Researching adolescent abortion care-seeking in sub-Saharan Africa

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5 projects

- Conceptual framework: trajectories of abortion-related care
- Trajectories of abortion [Zambia] [ESRC/DFID]
- Conscientious objection to abortion [Zambia]
- Improving adolescent access to contraception and abortion-related care in sub-Saharan Africa: health system pathways [Ethiopia, Malawi, Zambia] [on-going] [MRC/DFID] [Ipas]
- Economics of abortion [systematic review]

Adolescents are…

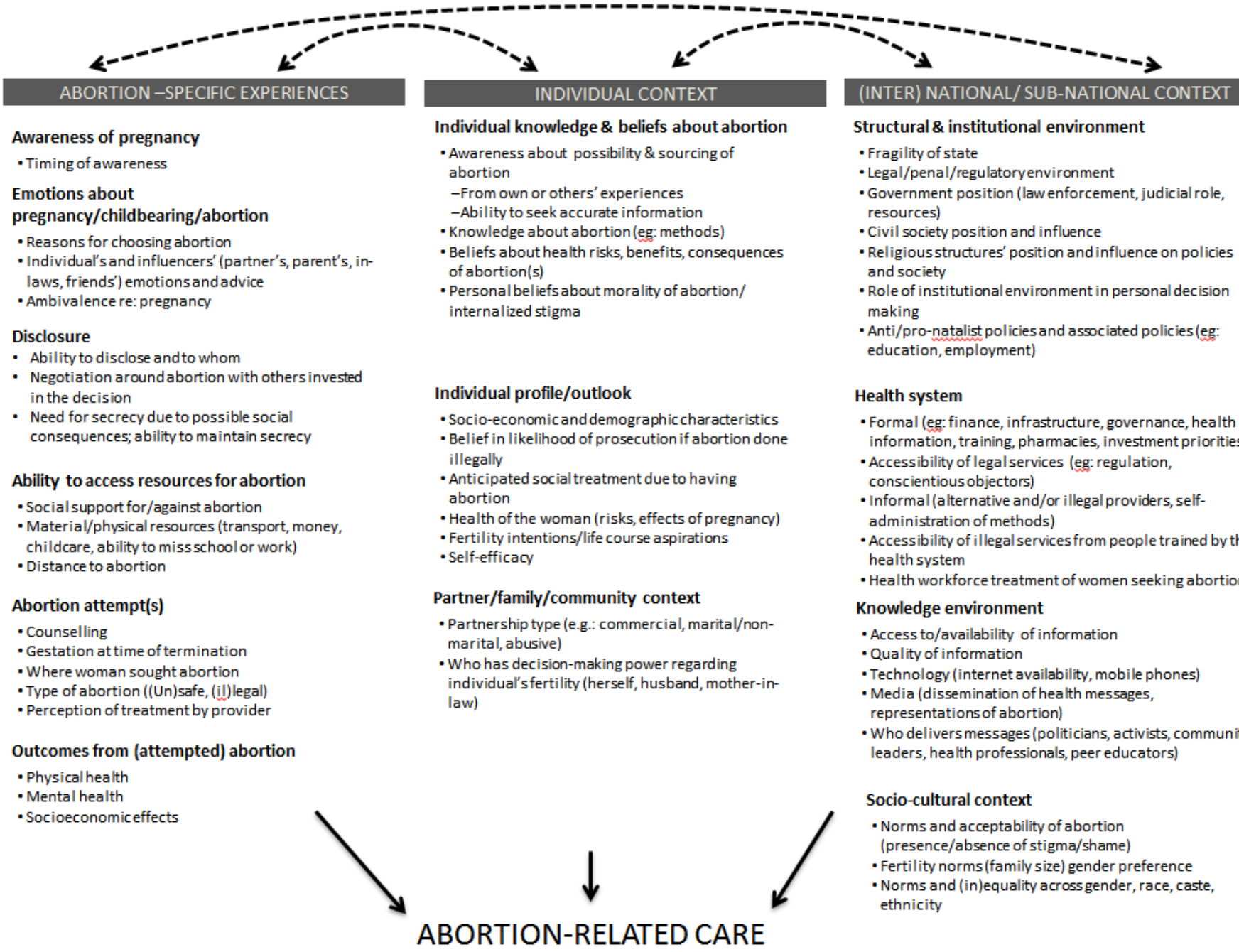
- more likely to have an unsafe abortion and to experience complications (including death) of unsafe abortion compared to older women

- less likely to be able to access safe abortion services compared to older women because:
  - lower levels of knowledge about sexual health / pregnancy confirmation
  - lower access to financial resources
  - lower levels of service knowledge
  - higher likelihood of delaying care-seeking
  - lower ability to navigate health systems
  - higher levels of stigma

Barriers to accessing services are especially high for adolescents unused to navigating a health system on their own.

CONCEPTUAL FRAMEWORK

[COAST (LSE), NORRIS (OHIO STATE), MOORE (GUTTMACHER), FREEMAN (LSE)]


ABORTION –SPECIFIC EXPERIENCES
Awareness of pregnancy
• Timing of awareness
Emotions about pregnancy/childbearing/abortion
• Reasons for choosing abortion
• Individual's and influencers' (partner's, parent's, in-laws, friends') emotions and advice
• Ambivalence re: pregnancy
Disclosure
• Ability to disclose and to whom
• Negotiation around abortion with others invested in the decision
• Need for secrecy due to possible social consequences; ability to maintain secrecy
Ability to access resources for abortion
• Social support for/against abortion
• Material/physical resources (transport, money, childcare, ability to miss school or work)
• Distance to abortion
Abortion attempt(s)
• Counselling
• Gestation at time of termination
• Where woman sought abortion
• Type of abortion ((Un)safe, (il)legal)
• Perception of treatment by provider
Outcomes from (attempted) abortion
• Physical health
• Mental health
• Socioeconomic effects
INDIVIDUAL CONTEXT
Individual knowledge & beliefs about abortion
• Awareness about possibility & sourcing of abortion
–From own or others' experiences
–Ability to seek accurate information
• Knowledge about abortion (eg: methods)
• Beliefs about health risks, benefits, consequences of abortion(s)
• Personal beliefs about morality of abortion/ internalized stigma
Individual profile/outlook
• Socio-economic and demographic characteristics
• Belief in likelihood of prosecution if abortion done illegally
• Anticipated social treatment due to having abortion
• Health of the woman (risks, effects of pregnancy)
• Fertility intentions/life course aspirations
• Self-efficacy
Partner/family/community context
• Partnership type (e.g.: commercial, marital/non-marital, abusive)
• Who has decision-making power regarding individual's fertility (herself, husband, mother-in-law)
(INTER) NATIONAL/ SUB-NATIONAL CONTEXT
Structural & institutional environment
• Fragility of state
• Legal/penal/regulatory environment
• Government position (law enforcement, judicial role, resources)
• Civil society position and influence
• Religious structures' position and influence on policies and society
• Role of institutional environment in personal decision making
• Anti/pro-natalist policies and associated policies (eg: education, employment)
Health system
• Formal (eg: finance, infrastructure, governance, health information, training, pharmacies, investment priorities)
• Accessibility of legal services (eg: regulation, conscientious objectors)
• Informal (alternative and/or illegal providers, self-administration of methods)
• Accessibility of illegal services from people trained by the health system
• Health workforce treatment of women seeking abortion
Knowledge environment
• Access to/availability of information
• Quality of information
• Technology (internet availability, mobile phones)
• Media (dissemination of health messages, representations of abortion)
• Who delivers messages (politicians, activists, community leaders, health professionals, peer educators)
Socio-cultural context
• Norms and acceptability of abortion (presence/absence of stigma/shame)
• Fertility norms (family size) gender preference
• Norms and (in)equality across gender, race, caste, ethnicity
ABORTION-RELATED CARE

How we produced it

Consultation with expert abortion researchers to shape initial framework

Presentation of the conceptual framework for further testing, scrutiny, review and revision

Literature systematically searched to identify examples to **test** the framework's applicability and increase its specificity

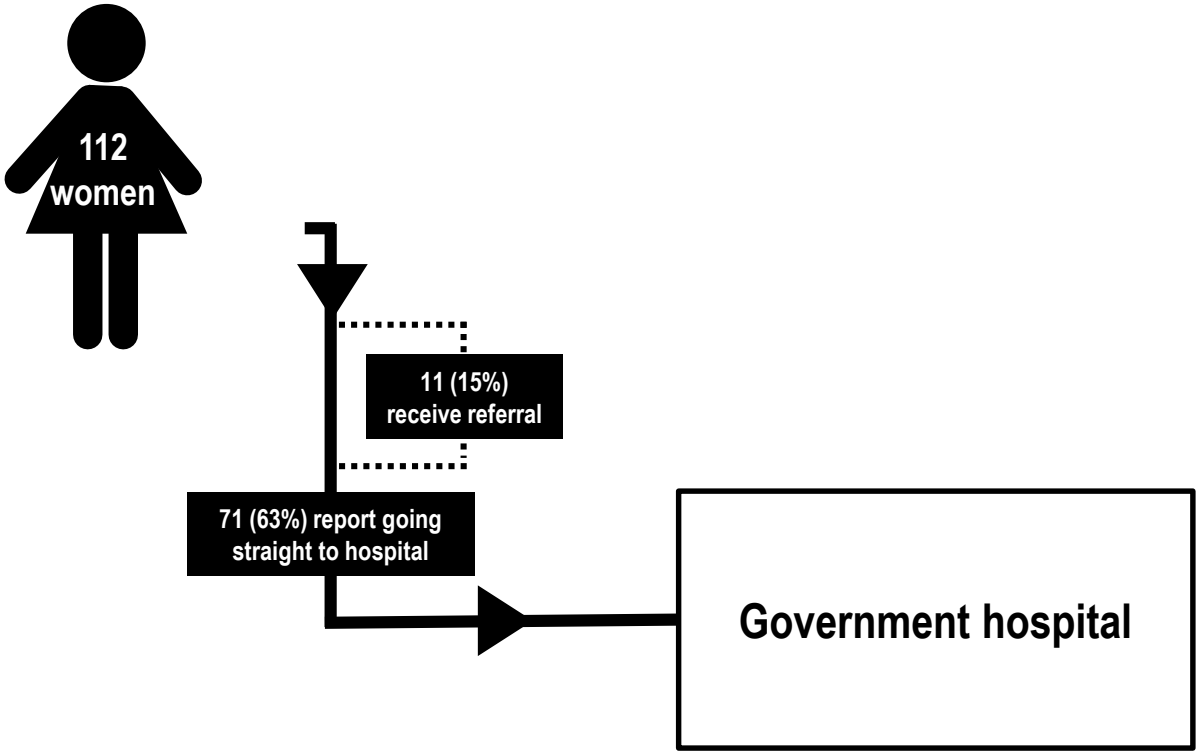
- The boundaries between the components and levels are not as clear as presented by the framework
- However, it offers a **departure point** for new research by drawing attention to primary components and linkages in describing and explaining girl's and women's trajectories to abortion decision-making and behaviour
- Encourages a more holistic ways of understanding the trajectories of girls and women seeking abortion-related care
- The framework should be **continually tested** against new evidence and adapted to meet previously undocumented and/or unexpected abortion-seeking experiences

