

Induced abortion in Zambia: a comparative mixed methods analysis of women seeking safe abortion with those seeking post-abortion care after an unsafe abortion

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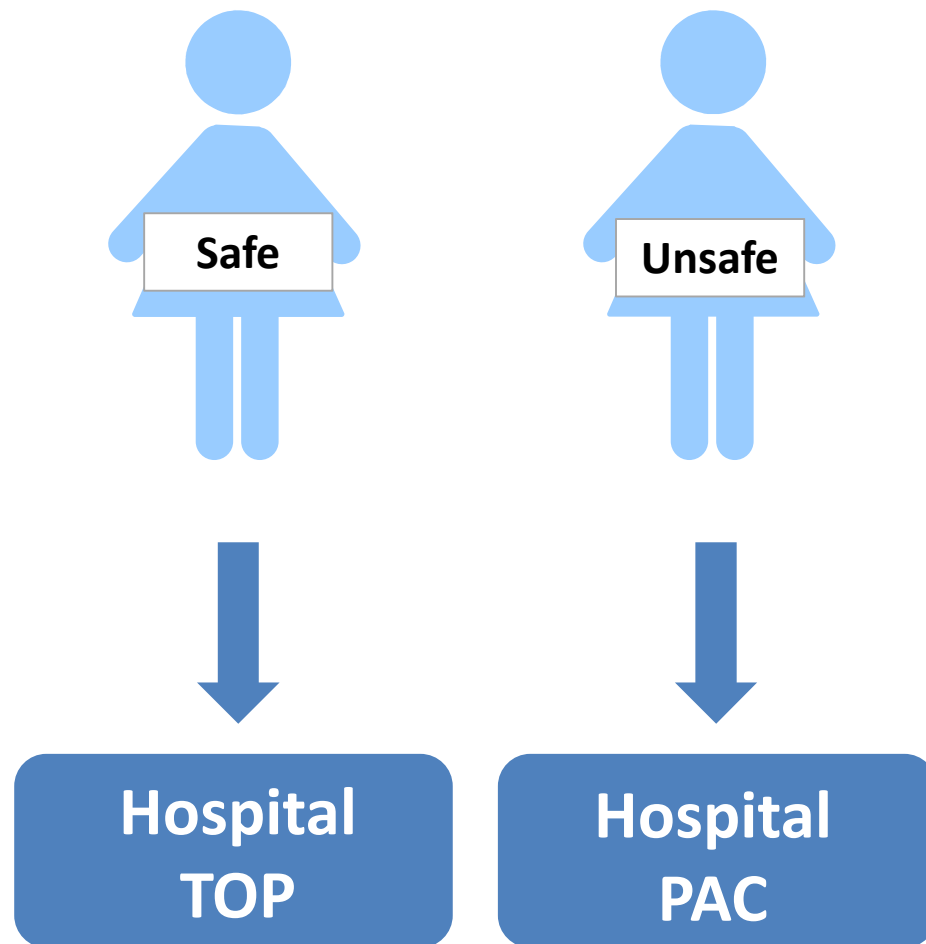
Research jointly supported by the ESRC and DFID

Central question

The Zambian government attribute a third of Zambia's high maternal mortality rate to unsafe abortion

