

## Unsafe Abortion and Postabortion Care in Zimbabwe: Community Perspectives

Based on the report "Community Perspectives on Unsafe Abortion and Postabortion Care in Zimbabwe" by Susan Settergren, Cont Mhlanga, Joyce Mpofo, Dennis Ncube, and Cynthia Woodson, April 1999. Emily Pierce and Susan Settergren prepared this brief.

### Background

Abortion complications pose a serious health risk to women and account for 13 percent of maternal deaths worldwide.<sup>1</sup> Effective and safe postabortion care would save women's lives by reducing maternal mortality rates by as much as one-fifth in many low-income countries.<sup>2</sup> Complications of unsafe abortion cost health care systems a tremendous amount in terms of hospital space, providers' time, antibiotics, blood, and supplies. Experts note that "It is not uncommon for the majority of beds in emergency gynecology wards to be occupied by women suffering abortion complications ... Treating a patient with abortion complications can cost upward of five times the annual per capita health budget."<sup>3</sup> Given the magnitude of the health burden and costs associated with abortion complications, it is vital for countries to extend postabortion care services to women. To do so, it is important to understand the roles communities can play in reducing abortion and promoting good quality postabortion care.

In East and Southern Africa, USAID has implemented a regional initiative to reduce the number and consequences of unsafe abortions by promoting postabortion care (PAC). PAC is a widely accepted

public health strategy to reduce maternal mortality and morbidity from unsafe abortion and provide links between postabortion emergency treatment services and comprehensive family planning/reproductive health services. Most PAC program efforts focus on service delivery, emphasizing operations research, training of service providers, and service delivery strategies. However, community perspectives, such as knowledge and attitudes about unsafe abortion and health-seeking behavior among those who experience complications of abortion, also need to be considered in program design. This research is intended to enhance understanding of the role of communities in the prevention of unsafe abortion and provision of client-oriented PAC services.

### Methodology

Collecting information about community perspectives on abortion is difficult. Traditional methods of data collection, such as surveys, have proved inadequate in gathering valid data on this sensitive topic. Restrictions on abortion and the social stigma attached to it often make people reluctant to discuss the issue openly with researchers.<sup>4</sup>

The POLICY Project and Amakhosi Theatre Group are using an innovative approach to overcome these research challenges. They are using methods of social theater to promote community dialogue and document community perspectives

<sup>1</sup> Starrs, A. 1998. *The Safe Motherhood Action Agenda: Priorities for the Next Decade—Report on the Safe Motherhood Technical Consultation 18-23 October 1997, Colombo, Sri Lanka*. New York: Family Care International in collaboration with the Interagency Group for Safe Motherhood.

<sup>2</sup> Maine, D. 1997. *Safe Motherhood Programs: Options and Issues*. New York: Center for Population and Family Health, Columbia University.

<sup>3</sup> REDSO. n.d. Postabortion Care Initiative Brochure. Kenya: USAID/REDSO.

<sup>4</sup> Abortion is heavily restricted in most African countries. In Zimbabwe, abortion is permitted only in cases of threat to the life or permanent physical impairment of the pregnant woman, grave physical or mental defects to the child, or conception by unlawful intercourse (i.e., rape, incest, or intercourse with a mentally handicapped woman).

on unsafe abortion and PAC. Amakhosi Theatre Group, a leading professional theatre company in Zimbabwe, produced a play on adolescent pregnancy, unsafe abortion, and postabortion care, entitled *Don't—Ungaqali*.<sup>5</sup> The play uses drama, music, and comedy to tell the story of a teenage girl who has an unsafe abortion and suffers complications. (See *Don't—Ungaqali!* box for plot summary.)

Performances were held in nine rural and urban locations in Hwange and Bulawayo Districts in Matebeleland North Province of Zimbabwe. Following each performance, the audience was invited to stay for a discussion of the issues raised by the play. The author of the play and a public health nurse led discussions, while two researchers documented what was said.

Altogether, approximately 2,500 people attended the performances. Post-performance discussions ranged in size from 18 to 100 participants. Participants included elected city officials, traditional chiefs, health care professionals, traditional healers, teachers and education administrators, clergy and religious leaders, police, court magistrates, business leaders, military officials, representatives of national- and community-level NGOs, and community members-at-large. Researchers also conducted

<sup>5</sup> The University of Zimbabwe Medical Library commissioned Cont Mhlanga, Artistic Director of Amakhosi Theatre Group, to write and produce the play with support from the USAID-funded Support to Analysis and Research in Africa (SARA) Project. The play is based on Amakhosi's community research on unsafe abortion and the policy guidelines published by the Commonwealth Regional Health Community Secretariat.

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over 60 key informant interviews with selected community members before and after the performances.

### ***Don't—Ungaqali!***

In an all-too-common scenario, a teenage couple in Zimbabwe succumbs to peer pressure, and they have sex. The girl becomes pregnant. When her boyfriend learns of her condition, he abandons her. Both are thrown out of their homes by their parents. Faced with few alternatives, the boy runs away to South Africa; the girl takes up residence with a professional sex worker who arranges for her to have an abortion. The abortion is performed by a *nyanga* (a traditional healer) who provides the girl with *muti* (herbal medicine), but the girl suffers serious complications. When her parents learn of the situation, her mother arranges to take her to the hospital, while her father, in his anger, focuses on the arrest of the *nyanga*. The girl survives but will never be able to bear children. At the end of the play, the mother warns the audience about the dangers of unsafe abortion and advises that if a woman experiences complications from an abortion, she should receive immediate medical attention and family planning counseling.