TRAJECTORIES OF ABORTION [ZAMBIA] [ESRC/DFID]

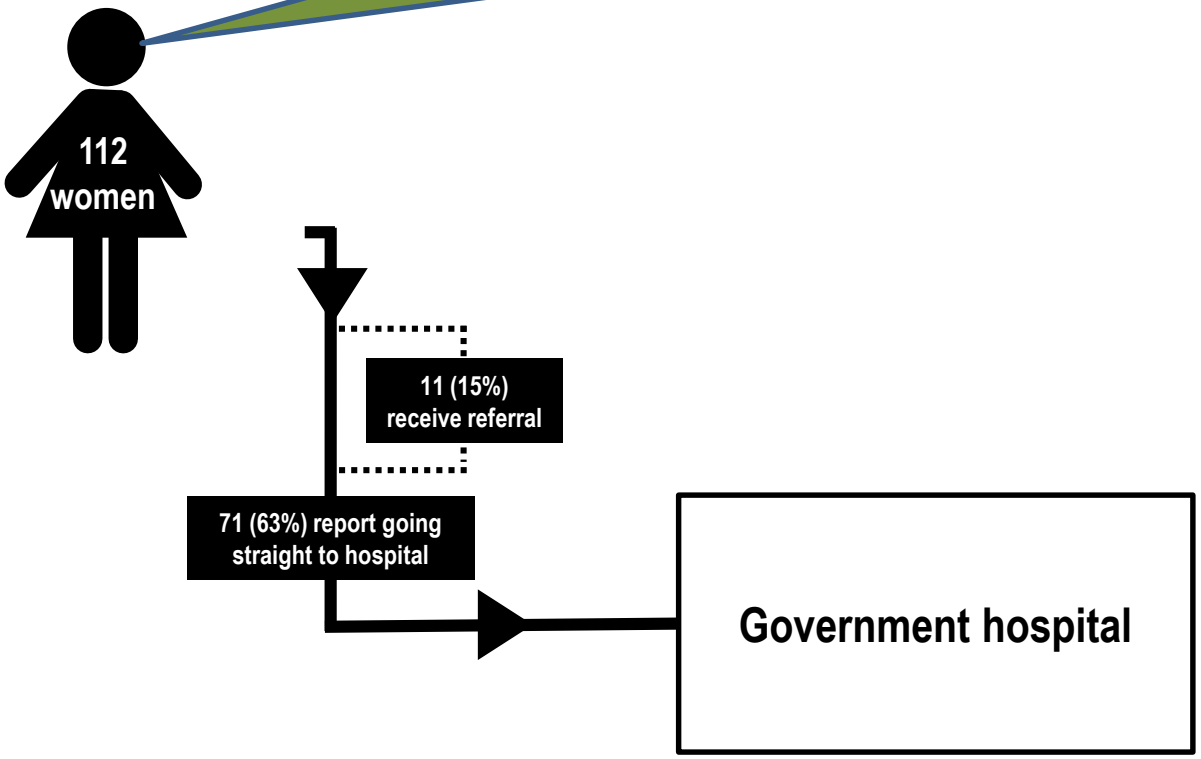
https://zambiatop.wordpress.com/

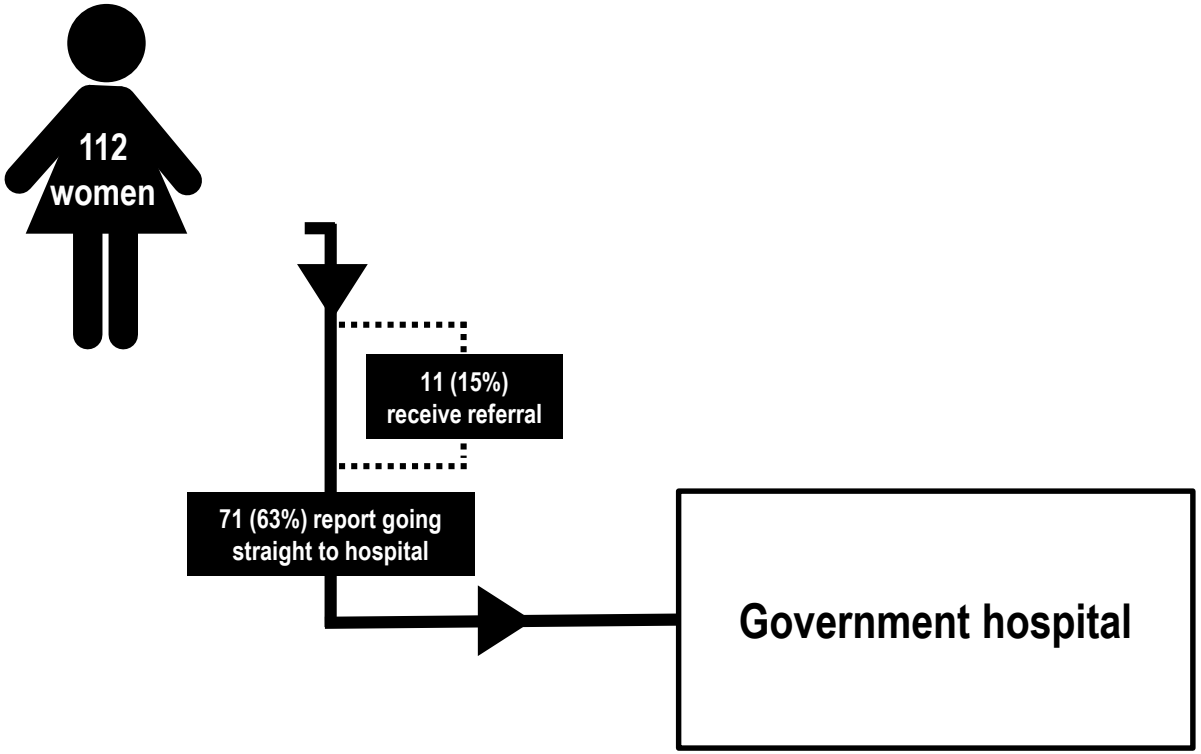
Research jointly supported by the ESRC and DFID

Government hospital


112
women
11 (15%)
receive referral
71 (63%) report going
straight to hospital
Government hospital

"I called a friend, I explained my situation … she gave me a [hospital] doctor's number, who I called."