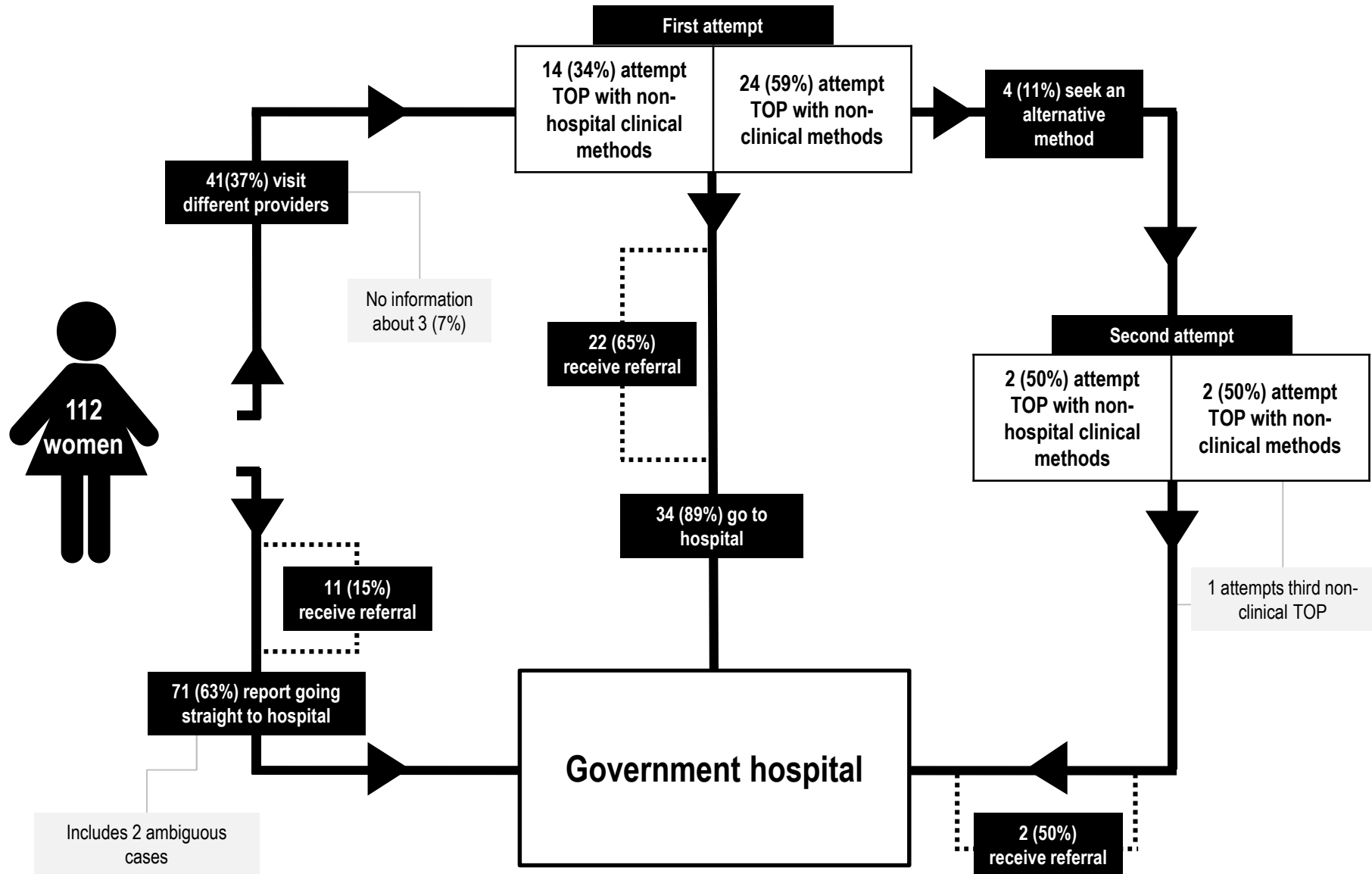
Why is mortality and morbidity from unsafe induced abortion so high in a setting with adequate legislative provision pregnancy termination?

