



Zambia could save 2.5 million Kwacha every year by providing access to legal safe abortion services – Study reveals

A recent study has found that the health care system in Zambia spends 2.5 times more treating complications arising from unsafe abortion than it would spend on providing safe abortion. The study found that the country's health care system could save as much as 2.5 million Kwacha every year if women currently treated for complications arising from unsafe abortion were to instead access legal safe abortion services. The World Health Organization defines unsafe abortion as "a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both".

Although induced abortion has been legal in Zambia since 1972, many women still lack access to this and often resort to unsafe abortion. The study found that more women attend hospital for care needed after an unsafe abortion than go in for a safe and legal abortion. For instance, only 20% of women receiving abortion-related services at a gynaecological ward in Lusaka were there for safe abortion whereas the remaining 80% were therefore for treatment of complications arising from unsafe abortion.

Treating unsafe abortions costs health facilities in Zambia. On average they spend 330 Kwacha treating complications arising from an unsafe abortion case as opposed to 241 Kwacha for giving a woman a safe and legal abortion procedure.

The main obstacles hindering women from accessing legal and safe abortion include lack of knowledge about the safe abortion services that are available to them, inability to get the required three signatures from medical practitioners (currently interpreted as doctors) authorising the abortion, inability to pay for safe abortion services, and stigma associated with abortion. Given these obstacles, health facilities treat far more cases of complications arising from unsafe abortion than cases of safe abortion.

The study, conducted by the University of Zambia in partnership with the London School of Economics, recommends a change in policy to address the barriers that hinder many women from accessing legal safe abortion. The study further highlights the need to reform the law in regard to the legal requirement of signatures from three registered practitioners

(currently interpreted as doctors) to authorise a safe abortion procedure in a health facility. This law is especially penalising for women in rural areas where very few registered doctors operate. In 2010, the whole country had less than 911 registered medical doctors serving a population of close to 12 million. The majority of these doctors are concentrated in urban areas, meaning that the bulk of the population, which lives in rural areas, has very limited access to registered medical doctors.

The study recommends the need for programmes that enable more women to access and use contraceptives. This is especially important because nearly 3 in 10 married women who wish to delay or stop child-bearing altogether are not using effective contraception. This is a major cause of unplanned pregnancies, which often end up in unsafe abortions.

Important Background Information

Death associated with pregnancy and child-birth remains high in Zambia, with an estimated 280 women dying annually per every 100,000 live births (after deaths associated with HIV have been accounted for). Zambia is not on track to meet next year's deadline for the Millennium Development Goal 5 to reduce maternal deaths by 75%. The Government has estimated that 1 in 3 of the deaths associated with pregnancy and childbirth are due to unsafe abortion.

These deaths happen even though in 1972 Zambia passed one of the most progressive laws on abortion in sub-Saharan Africa, setting it apart from many African countries. The 1972 Termination of Pregnancy Act, amended in 1994, permits induced abortion in a wide range of circumstances: if the pregnancy constitutes a risk to a woman's physical or mental health, or constitutes a risk to her life; if the pregnancy would involve a risk to the physical or mental health of any of a woman's existing children; or if there is substantial risk that the child to be born would suffer from physical or mental abnormalities as to be seriously handicapped. In deciding whether the pregnancy is a risk to a woman or her existing children, doctors can take account of the pregnant woman's actual or reasonably foreseeable environment (for example, her economic wellbeing) or of her age (for example, if she is very young). According to this law, pregnancy terminations must be conducted by a registered medical practitioner and, unless it is an emergency, require signatures of three registered medical practitioners, one of whom must be a specialist.

Past efforts to address the obstacles that hinder women from receiving legal safe abortion have not translated into actual access to safe abortion by most women. A Post Abortion Task Force set up in 2000 led to the adoption of national standards and guidelines for providing safe abortion and post-abortion care. However, the existing policy framework within which these guidelines are implemented, specifically the 2011-2015 National Health Strategic Plan, makes no mention of the need for the provision of legally permitted induced safe abortion or post-abortion care.

How was the Research conducted?

The study was conducted by the University of Zambia in collaboration with the London School of Economics between 2012 and 2014. It was funded by the UK's Department for International Development (DFID) and the Economic and Social Research Council. The researchers used multiple sources of data: interviews with healthcare practitioners, health service administrators, and staff of international NGOs actively involved in the provision of safe abortion and services and treatment of complications arising from unsafe abortion; review of medical case records of women receiving safe abortion as well as post-abortion care; and review of health facility records.

For more information

For more information on this study, please contact Dr Ernestina Coast (e.coast@lse.ac.uk) or Dr Bellington Vwalkia (vwalkab@gmail.com). You can find more information on the study on:

- The study's website: <http://zambiatop.wordpress.com/>
- Presentations on Slide Share: www.slideshare.net/ZambiaTOP
- By following the study on Twitter: [@ZambiaToP](https://twitter.com/ZambiaToP)

High quality photographs are available on request



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