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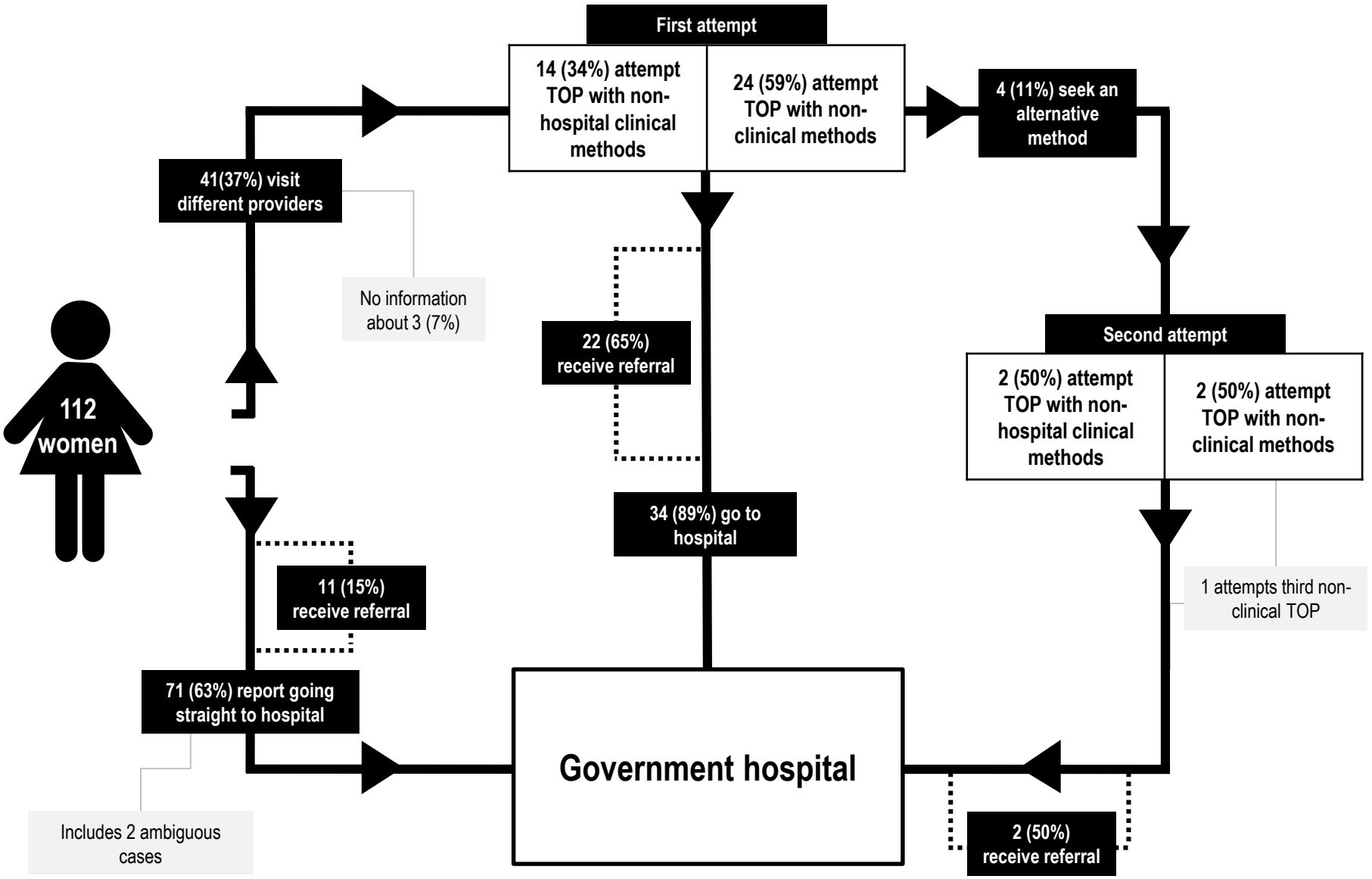
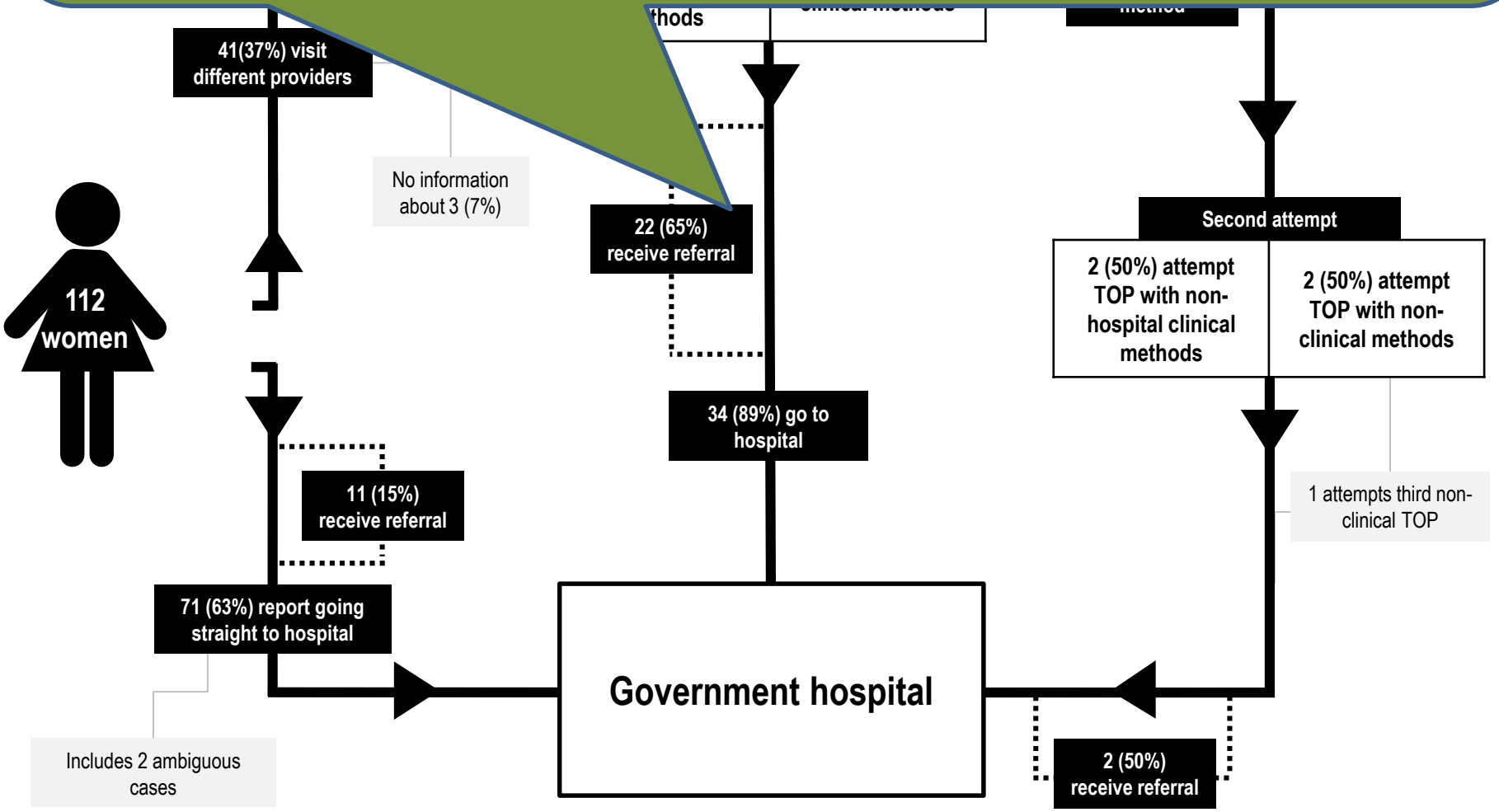
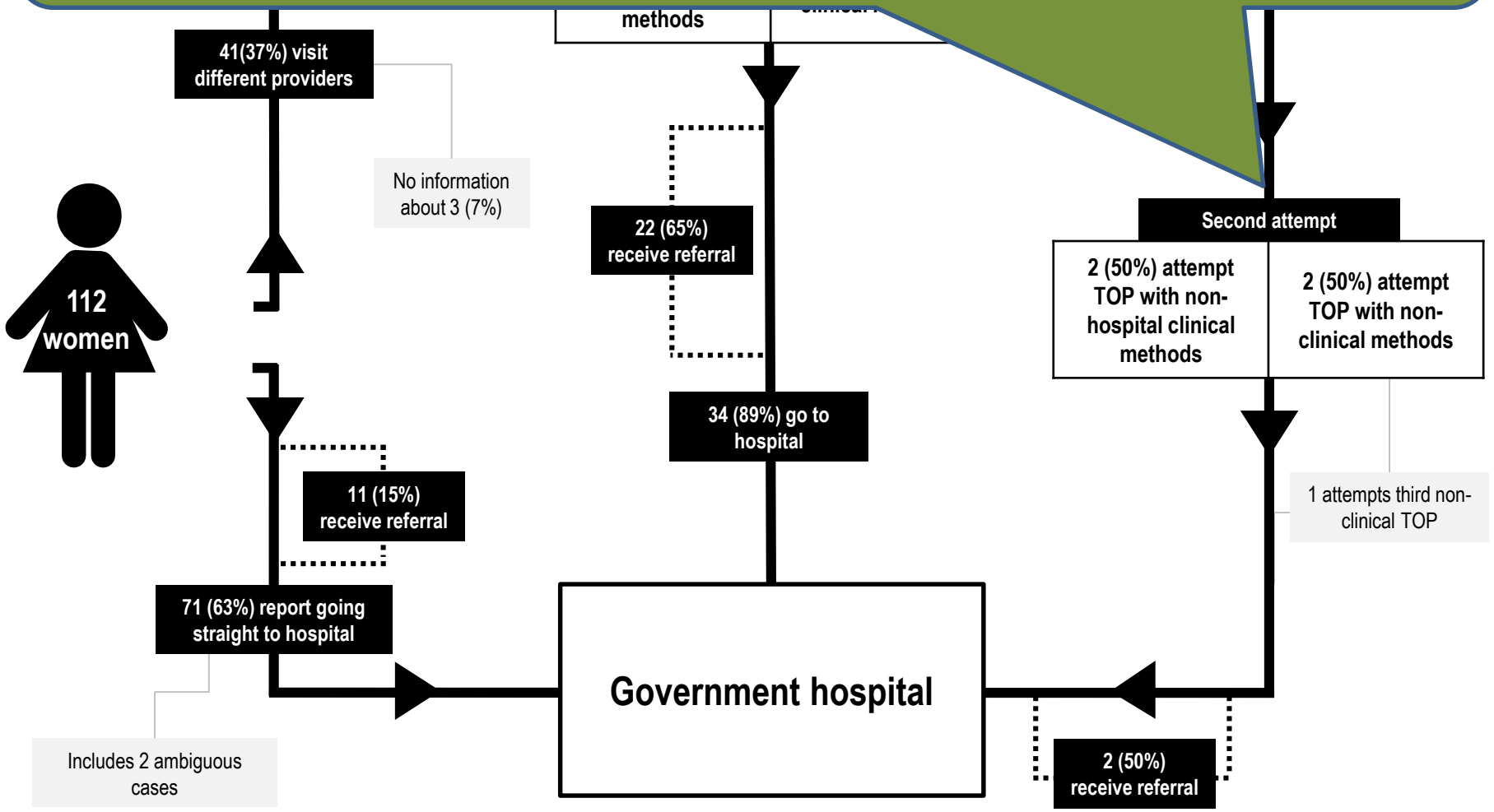

First attempt
14 (34%) attempt TOP with non-hospital clinical methods
24 (59%) attempt TOP with non-clinical methods
4 (11%) seek an alternative method
41(37%) visit different providers
No information about 3 (7%)
22 (65%) receive referral
112 women
Second attempt
2 (50%) attempt TOP with non-hospital clinical methods
2 (50%) attempt TOP with non-clinical methods
34 (89%) go to hospital
1 attempts third non-clinical TOP
11 (15%) receive referral
71 (63%) report going straight to hospital
Government hospital
Includes 2 ambiguous cases
2 (50%) receive referral