A hospital-based study design to compare safe/unsafe dichotomy

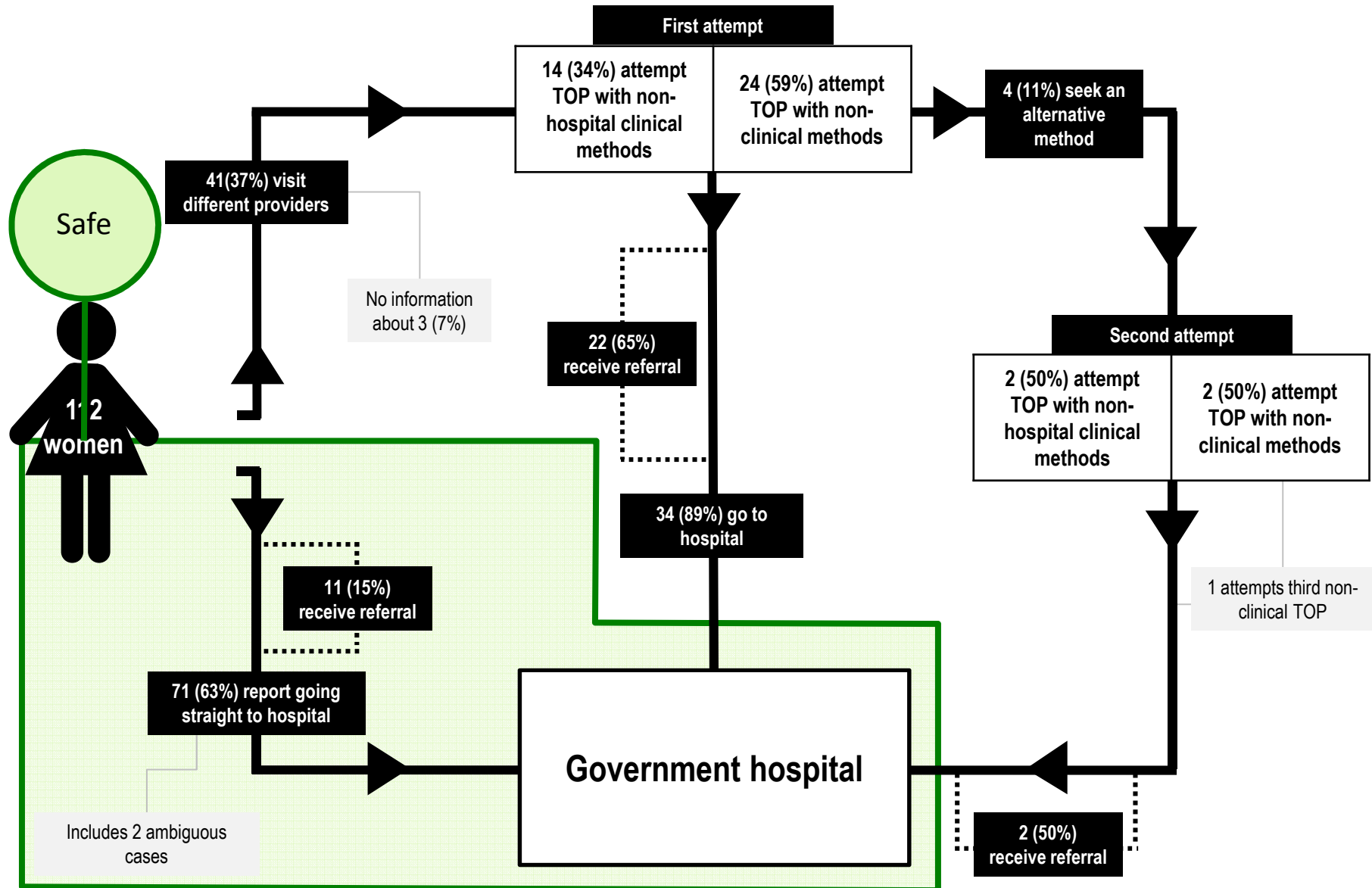


- In-depth interviews and economic questionnaire with women immediately following discharge after safe abortion or PAC following an unsafe abortion (n=112)
- Collation and analysis of these women's medical notes