### **Findings**

Community members of all ages engaged in lively discussions following the performances. Community perspectives from these discussions and the key informant interviews are highlighted below.

#### ***Community Knowledge about Abortion***

Although most abortions are done secretly, the majority of community members recognize that unsafe abortion is a serious problem. Sources of information about the magnitude of the problem include rumors, personal observation in health care and social services settings, and the media.

***“The problem of abortions is a well-known fact in the communities, even if they're done in secrecy.”***

—Residents' association member

The common assumption is that young, unmarried girls are most affected by unwanted pregnancy and unsafe abortion. However, older, married women also are acknowledged to experience these problems. Causes of unwanted pregnancy cited by the respondents include the following:

- Economic hardship that leads to sex for income;
- Poor parenting;
- Ignorance about sex and reproductive health, early physical maturity and experimentation with sex;
- Promiscuity;
- Unprotected sex and inaccessibility of contraceptives;
- Breakdown of traditional family and societal values;
- Women's lack of control of their sexuality;
- Boys and men "cheating" girls into having sex by promising marriage; and
- Lack of respect between a man and a woman.

The most frequently cited reasons for inducing an abortion are denial of responsibility for the pregnancy by the boy or man and fear of parents discovering the pregnancy.

### ***Abortion Sources and Methods***

Traditional healers, certain community members (often female elders), and medical doctors are reported to induce abortions. Abortions also are self-induced with assistance from friends and other community members. Most abortionists are unskilled, although some are more qualified than others. Abortion methods used outside the formal health care system include oral administration of traditional medicine or herbs, overdoses of malaria tablets or contraceptive pills, and insertion of knitting needles or roots into the vagina.

### ***Health-seeking Behavior for Abortion Complications and PAC Services***

Girls and women who experience complications of induced abortion often delay or do not seek medical treatment. Fear of being reported to the police by clinic or hospital staff, fear of harsh treatment and exposure by nurses, and fear of parents' reactions are the primary reasons for avoiding medical attention. The law requires health care facilities to report abortion cases to the police. However, the practice of reporting appears to vary among service delivery

sites and individuals. Parents and community members also report cases to authorities. Frequently, they file these reports because they are concerned with arresting the abortionist. Other reasons for delaying treatment include financial constraints, difficulty with transport, and "mild" symptoms.

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***"When they find they can no longer hide the pregnancy, they decide to abort and still keep on hiding and hope that things will be all right. As a result, they come late for help when they can no longer cope."***

—Private medical doctor

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Nurses' attitudes and behavior toward postabortion clients have an impact on clients' decisions to seek care. In particular, community members are concerned about nurses' gossip to family members and neighbors, harsh treatment, and unfriendliness to youth. At the same time, nurses express frustration with the client's failure to explain the reason for her condition and delay in seeking treatment until complications are severe.

### ***Recommended Community Actions***

Respondents acknowledged that abortion and unwanted pregnancy have far-reaching effects on the community and assumed ownership of the problem. They recommended specific actions for communities to take to address the issue.

Many community members stated that better parenting would reduce the problems of unwanted pregnancy and unsafe abortion. They also encouraged schools to work with parents to teach sex education.

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***"There is no point blaming this and that. Abortion is a community problem."***

—Woman at a performance discussion

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Community members acknowledged that family planning helps prevent unwanted pregnancy, but voiced several concerns. In particular, opinions regarding provision of contraceptives to young, unmarried teens greatly diverged. Some respondents also expressed fear of contraceptive side effects. Others complained of financial constraints. Many people can no longer afford to purchase

contraceptives since the government raised prices in early 1999.

In general, respondents encouraged better community dialogue and mobilization. Specific recommendations include the following:

- Sensitize and educate on the dangers of unsafe abortion, the need for prompt medical attention for complications, and PAC;
- Broadcast information on the radio and in newspapers, host drama performances and workshops;
- Encourage church attendance and dialogue at church on unsafe abortion;
- Establish and support programs for youth;
- Facilitate networking among community organizations;
- Engage elected officials and politicians;
- Continue dialogue on sensitive policy issues, such as legalization of abortion and family planning services for youth; and
- Expand and improve PAC services by offering clients confidentiality, counseling, and support.

### **Policy Implications**

The health community must recognize the important role of the broader community in solving the problems of unwanted pregnancy and unsafe abortion and in strengthening PAC services. These research findings suggest three key strategies:

- Listen to the community. Community members have information that health care managers and

providers need in order to design and provide services that will better meet client needs. Incorporating client perspectives is critical because many clients in need are not seeking services. Community members are eager to provide their perspectives if they feel they are being listened to and respected.

- Educate the community. Education should be a cornerstone of PAC service delivery. Many people, particularly young people, do not understand the seriousness of abortion complications. More broadly, knowledge about sex and reproductive health is seriously lacking. The health community must reach out to the larger community to provide this education.
- Partner with the community. Unwanted pregnancy and unsafe abortion are multidimensional problems deeply embedded in societal and cultural norms and practices. The health community cannot, and should not, operate alone. As PAC programs are established and improved, opportunities to create linkages and synergies with other community services and organizations must be explored.

The first phase of this social theatre project aimed to sensitize communities to the problems of unsafe abortion and motivate community action, while gathering data on community perspectives in the process. The second phase will focus on measuring the impact of the social theatre intervention to mobilize community action.

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