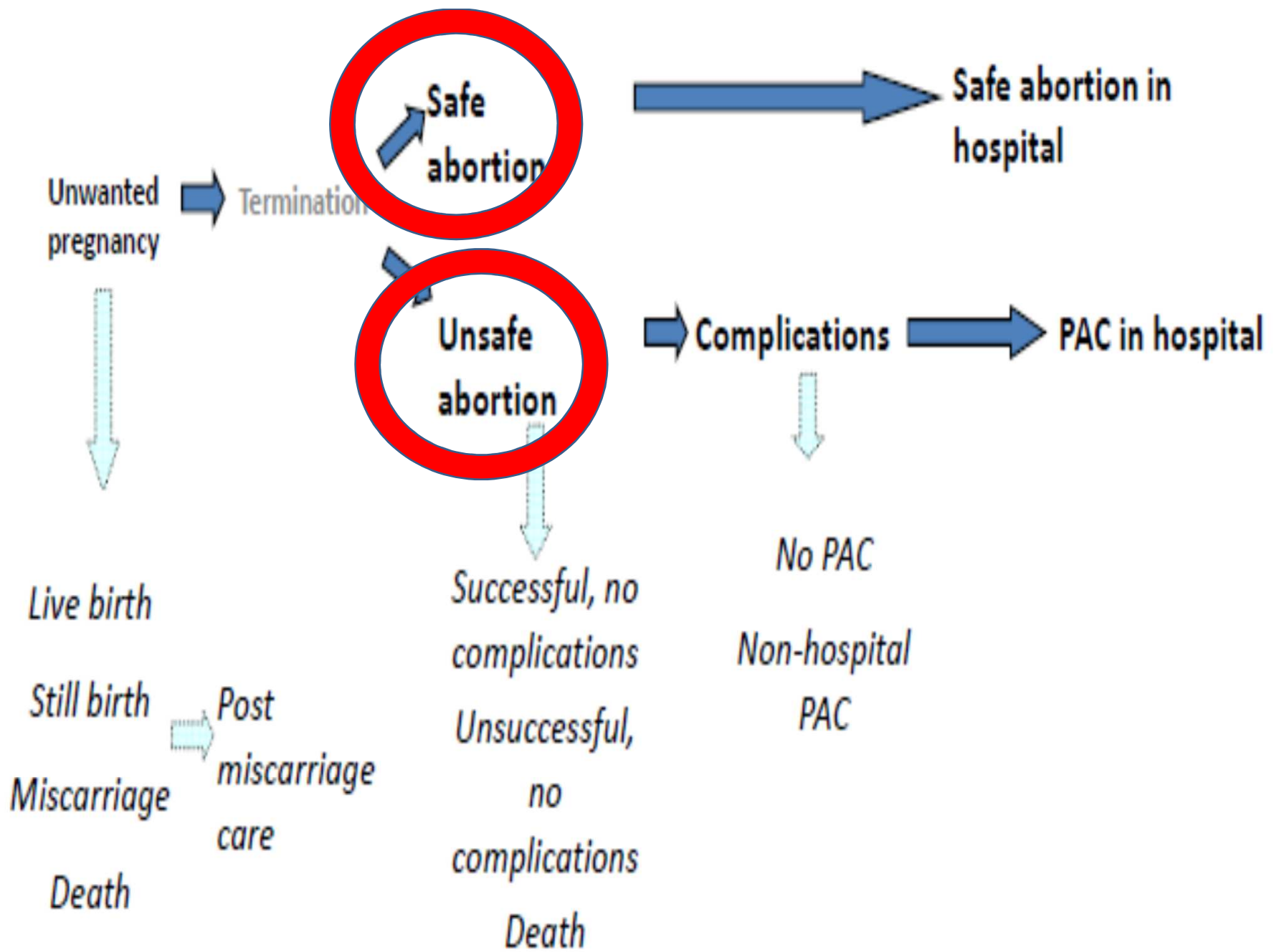
- Between the word of the law (de jure) and its application (de facto)