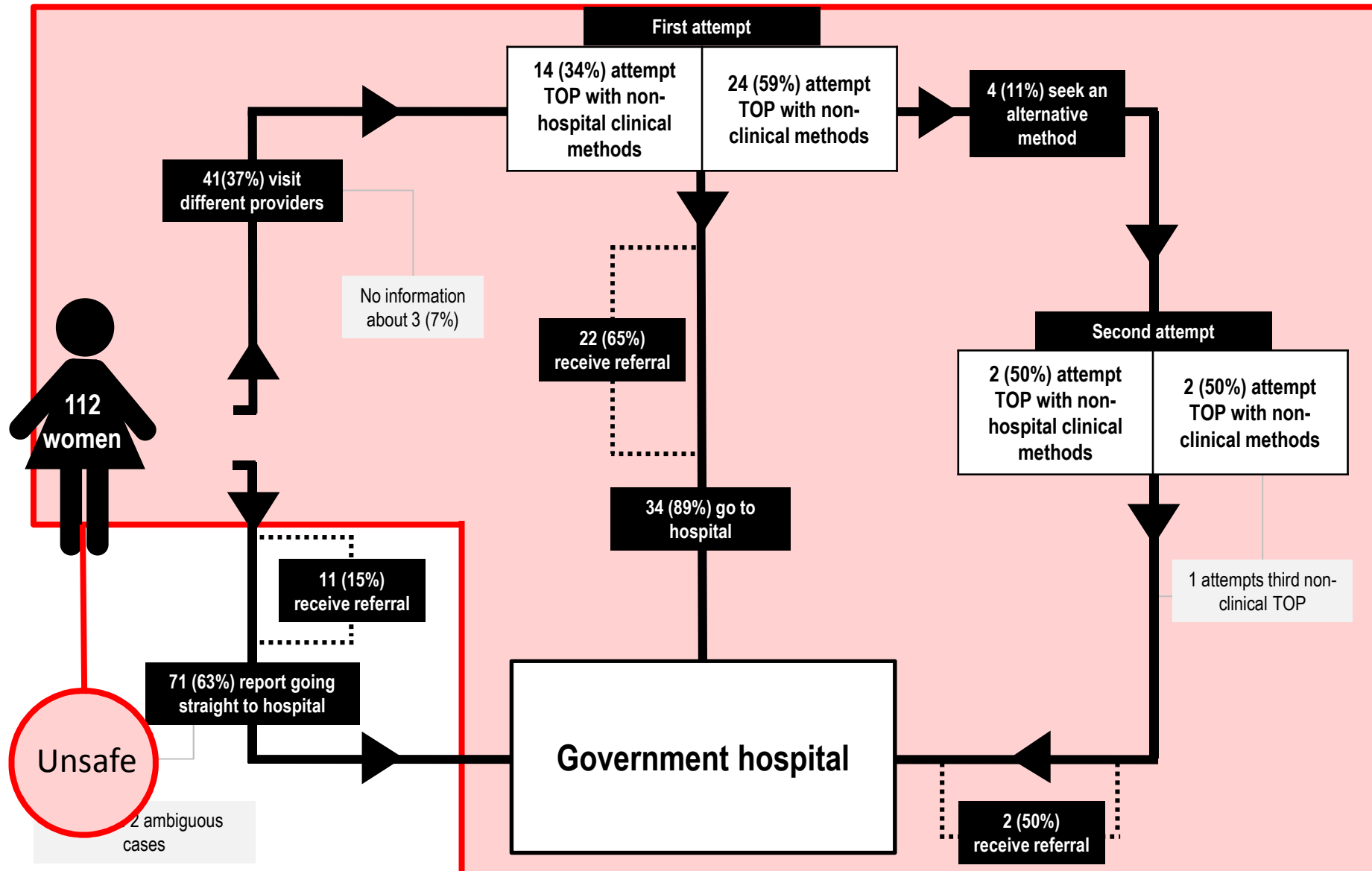
Pathways to study hospital



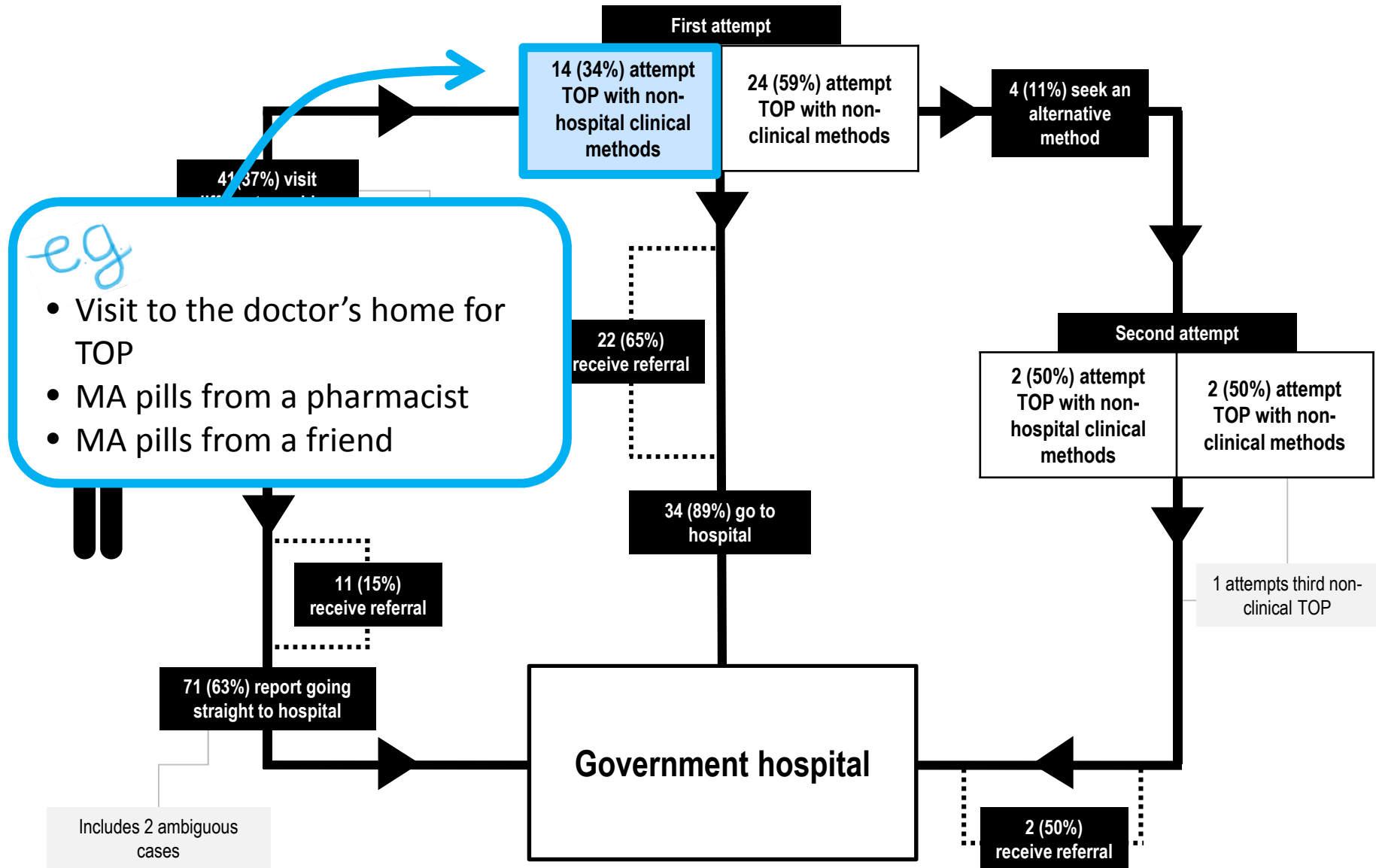