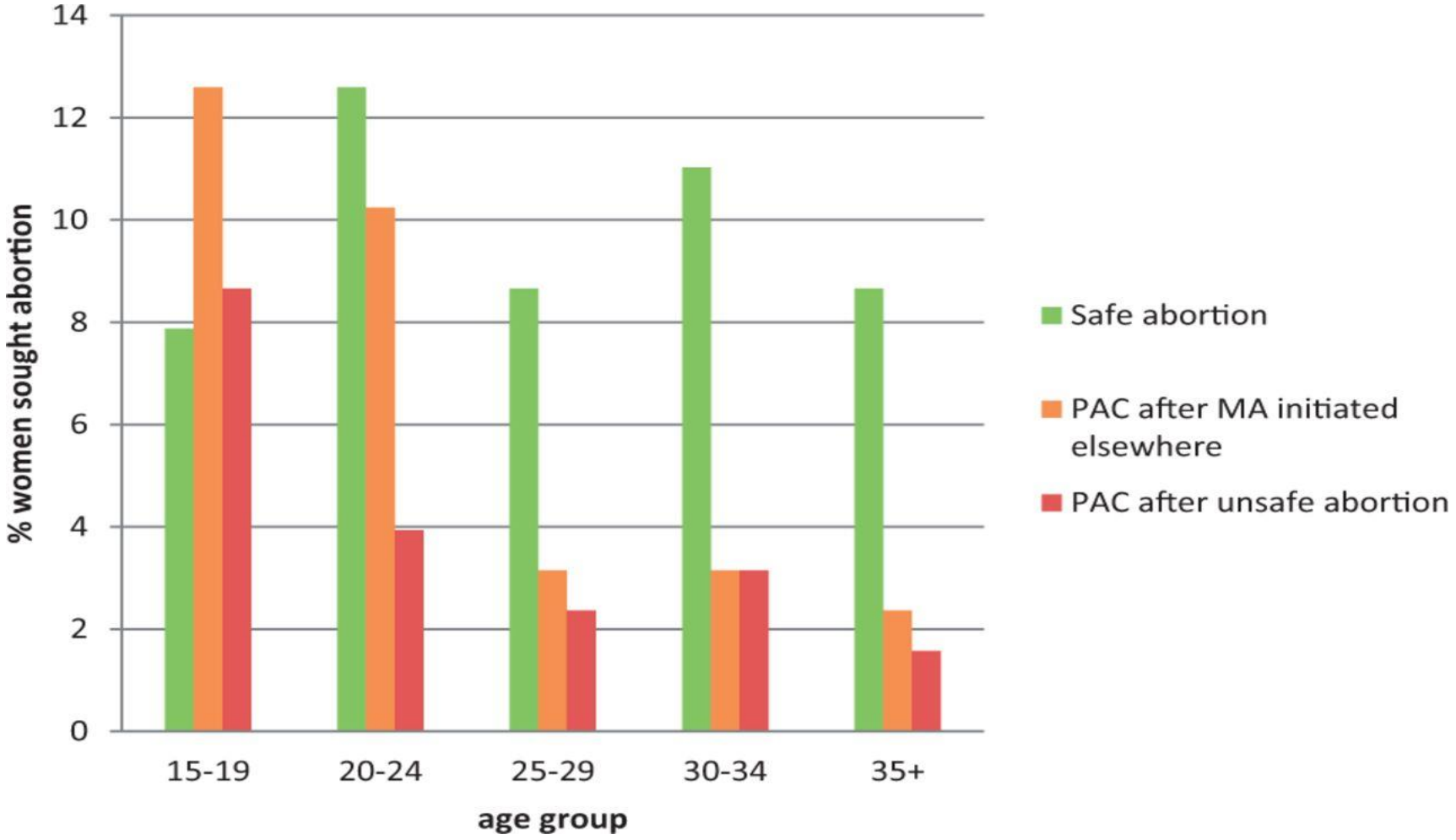
"after two weeks when I started wondering if I was rotting … That started worrying me a lot … [I] went to [local clinic]. I explained to them something else because I was scared to tell them that I did something…"



"I was given something to insert….I was given medicine, a stick"

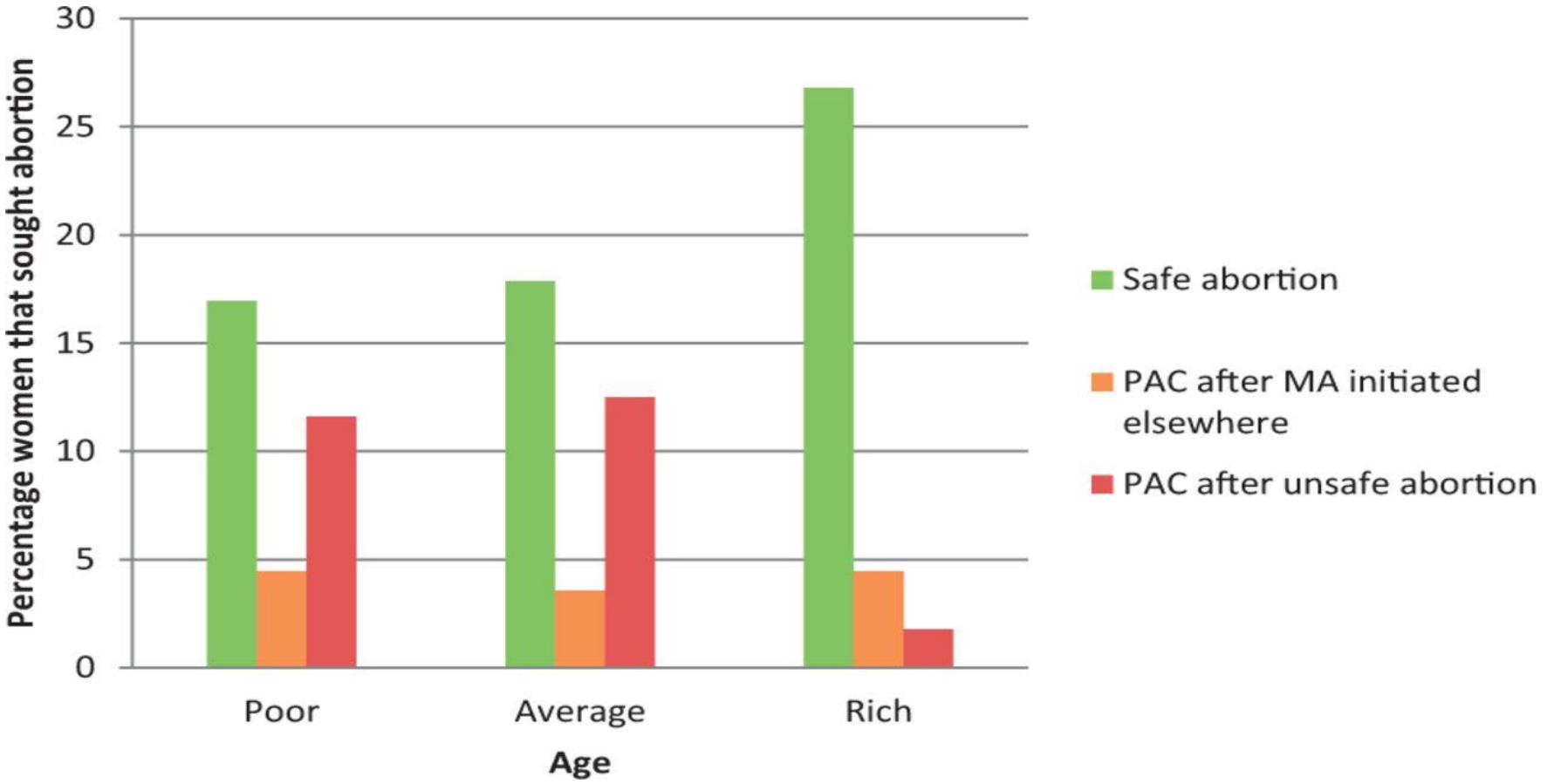


Percentage of women by abortion trajectory, type and age



Health Policy and Planning, Volume 31, Issue 7, September 2016, Pages 825–833, https://doi.org/10.1093/heapol/czv138

Percentage of women by abortion trajectory type + wealth tercile



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CONSCIENTIOUS OBJECTION TO ABORTION [ZAMBIA]

Conscientious objection in our study

- Following previous research:

  Defined as any healthcare worker who feels that “her or his moral, ethical, or religious beliefs precluded her or him from being willing to perform or assist abortions in some or all situations” (Fink et al. 2015)

- Reflecting participants’ understandings:

  Definition extended to healthcare workers who feel that their own or their community’s objection to abortion preclude them from being willing to refer for abortion in some or all situations

Importance of others' perceptions

- In rural facilities perceptions of communities' attitudes prevented providers referring for or performing abortion.

e.g.

A midwife at a rural health care centre, not currently providing abortion services but thought that safe services should be available. She was preoccupied with the case of a pregnant 12 year old girl, brought to the health centre by her father and the police after she was defiled by an older neighbour.
Because the local police, the girl's family and her colleagues did not know abortion was possible, she probably would not raise the option with them.

IMPROVING ADOLESCENT ACCESS TO CONTRACEPTION AND ABORTION-RELATED CARE IN SUB-SAHARAN AFRICA: HEALTH SYSTEM PATHWAYS

[Ethiopia, Malawi, Zambia] [on-going] [MRC/DFID] [Ipas]
https://abortioninafrica.wordpress.com/

Research funded by
MRC Medical Research Council
UKaid from the British people

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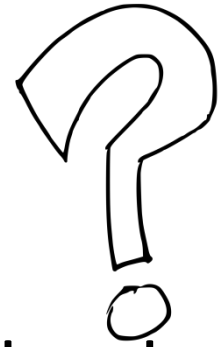
Ipas Health. Access. Rights.