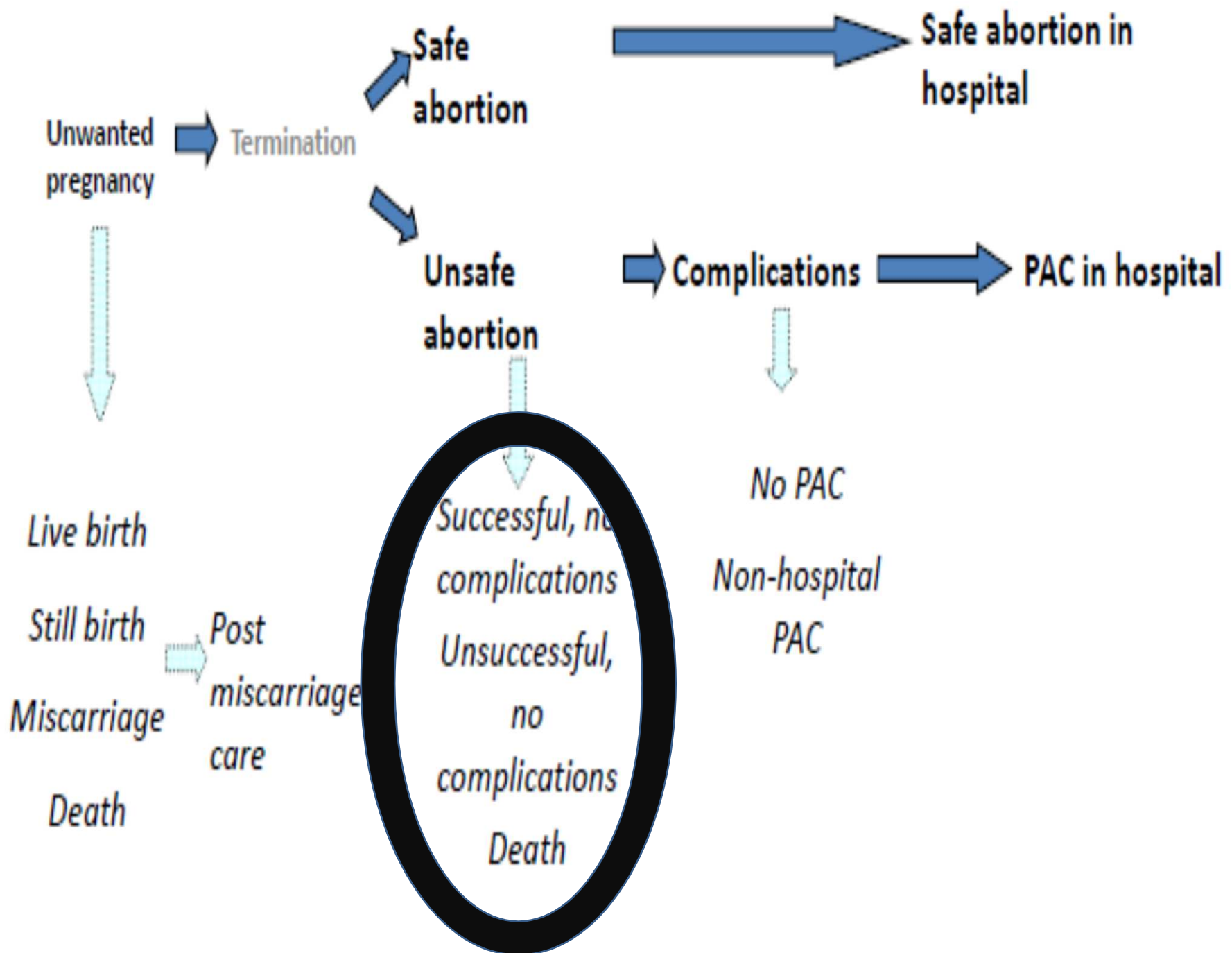


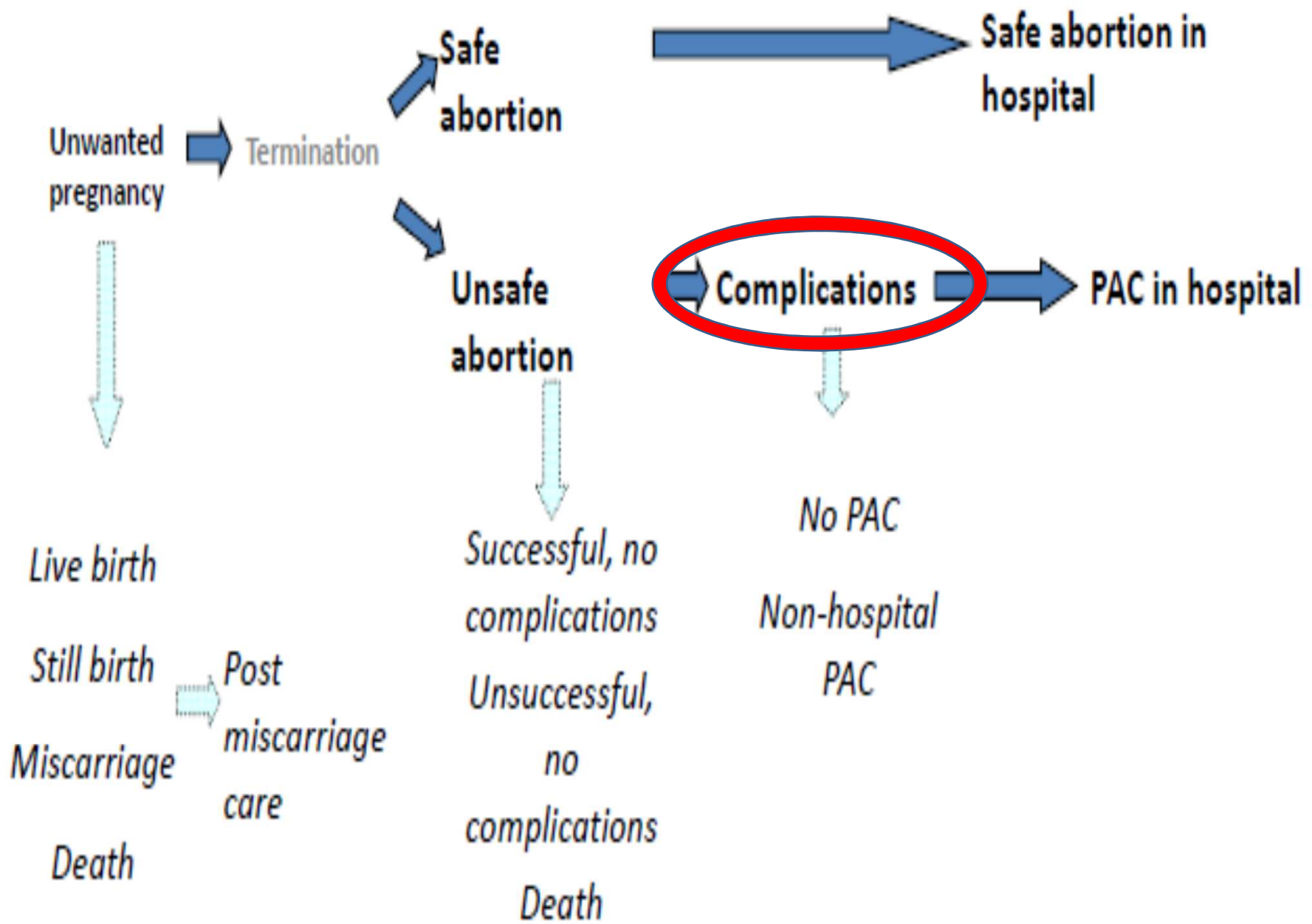


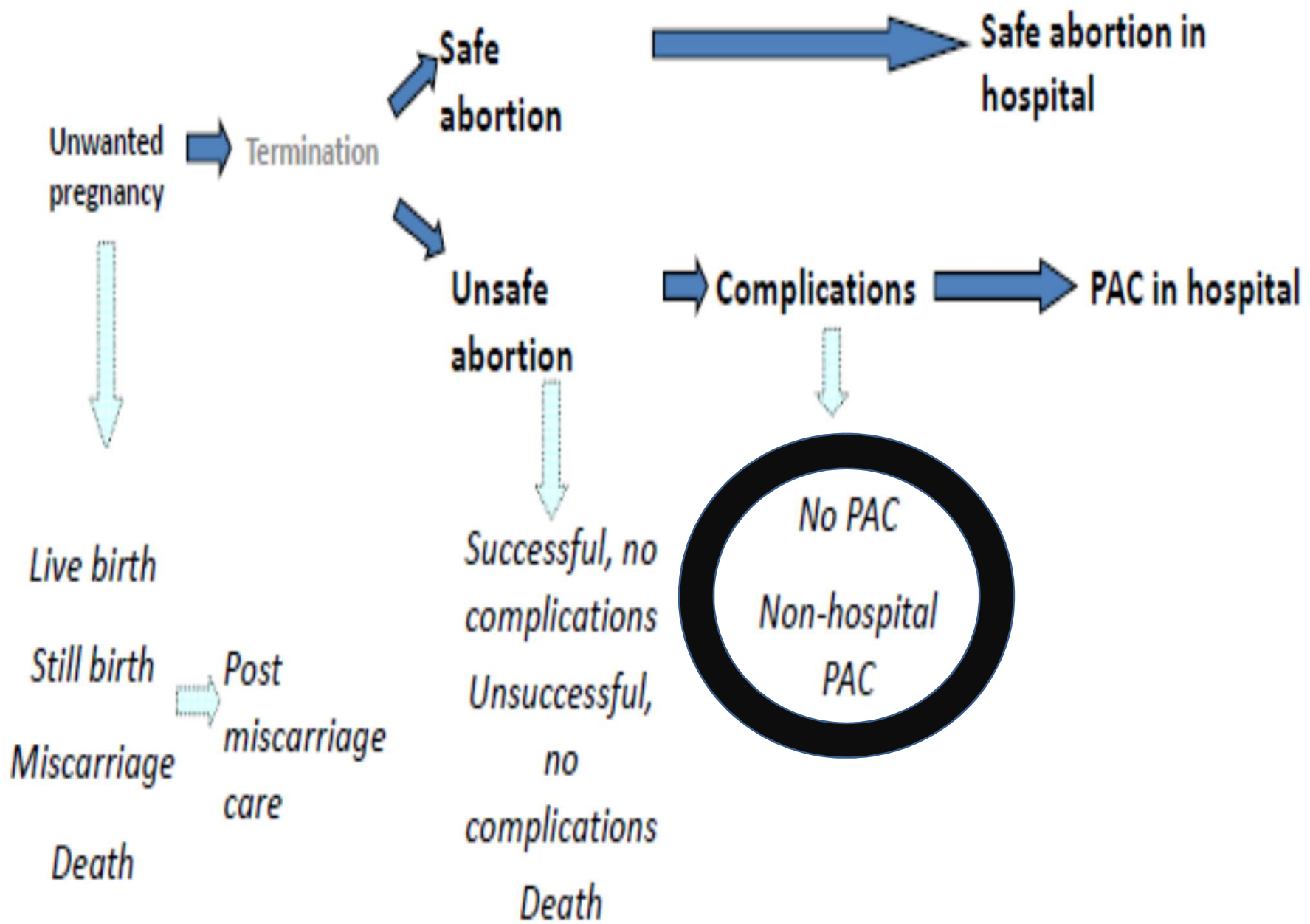