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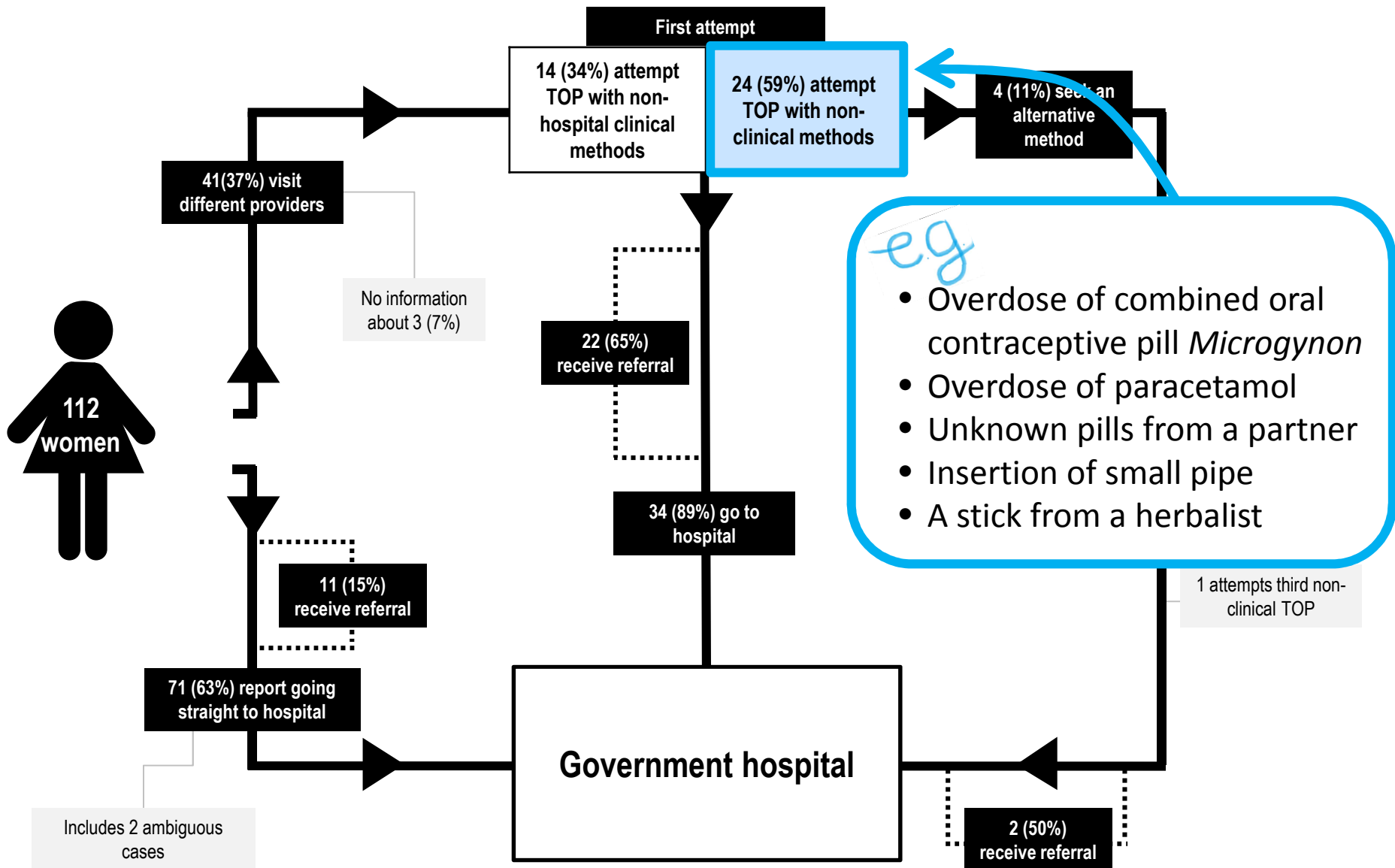