Objectives

1. To understand why contraceptive and abortion-related care services are not used more fully by adolescents.
2. To understand the opportunities and barriers to scaling up the most effective implementation strategies for meeting adolescents' needs for contraception and abortion-related services.

Research questions



1: How, and to what extent, does context (legal and service provision) affect the implementation of contraception and abortion-related care services for adolescents?

2: Which implementation strategies are most acceptable and effective at facilitating adolescent access to contraception and abortion-related care services?

3: What are the projected effects, and feasibility, of scaling up adolescent access to contraception and abortion-related care services?

Why this study design?

- ✓ Compare across countries
  - Ethiopia vs Malawi vs Zambia
- ✓ Compare within countries
  - Tertiary vs youth friendly care

Why these 3 countries?

	Ethiopia	Zambia	Malawi
Legal status	Rape, incest, physical or mental disabilities, to preserve a woman's life or health, or if a woman is physically or mentally unprepared for childbirth	Rape, incest, defilement, risk of injury to physical/mental health of women or any of her existing children; foetal abnormalities. Account may be taken of the pregnant woman's actual or reasonably foreseeable environment or her age	Legal only to save the life of the woman.
Service availability	Widely available in the public, private and NGO sectors.	Certification requires 3 doctors' signatures. Some availability in 110 public sector facilities; limited availability in the private/ NGO sector	Limited availability in NGO franchises.

MOST → LEAST

Facility-based interviews with adolescents [10-19y]

Why?

To establish which aspects of implementation act as a barrier or facilitator to adolescents' use of contraception and SA/ PAC services.

How?

Facility-based recruitment of adolescents seeking either SA or PAC following an abortion initiated elsewhere.

Sample (≈110/country)

In each country, recruited adolescents seeking care at two public sector facilities (tertiary hospital vs. ASRHS).

We focus on the public sector because it is where most vulnerable or marginalised adolescents seek care.

Adolescent interview focus

Using established two-interviewer approach:

- one RA will conduct the interview in a conversational style to put the participant at ease and facilitate the narrative flow, whilst a second RA will complete the research instrument.
- towards the end of the interview the second RA will ask supplementary questions not covered by the first RA to ensure completeness.

The research instrument generates evidence on:

- detailed care seeking pathways (and their influences and influencers)
- barriers to care-seeking (eg: knowledge, confidentiality, cost, transport, unofficial provider payments, perceived quality of care)
- sociodemographic status
- contraceptive (non-)use;
- direct service costs (for example, fees per procedure or intervention);
- indirect costs (e.g.: travel, food, lost productivity)
- resources used to pay costs (e.g.: credit, asset sale, borrowing, loss of wages)
- knowledge of the law, including understanding of adolescent rights to services
- barriers and facilitators to care-seeking

VERY TENTATIVE INSIGHTS [RECRUITMENT + ANALYSES ONGOING]

	Ethiopia	Zambia	Malawi
Type of care	SA	SA+PAC	PAC
MA self-use	Low	High	Medium
Why abortion?	Education Fear Employment Prevent marriage		
Cont'n before abortion	Partner resistance Male condoms intermittent [pleasure] Non-use due to fertility concerns Stopped using – side effects "Emergency contraception"		
Sexual violence	High	Low	Low

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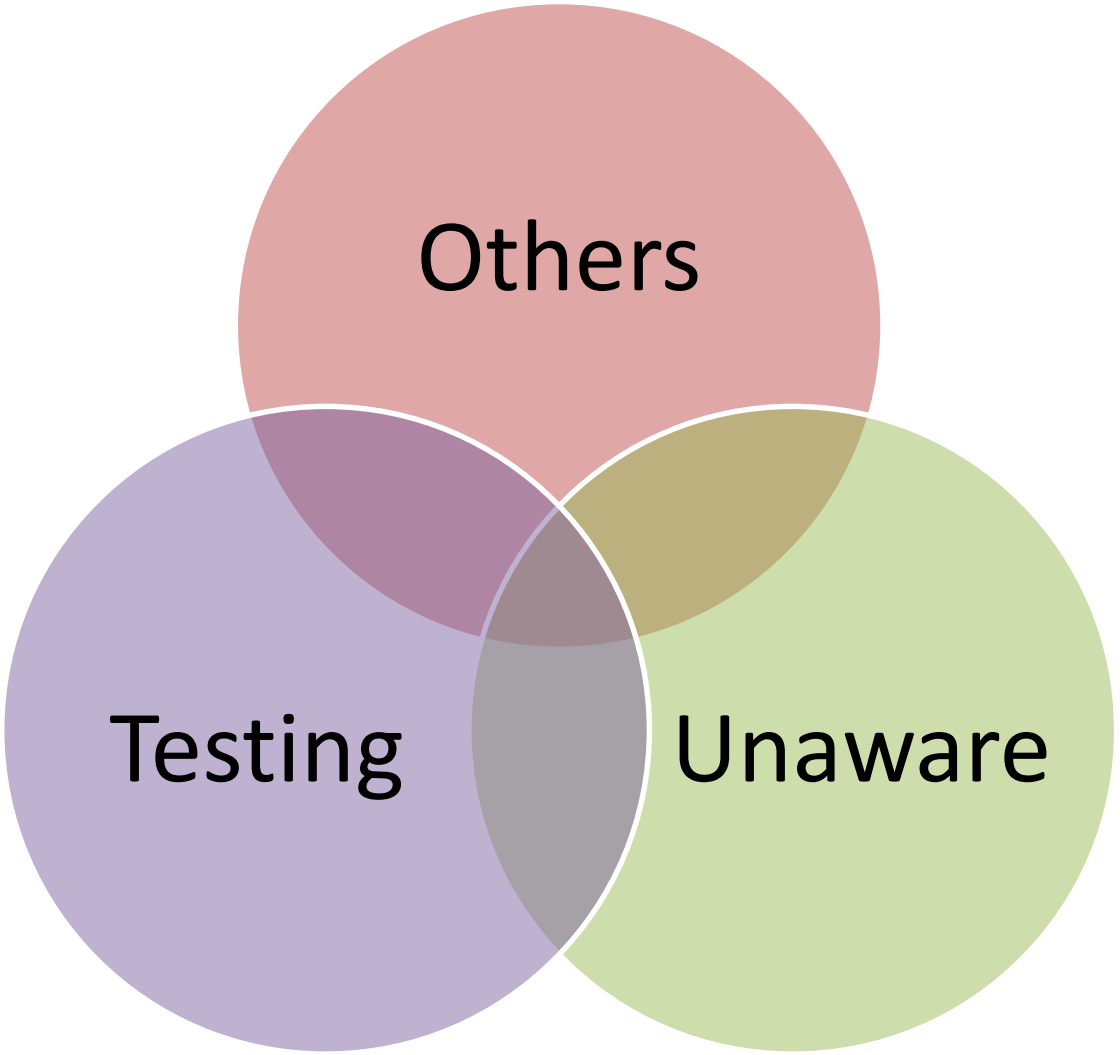
Pregnancy awareness



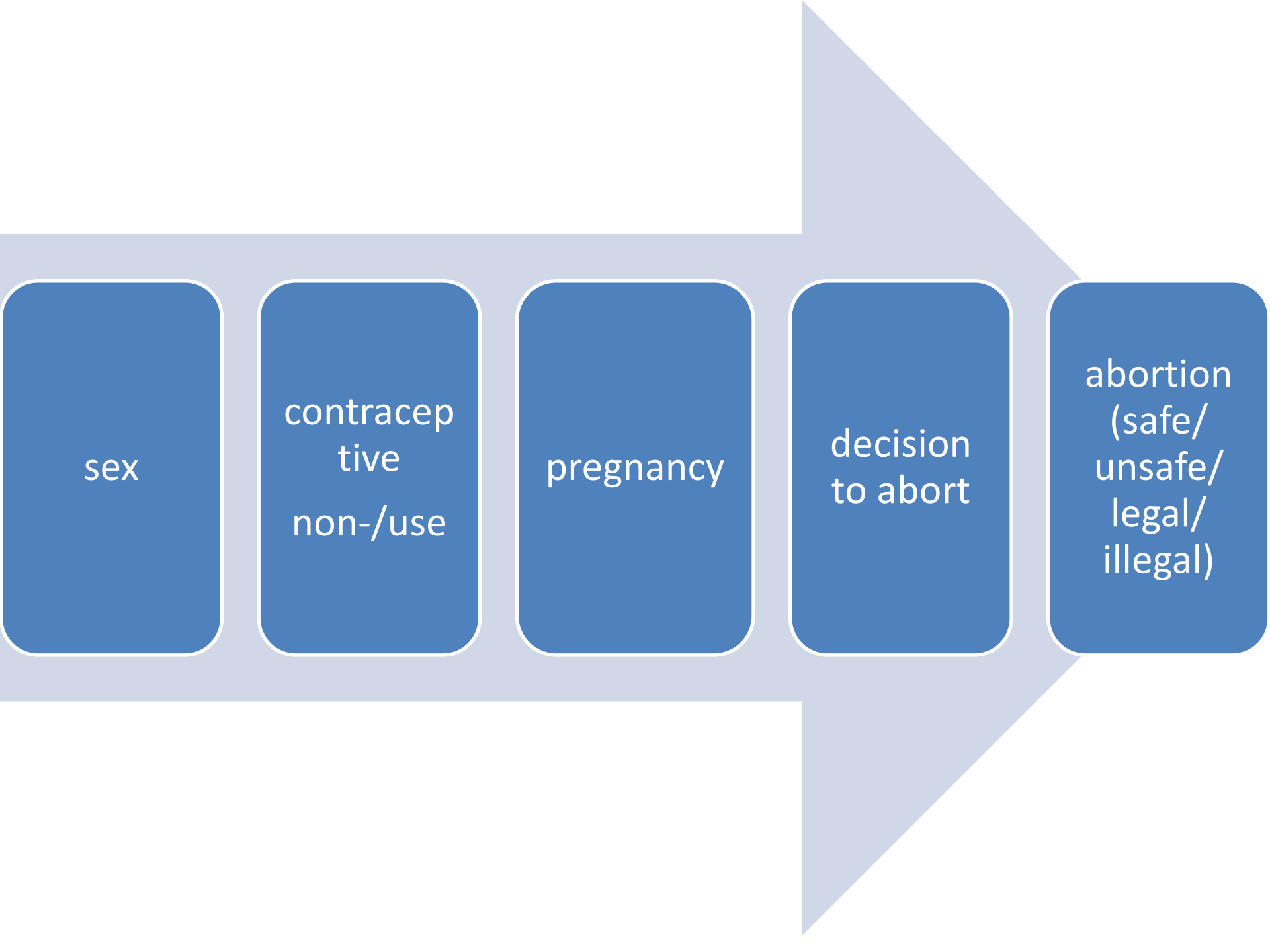
“Youth friendly”