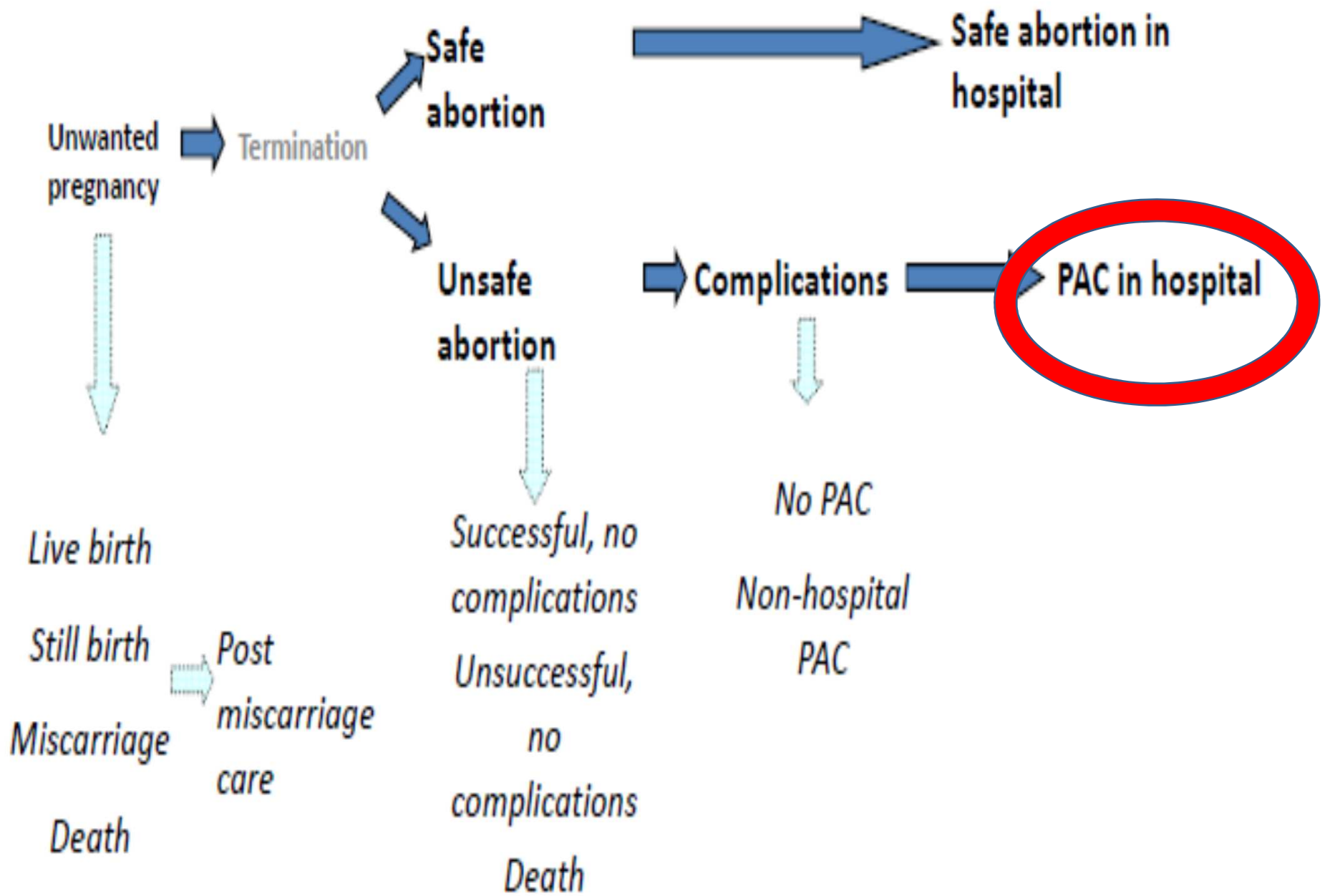




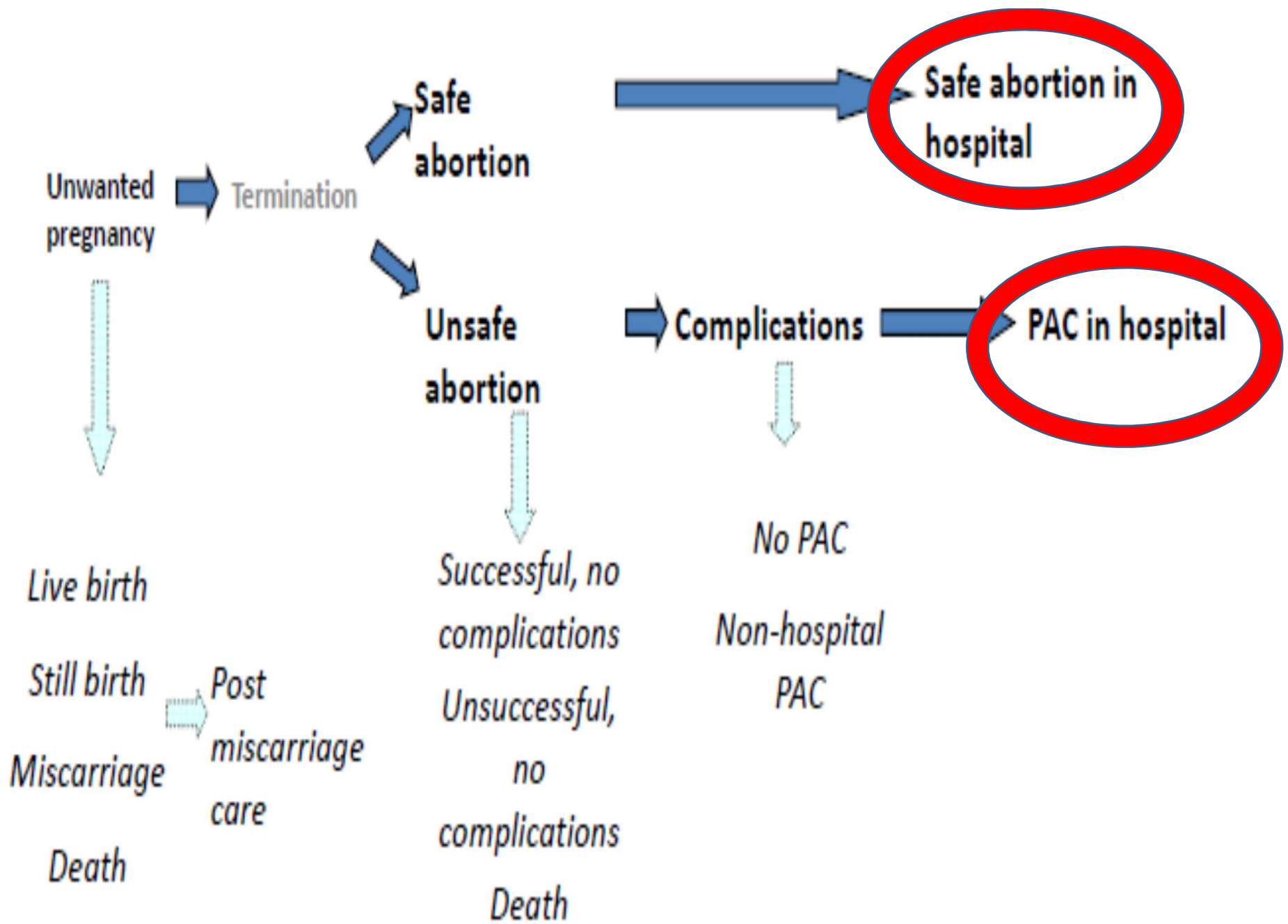










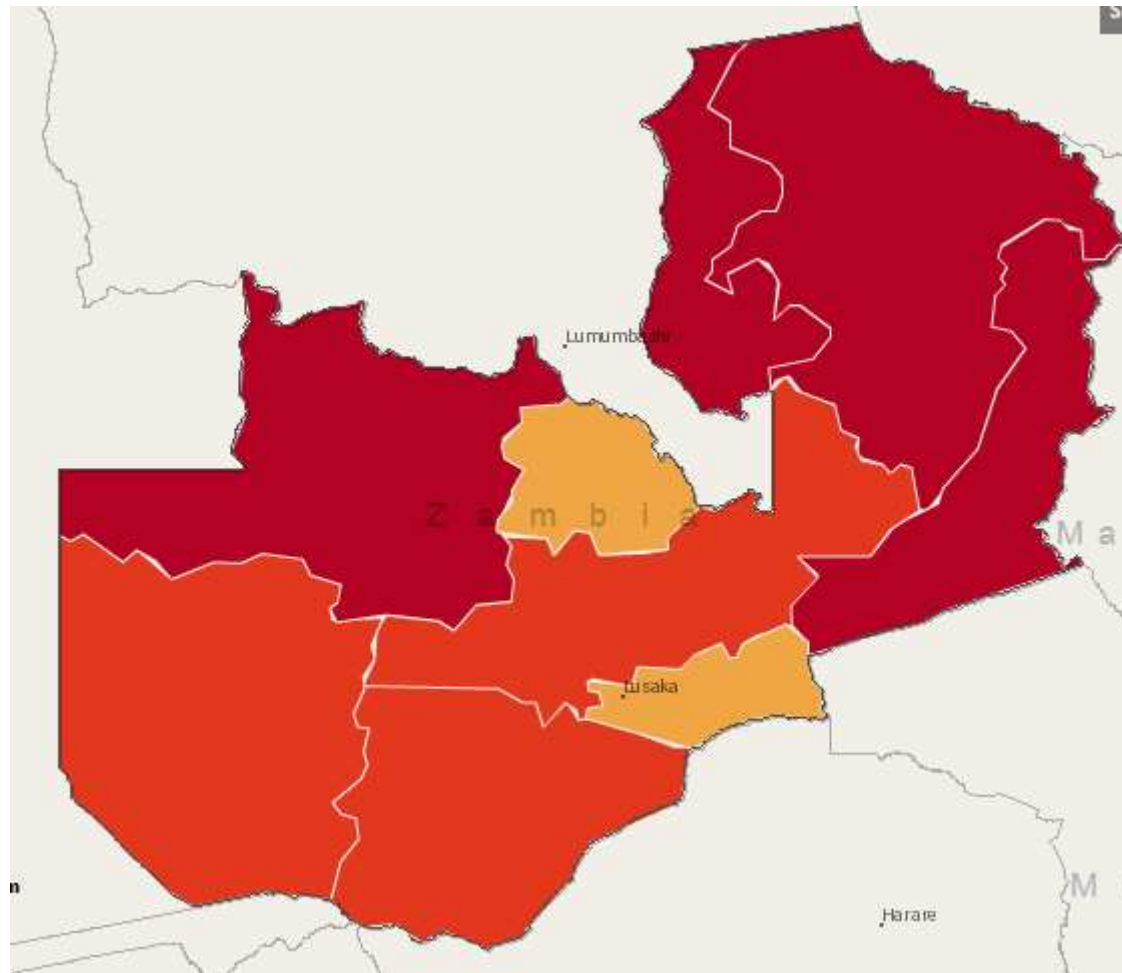