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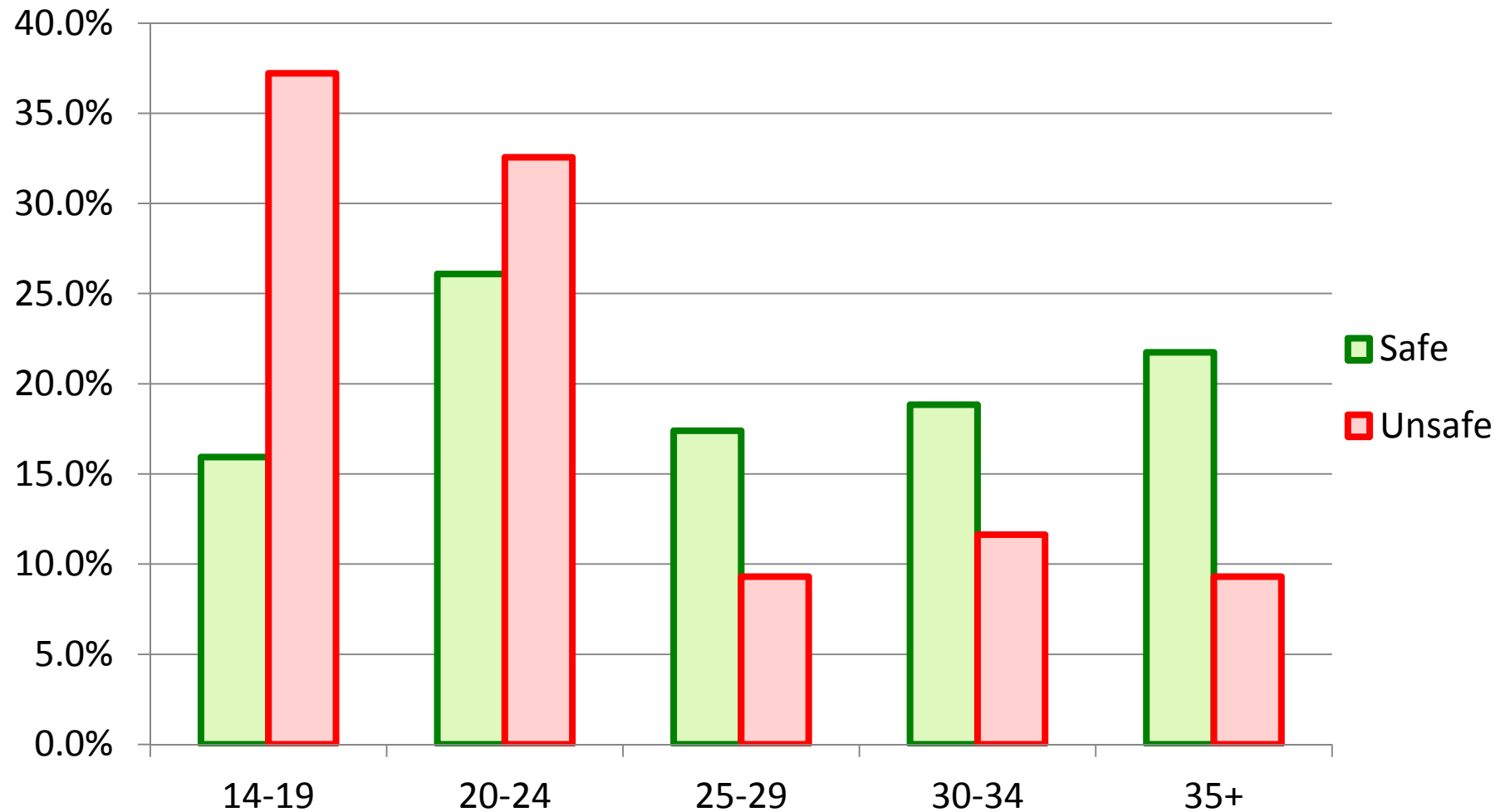
Pathways to study hospital