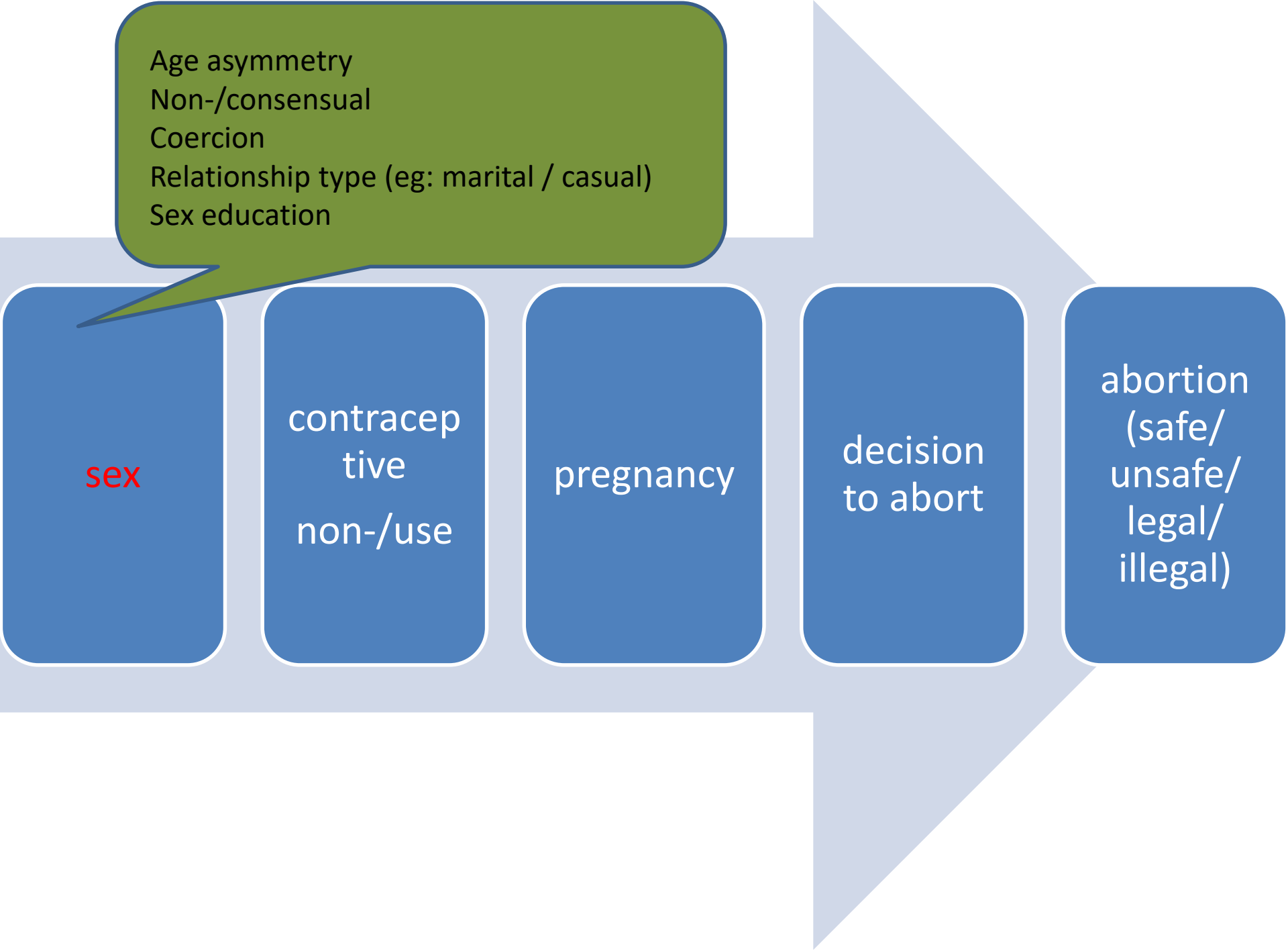
ZAMBIA

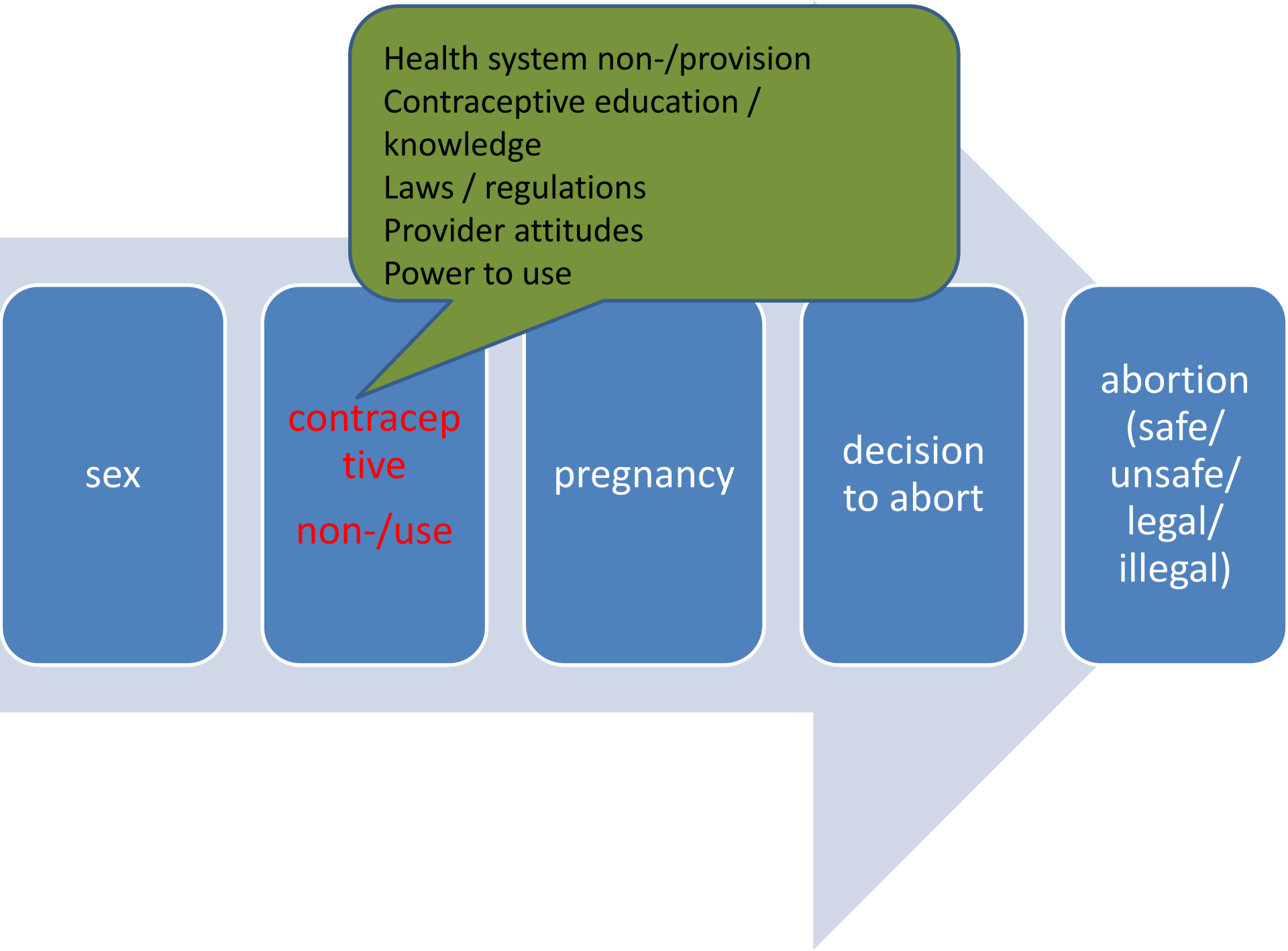
ETHIOPIA

Information

A COMMODITY CHAIN OF SILENCES

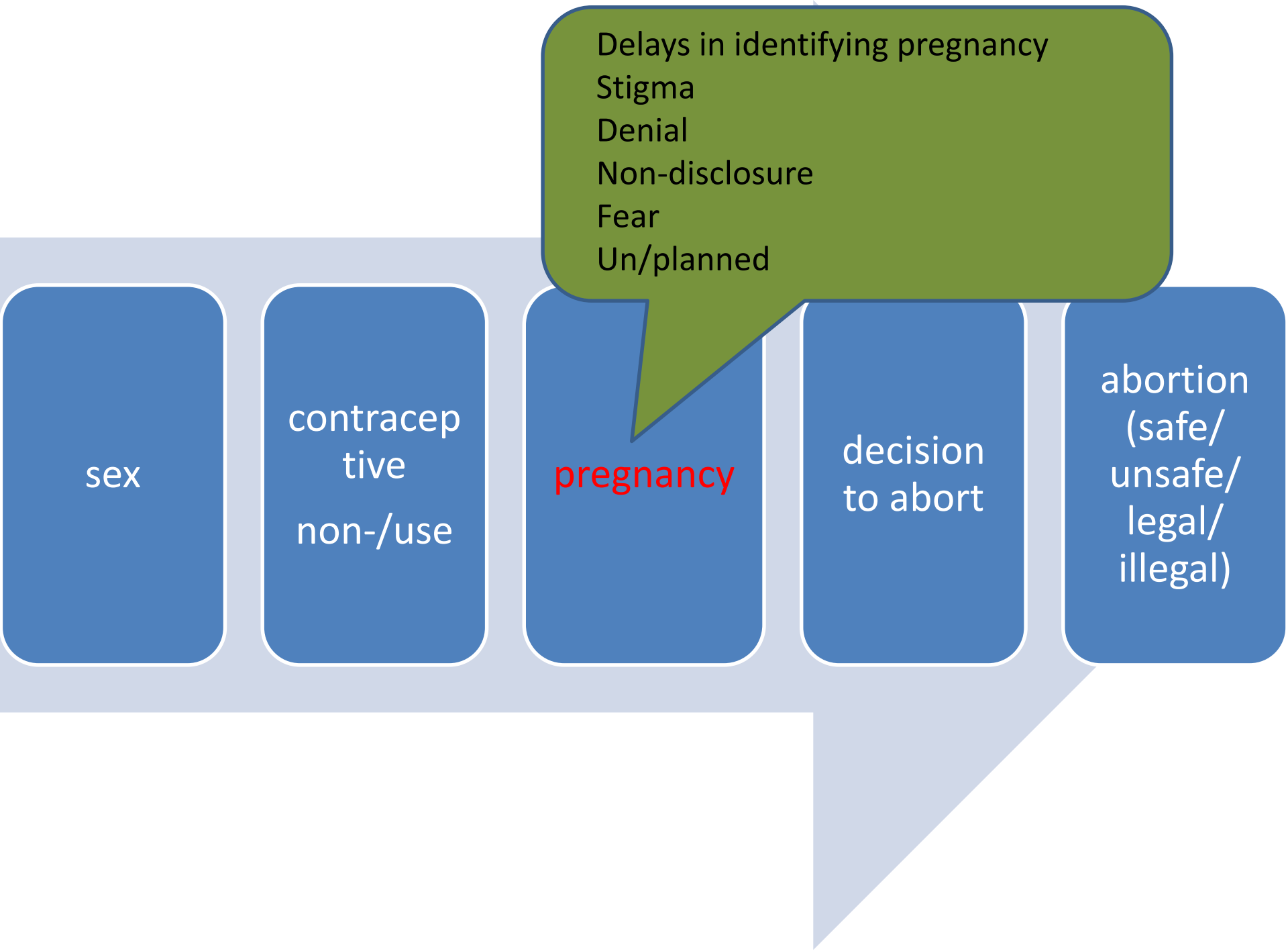

sex
contraceptive
non-/use
pregnancy
decision to abort
abortion (safe/ unsafe/ legal/ illegal)


Age asymmetry
Non-/consensual
Coercion
Relationship type (eg: marital / casual)
Sex education
sex
contraceptive
non-/use
pregnancy
decision to abort