# Zambia: Legality vs. services

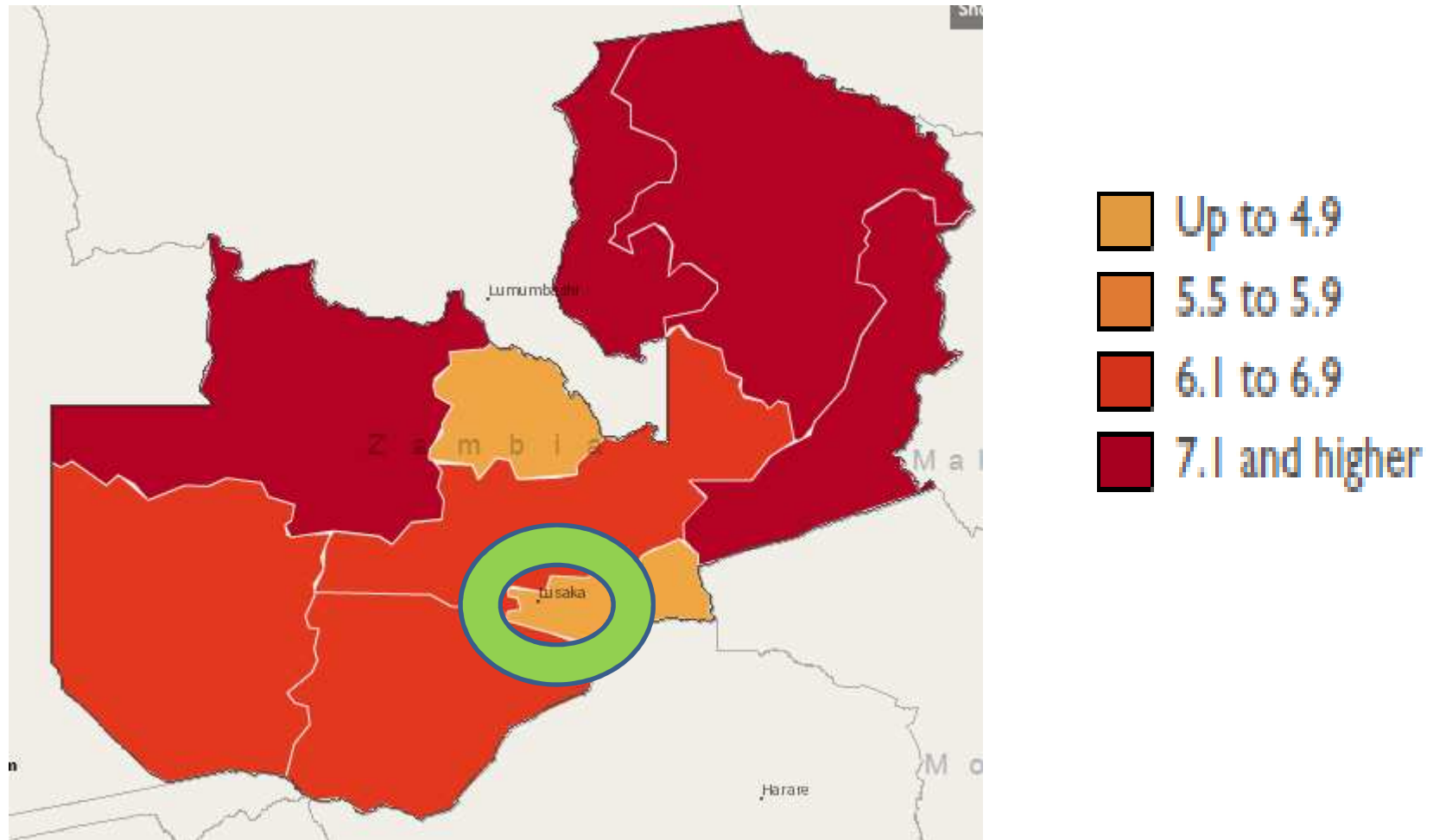
	Adequate	Medium	Poor
Legality of safe abortion	√		
Access to safe abortion			√
Access to postabortion care			√
Access to contraceptive services			√