| | % (N=112) |
|--|-----------|
| Safe abortion at hospital | 59.8 |
| PAC at hospital after unsafe abortion: | 41.2 |
| [Self-medication] | [14.7] |
| [Other method e.g.: overdose, insert foreign object] | [25.5] |

Who had **safe** or **unsafe**
abortions in the study?

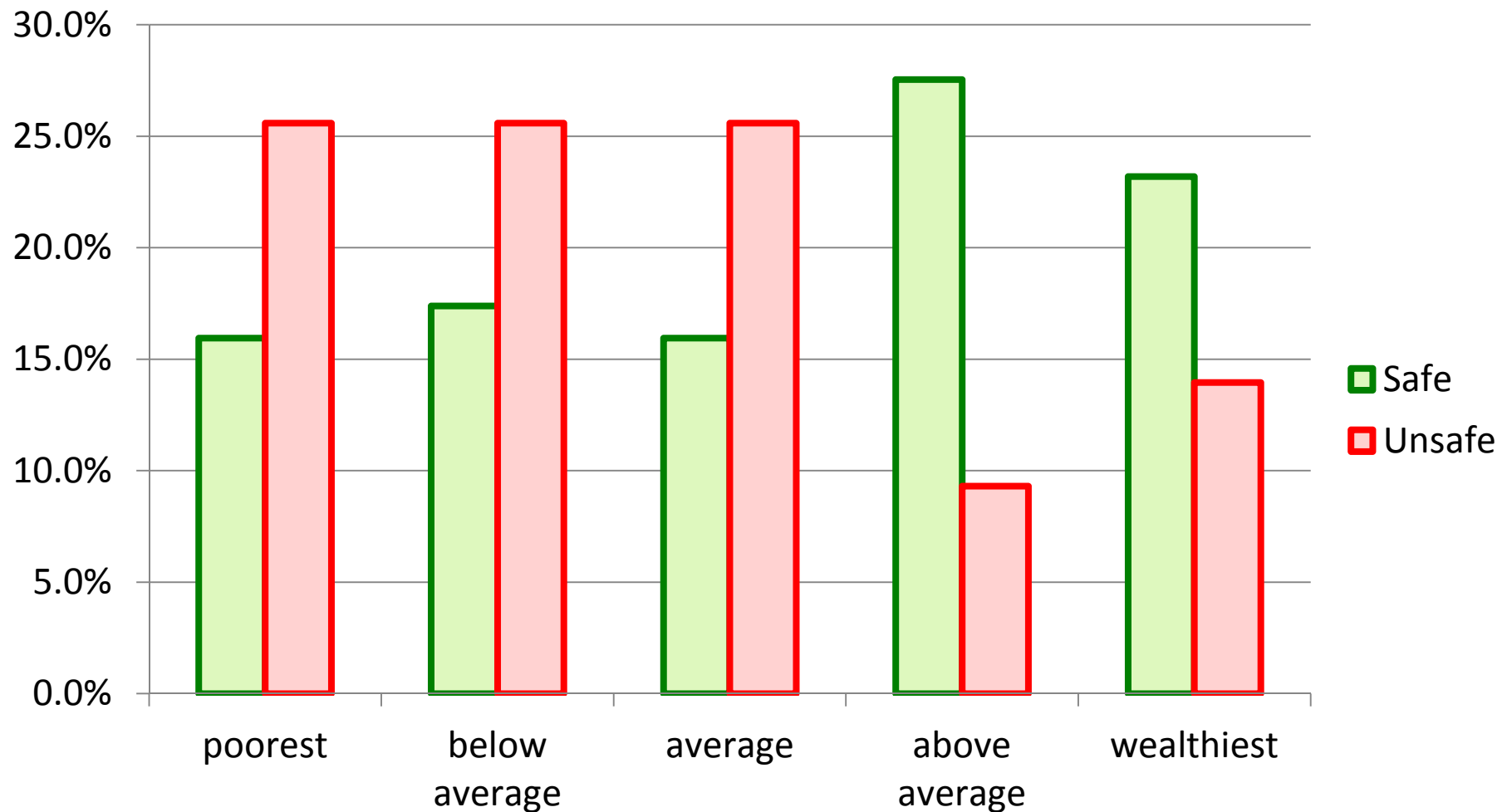
Younger women more likely to have an unsafe abortion