abortion (safe/ unsafe/ legal/ illegal)

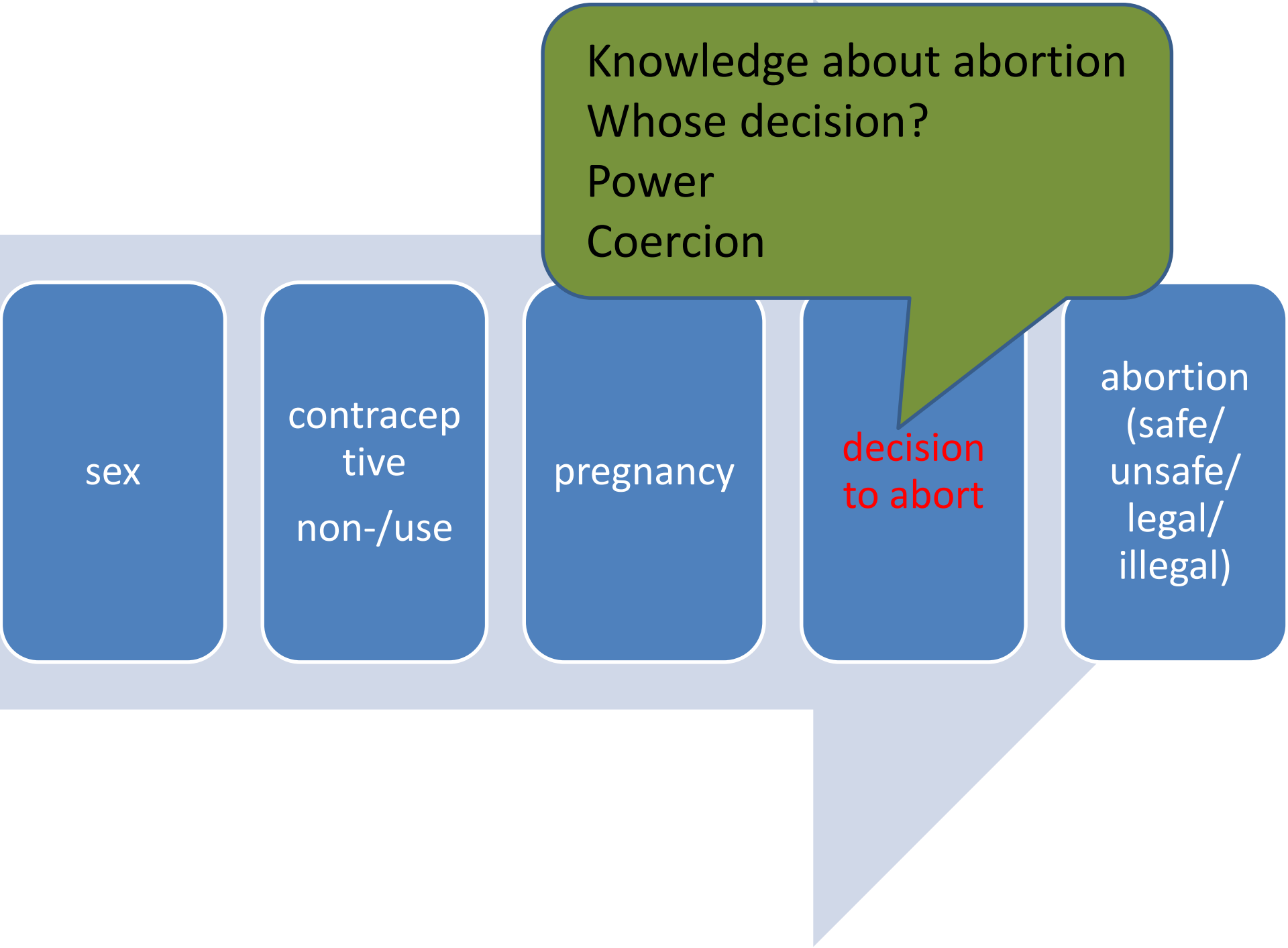

Health system non-/provision
Contraceptive education / knowledge
Laws / regulations
Provider attitudes
Power to use
sex
contraceptive non-/use
pregnancy
decision to abort
abortion (safe/ unsafe/ legal/ illegal)

“I can’t say he refused to use, we never even talk about it or anything”

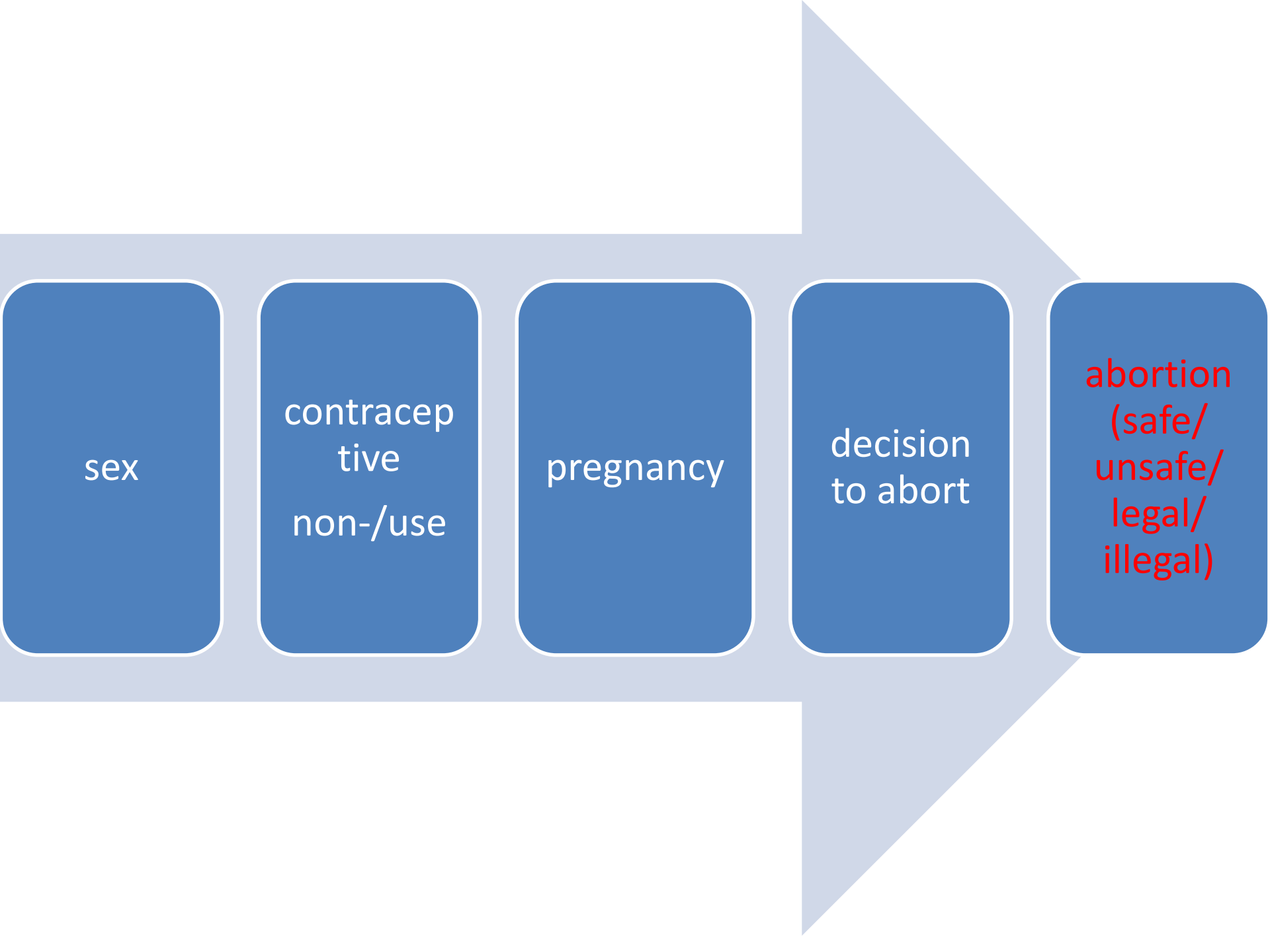
[15 years old; urban Zambia, 2018]