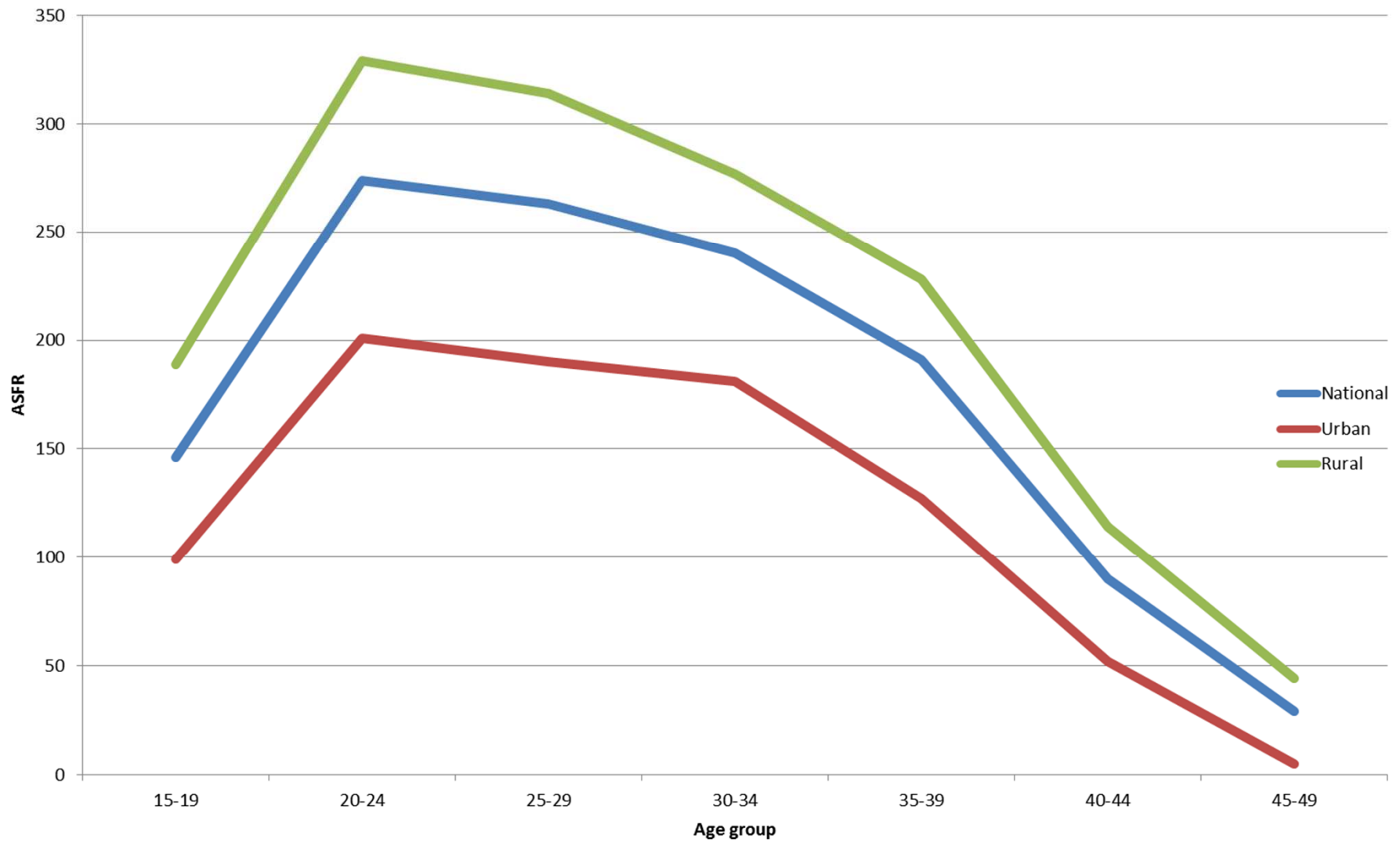
# Total Fertility Rate (DHS 2010) (all women 15-49)



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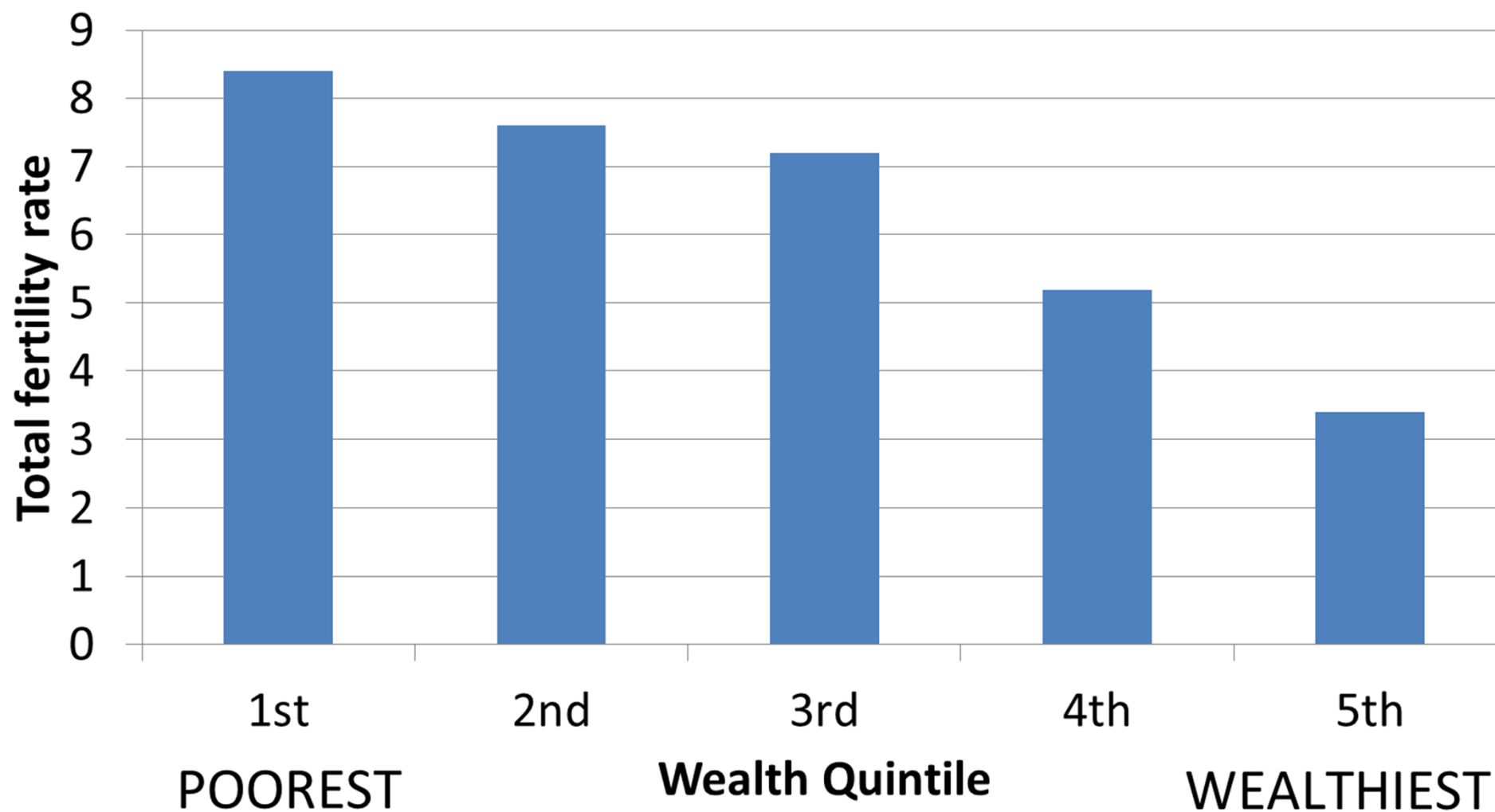


