Lack of information and stigma associated with abortion are the main reasons why most women have unsafe abortion procedures

Although safe abortion services are legally permissible, and available in Zambia's public health system and some non-government facilities, most women wanting to terminate a pregnancy opt for dangerous abortion procedures. The main reasons for this, according to women treated for abortion complications in a public hospital in Zambia, are the lack of information on the legality and availability of safe abortion services and the stigma associated with abortion.

A new study by the University of Zambia and the London School of Economics conducted between 2012 and 2014 interviewed women who had received safe abortion services and those who had received treatment for complications arising from unsafe abortion undertaken outside the hospital. The main difference between the two groups of women was knowledge: the group that sought safe abortion services was aware of the services or had received advice from family or friends who knew of the availability of safe abortion services at public hospitals, whereas the group that opted for unsafe abortion was unaware or received advice from family or friends who did not know that safe abortion services were legally available in public health facilities.

Contrast these two scenarios. Scenario One involves a student who sought advice from her friends on how to terminate her unplanned pregnancy, and they advised her to take lots of painkillers. Because she feared that this was dangerous, she sought advice from her mother, who in turn advised her to go to a public clinic. The clinic referred her to a hospital where she received safe abortion services. Scenario Two involves a young woman who asked her friend for advice on what to do to terminate her pregnancy. Her friend got her medicines to drink and to insert. The girl experienced a lot of pain and was rushed to hospital for admission.

Besides lack of information, another important reason why girls and women opt for unsafe abortion procedures is because of fear of the stigma associated with abortion. For instance, the researchers spoke to one married woman with a very young baby that had had contraceptive failure. She didn’t think she could care for another baby so soon and didn’t feel she could tell her husband about this next pregnancy. Instead, she opted to keep taking her contraceptive pills and some painkillers, hoping that these would lead to a
miscarriage. When this failed, she went to an herbalist, who inserted a stick into her womb to cause the abortion. This resulted in severe damage and she was taken to the hospital for emergency admission. This woman not only lacked information about where she could access safe abortion services, she also could not discuss her need for abortion with close family or friends due to the fear of stigma.

What is of concern is that nearly all the women who undertook unsafe abortion procedures were very well aware that the procedures were dangerous. For instance, one woman said: “It was my friend, I asked her if she knows medicine for aborting... She said there is someone I know but these things are dangerous you may die together with the child and I told her to just get for me...” The woman was desperate and went ahead to use the medicines provided by her friend, despite knowing that it was very dangerous for her to attempt to induce an abortion with unknown medicines.

This study demonstrates the risks that women still take to terminate unplanned pregnancies in a context where safe abortion has been legal for more than 40 years. Zambia’s 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, medical practitioners 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.

The presence of this law has however not translated to the provision of safe abortion services in most health facilities. In fact, many district and lower level health facilities, which are the most accessible health facilities to many women throughout the country, are not able to provide safe abortion services due to the lack of trained staff and required drugs, the lack of the three doctors (as this is the current interpretation of medical practitioners in the ToP context) required to sign off the decision or a lack of staff willing to provide abortion care. The study revealed that most of the women who received safe abortion care at a hospital as well as those who were treated for complications arising from
unsafe abortion at the same hospital had been referred from district and other lower level health facilities that were unable to offer these safe abortion services.

All these factors explain why up to 30% of deaths of women associated with pregnancy or child-birth (i.e. maternal deaths) in Zambia are estimated to be caused by unsafe abortion (GoZ, 2009). Maternal deaths remain high in Zambia, with an estimated 280 women dying annually per every 100,000 live births, after HIV-related deaths to pregnant women have been accounted for. Given this persistent high number of maternal deaths, Zambia is not on track to meet the 2015 deadline for the Millennium Development Goal 5 to reduce maternal deaths by 75%.

For more information

For more information on this study, please contact Dr Ernestina Coast (e.coast@lse.ac.uk) or Dr Bellington Vwalkia (vwalikab@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

High quality photographs are available on request