Delays in identifying pregnancy
Stigma
Denial
Non-disclosure
Fear
Un/planned
sex
contraceptive
non-/use
pregnancy
decision to abort
abortion (safe/ unsafe/ legal/ illegal)

“But then I was still worried because that has never happened to me, I have never missed my periods. Then I asked my neighbour who is a nurse, she told me that I was pregnant and that I should tell my mother. I told her I couldn't do that because my mother wouldn't spare me [a beating].”


Knowledge about abortion
Whose decision?
Power
Coercion
sex
contraceptive
non-/use
pregnancy
decision to abort
abortion (safe/ unsafe/ legal/ illegal)

“I was told that there was no way that I would take care of this child… I was asked how I would care for that child, where I would find clothes and how I would finish school? … my father was very upset with me”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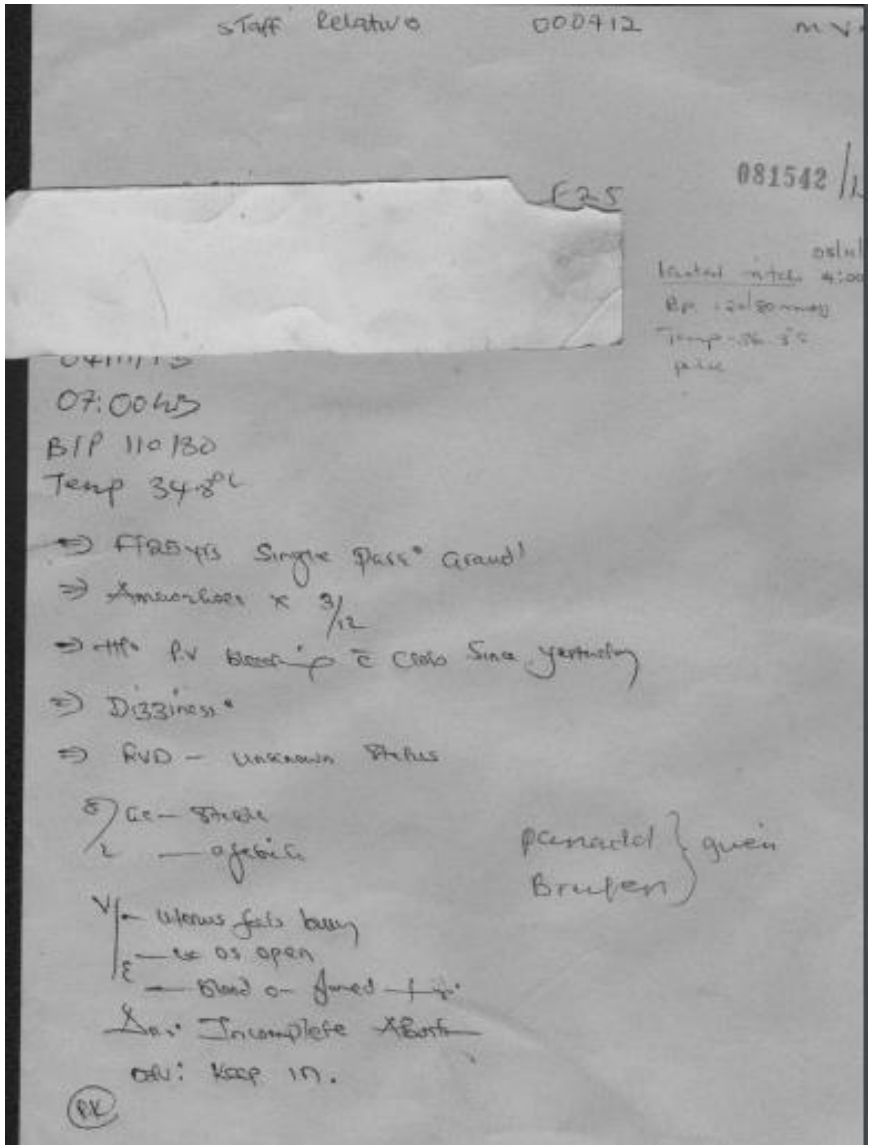
pregnancy
decision to abort
abortion (safe/ unsafe/ legal/ illegal)

RESEARCHING ABORTION AND ADOLESCENTS

Treatment records

- Treatment records are accessed and anonymously copied, with permission, to validate individual reports of abortion care received and morbidity symptoms as a result of unsafe abortion procedures or attempts.

- Previously used in Zambia to generate evidence about pathways to care-seeking



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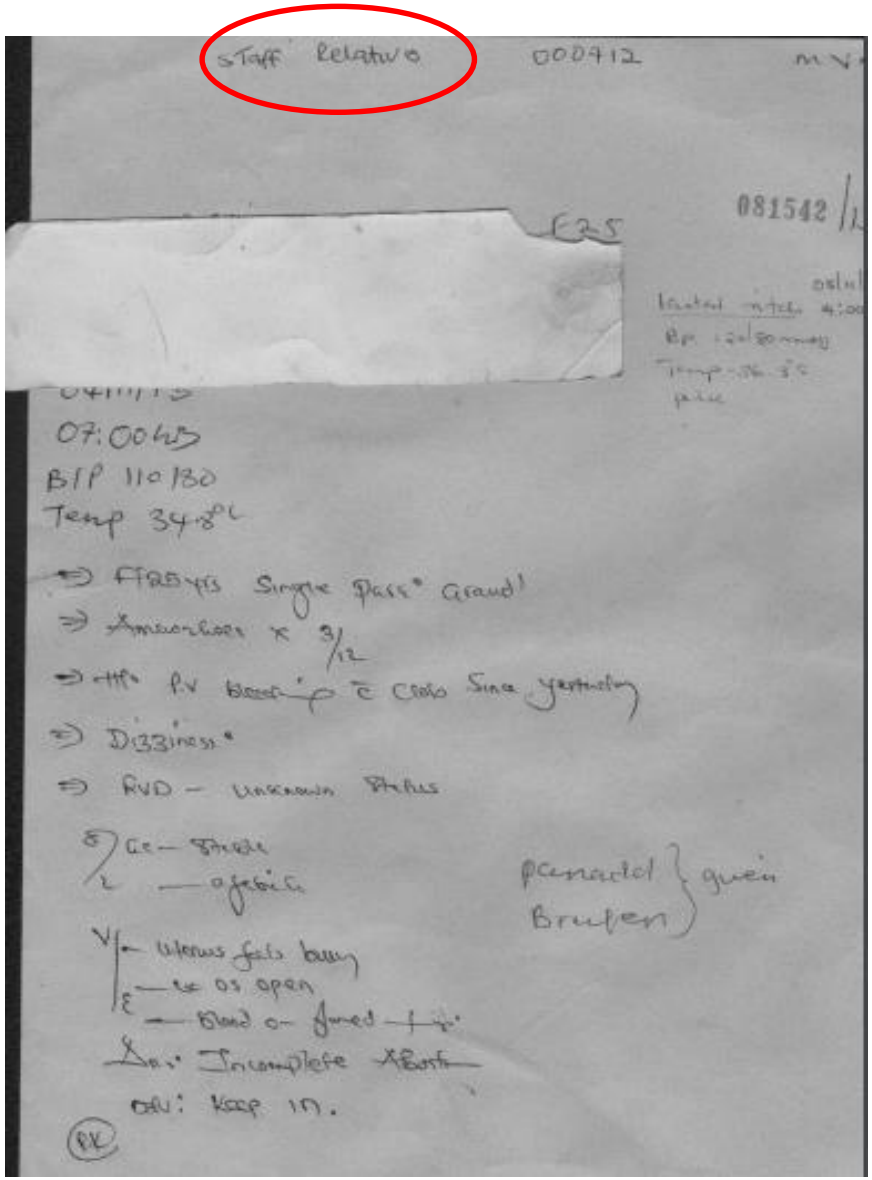

Research design

- ✓ Weekend recruitment
- ✓ Variable shift recruitment
- ✓ Trying not to exclude adolescents with disabilities
- ✓ 2 interviewer model

QUESTIONS?

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