**ASFRs, all women 15-49 years, Zambia, 2007**



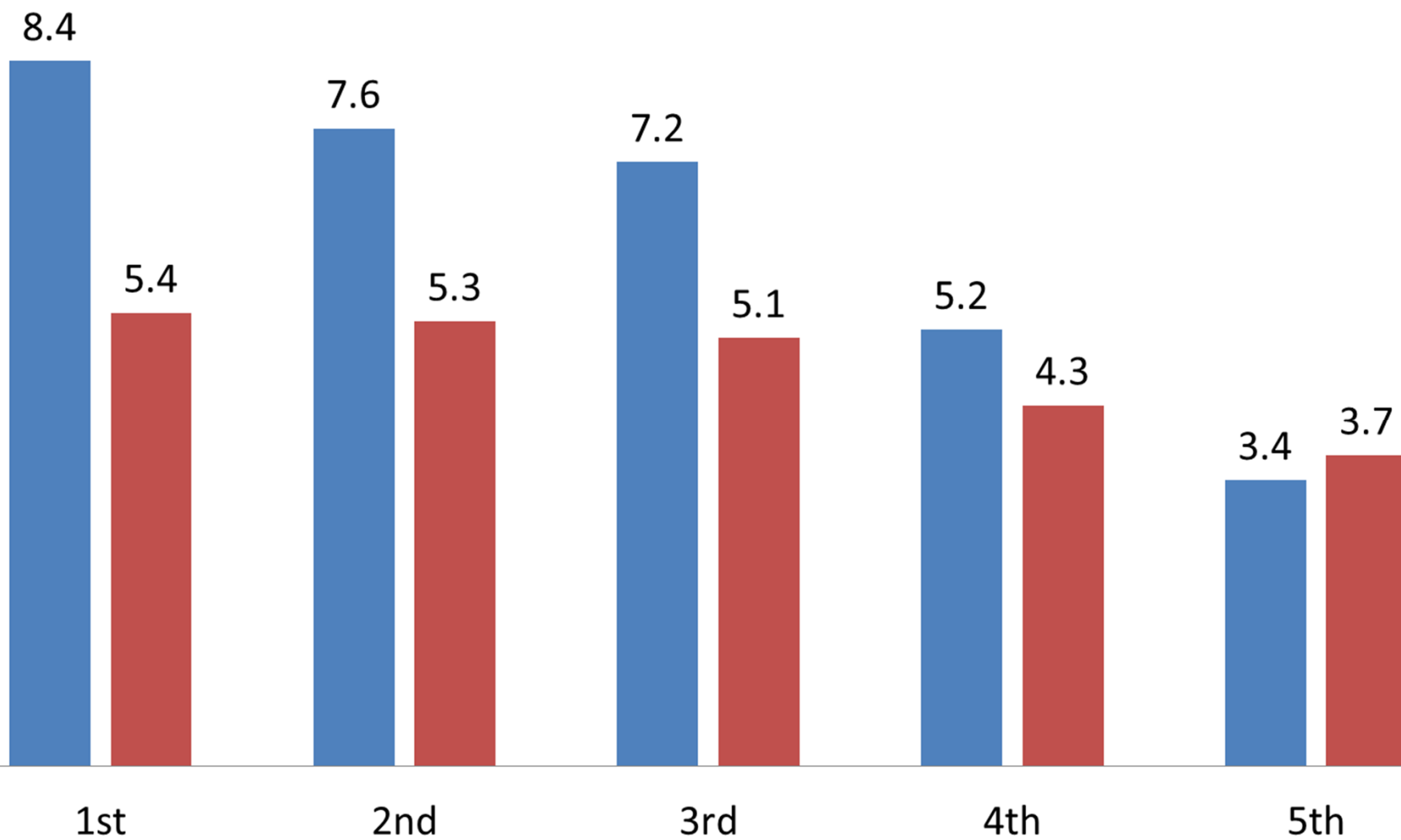
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**TFR by wealth quintile, all women aged 15-49,  
DHS Zambia, 2007**



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■ TFR   ■ Mean ideal number of children