Percentage of women in our study by age and un/safe abortion



Poorer women more likely to have an unsafe abortion

Percentage of women by un/safe abortion and wealth



What influenced their trajectory
to **safe** or **unsafe** abortion?

Knowledge: pregnant woman's, and those around her

- Advice women sought and received, or did not seek, was important in determining pathway to hospital
- How much **influencers** knew was key
- Who women seek advice from depends on their relationships with those people, so it's different for different people

The influence of advice: **safe abortion**

She is 33 years old and married. She has two children aged under 3 and lives in a township with her husband. They both run small businesses and just get by. Her pregnancy was unplanned and unexpected – they had been using condoms.

**“I called a friend, I explained my situation. //
And she gave me a [study hospital] doctor’s
number and who I called.”**

The influence of advice: **unsafe abortion**

She is 28 years old, married and daughter who is still very young. She kept both her pregnancy and subsequent actions secret from her husband

I: So when you knew that you were pregnant did you do anything to try and terminate it?

R: I only had some Panadol... I only took two

She reports continuing to take her contraceptive pills, possibly hoping to precipitate a miscarriage. When the pregnancy continued, she escalated her attempts and went to a herbalist

“I was given something to insert... I was given medicine, a stick... They inserted it themselves”

Subsequently, her husband brought her to the hospital at night, as an emergency admission, after telling her husband that she had high blood pressure. She seems to have had no knowledge of the possibility of a safe(r) TOP.

Susceptibility to fraud

- Lack of knowledge made women susceptible to clandestine payments to government physicians
- Introduced significant delays to securing procedures even in the 'safe trajectory'

Clandestine payment to doctors: **safe abortion**

For some women, the clandestine cost of a safe ToP within the hospital could be significant, and introduce further delays

02002 is 20 years old, from a poor family and stays with her mother's friend ('aunty') as a maid. She told her aunty who called a hospital doctor for a TOP and they came to the hospital. However they were charged more than they expected and had to leave to find the outstanding balance. Only when returning a several weeks later was she given a medical abortion.

I thought that... when we got here, everything would happen. That I would be admitted and given some medicine, but than that did not happen... Yes, I had come before, almost a month ago... About the money. We did not manage the money that we were told was not enough... We thought that maybe we would be charged 100, so that is the money we come with. So we gave him a 100 and had a balance of 200 [still to pay]. So that is how we went back....We paid 200 [today], but it is not enough yet, we still have a balance.

Conclusions

- Zambian women are not accessing safe and legal abortion services because of low levels of knowledge
- This is being exploited by registered doctors who extort money for services that should be provided for free
- Increased population sensitisation of the circumstances under which safe abortion is available would decrease the use of unsafe abortions, and associated sequelae
- Availability of medical abortion drugs in the retail sector mean that substantial proportions of women are self-inducing abortions without appropriate advice or support
- The health system burden of post-abortion care following unsafe abortions could be reduced if women knew their rights