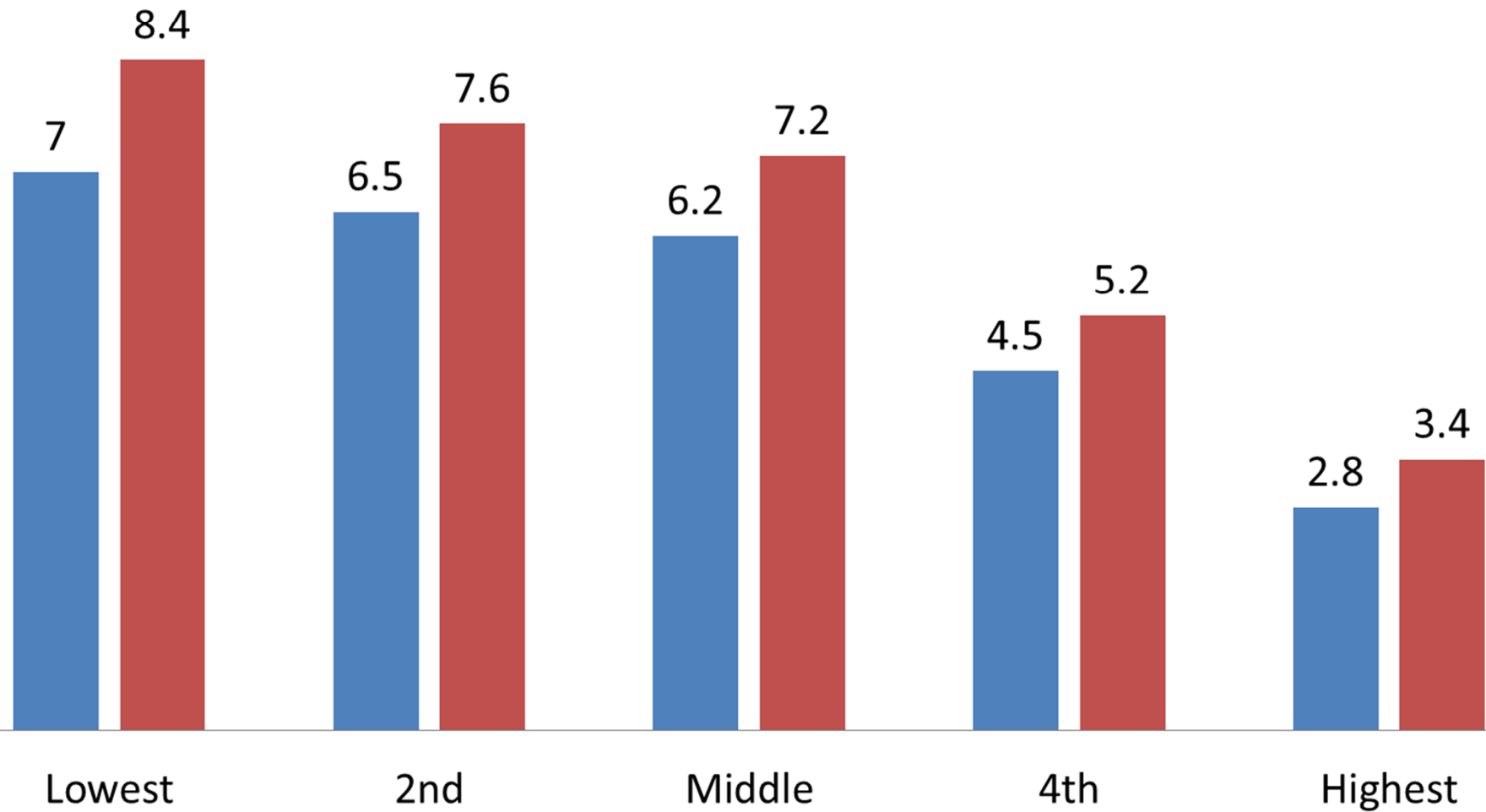
**Wealth Quintile**

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**Total wanted fertility rate and TFR for the 3 years preceding the survey, by wealth quintile, Zambia, 2007**

■ Wanted fertility rate ■ TFR



# Abortion as a vital conjuncture

- A critical life period / duration in which several possible futures are at stake
- Women have abortions in order to either
  - retain / maintain an identity
  - or
  - to continue a planned trajectory

# 4 Interview vignettes

- Not for analysis
- Generate qualitative codes for inductive analyses of interview transcripts





# Vital conjunctures

- She is a 20 year old school girl who seems not to come from a well-to-do family. She lives with her step-mother and some siblings. She wasn't expensively dressed. She decided to end the pregnancy because she didn't want to drop out of school. Her step-mother made her take a herbal mix liquid and forced her to drink so that the pregnancy comes out. She was threatened that if she doesn't, she will be chased from the house. When she drank it, she had terrible stomach pains. Her friend advised her to come to *Hospital* and when she came, she didn't have any money. When she goes home, she thinks her step-mother will shout at her because she said she had gone to school. But she said she will tell her about removing the pregnancy so that she stops forcing her to drink herbal drugs.

# Contraceptive failure

- She is a 32 year old woman who is married with four children. She is a very poor woman who is struggling with the up keep of her four children. The husband does not work and only depends on piece work to feed them. She does some piece work like washing of clothes just to earn some money for food. She was surprised to find out that she was pregnant because she was on a three months injectable contraceptive which she got freely at a school. The reason for attempting to terminate the pregnancy was because the cost of raising children is very expensive and already she has failed to take her four children to school. She stated that, she had no money to even feed the family and so why would she have another child. The husband is not aware that she was pregnant and she intends to keep it that way.

# Poor post-partum contraceptive access

- She is a 26 year old married woman with three children, the youngest of which is 7 months old. She runs a small business, baking scones which she sells in her shop. She went to the clinic to start her family planning pill but she was told to come back when her periods start. Getting pregnant came as a surprise to her. She started bleeding at night after taking some pills. It was clear that it was a case of attempted self-induced abortion. She intends to have a normal life when she goes home and wants to start her family planning pills.

# Contraceptive (mis)information

- She is unemployed and has one child, lives with the boyfriend who is not the father of her child and she is 23 years. The boyfriend doesn't work also and they have financial problems. She does not support the daughter financially because she just hustles to find money as she put it. She only uses condoms when she is having her periods. She didn't want the pregnancy because she said life is too hard and money is very difficult to find and that the boyfriend is not serious, he can leave her at any time. So she went to tell the grandmother of what was going on with her and the grandmother happens to be a nurse here at *Hospital*. The grandmother arranged for her to see a Doctor at *Hospital*.

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# Further info:

- <http://personal.lse.ac.uk/coast/ZambiaTOP.htm>
- Team: Coast (P.I.), Leone, Parmar (LSE), Murray (KCL), Sikateyo, Vwalika (UNZA)
- RA Team: Erica Chifumpu, Doreen Mwanza, Taza Mwense, Victoria Saina



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