

Costs and Decision-Making Regarding Abortion and Abortion Care-Seeking in Zambia

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Although abortion can be legally provided in Zambia on the grounds of health, economic distress, and rape, many women turn to illegal, unsafe abortions. Lack of awareness among providers and women alike about the situations under which abortion can be legally provided remains one of the primary barriers to the provision of safe, legal abortion. Stigma and economic concerns about accessing abortion also influence the type of abortion women choose and thus often determine the risks that they will face.

To help us understand what differentiates women obtaining a safe procedure from women obtaining an unsafe procedure, this study documents decision-making regarding abortion and postabortion care-seeking behavior including costs of seeking abortion care for both spontaneous and induced abortion among women in two districts in Zambia: Lusaka and Kafue. This is a longitudinal study meant to assess the household costs (health, economic and social) of abortion in Zambia. This component is part of a larger project which, in its entirety, is assessing women's abortion-related behavior through, in addition to this component, a morbidity and mortality assessment of abortion-related complications at a nationally representative sample of health facilities; a community-based household survey of women's sexual and reproductive health knowledge and behavior with a special focus on abortion, and an assessment of the capacity of health facilities to offer comprehensive abortion services.

For this component, we have employed the use of mixed-methods for the data collection: semi-structured in-depth interviews (IDIs) conducted at two points in time and a structured cost questionnaire conducted at the first interview only. Women who have successfully obtained a legal abortion and women who have experienced complications from unsafe abortion were recruited from two public hospitals (one in each district) and a number of private clinics in the two selected districts. The Time One (T1) interviews took place at the facility before discharge in the language most comfortable for the respondent (English, Nyanja, Bemba or Tonga). 54 IDIs were conducted at T1 as well as over 100 cost questionnaires. We were able to successfully follow up with 38 of the IDI respondents and conduct the second interview 3-4 months after the first interview. See Table 1 for a breakdown of the qualitative respondents:

Table 1. Description of Qualitative Sample, Household Consequences of Abortion, Zambia 2014-2015

	T1 N (%)	T2 N (%)
TOP		
MVA	10 (18.5%)	5 (13.2%)
MA	17 (31.5%)	16 (42.1%)
PAC		
Low severity	14 (25.9%)	9 (23.7%)
Moderate/severe	13 (24.1%)	8 (21.1%)
TOTAL	54 (100.0%)	38 (100.0%)

All IDIs were audio-recorded on a digital recorder. English interviews were transcribed verbatim and local vernacular interviews were simultaneously translated and transcribed. The cost questionnaires were double entered into a database. The project has received approval from the Institutional Review Boards of Population Council-Zambia the Guttmacher Institute, and the Ministry of Health-Zambia.

Coding has taken place using NVIVO 10 (QSR International, Melbourne, Australia), using a predetermined coding structure capturing relevant concepts related to costs borne by the woman related to her decision to obtain a termination. Relevant nodes have been analyzed and summarized so as to be able to draw comparisons in costs borne by women obtaining a safe abortion compared to those who obtained an unsafe abortion.

Analyses were conducted on the following dimensions: sources of expenses, impact on savings, opportunity costs and experiences resuming responsibilities. We present summaries of the data in addition to illustrative quotes, including the age and the marital status of the respondents to provide context to their quotes. We compare respondents on other demographic variables when salient differences emerged on those dimensions.

Sources of expenses

Women having safe abortions differed in how they paid for their abortions depending on their education level. Preliminary findings from the IDIs reveal that less educated women relied on families or partners to raise the funds whereas more educated women paid for the abortion with their personal savings and income. Women who were obtaining PAC tended to be one to three degrees separated from the money that was used to pay for their care. The number of degrees of separation depended on the amount of money needed and the woman's age and personal financial status. Younger, less educated women were most likely to be the furthest separated from the money. Money for their procedures came from family members borrowing money on their behalves. School-going women often borrowed money previously allocated for food or school-related expenses provided by their families. In contrast, older women either collected the money themselves or borrowed directly from family. Delays in raising the funds increased the cost as well as the risk of the procedure. Women expressed frustration

and anxiety about the duration of time during which they were eager to secure an abortion but had to continue to seek funds before they were successful at drawing together enough money to be able to have the procedure done. A 19 year old, unmarried woman said:

But I have been looking for the money which has been so hard to find, which I just found. [The procedure] should [have been] last week. [I was only able to get the procedure] after it had already grown and everything.

Impact on savings

Seeking safe services had a significant impact on household savings. In most cases, the households of women who sought safe abortion were left with no food. In some cases, this forced women to borrow money beyond their ability to pay it back, leaving them in a cycle of debt. Women receiving PAC were often younger and less educated. These women reported knowing less about the impact on the household savings since the money came from other family members. Older women obtaining PAC used their own money or were closely connected to the source of money and reported a significant impact on their savings due to the need to pay for PAC. A 29 year old, unmarried respondent reported at T1:

Interviewer: So what do you think will be the effects of that now that you have spent so much and that it has left you with no savings?

Respondent: I will start asking for money now from the relatives[...]

I: Is it going to have any effect on your life, the fact that you have been left with no cash on you?

R: Yes, because already there is no power at home. There is no food.

At T2, she remained in a precarious position:

I: What are the consequences that you are going through due to that? Because your spending of the savings that you had is due to the complication that came after the termination right?

What's the consequence of using those savings?

R: The consequences... umm...how can I say it? I will remain with nothing of course.

Opportunity costs and experiences resuming responsibilities

There was a distinct difference between women having a safe abortion and women obtaining PAC in terms of women's experiences resuming their responsibilities. Women who had obtained a safe abortion reported little to no trouble resuming household and work duties. Neither the women nor their caregivers had to stay away from work or school long enough to have any effect on the household economic situation. Most respondents reported taking only a few days to recover and resume work or household chores without any pain or discomfort. A 37 year old unmarried woman related:

...This thing [TOP] happened over the weekend...I didn't have any problem and I continued to go for work on Monday very well and worked well. I didn't stay at home feeling bad or what...no.

Among women obtaining PAC, the amount of time it took for women to resume work, school and household responsibilities varied widely. Many women indicated little to no opportunity costs; a few women spoke of lost education and lost financial opportunities. Younger women spoke of fewer consequences or less knowledge of the consequences often because the money and time lost was lost by other family members.

Younger, school-going girls reported going back to school quickly after obtaining PAC, but taking longer to resume household responsibilities. A 21 year old, unmarried woman reported:

I: So after the pregnancy termination...how quickly were you able to resume all your normal activities ?

R: Okay like for school work, just after I left [the clinic] I continued with that...and then for the house chores after maybe like 3 months...by that time I was fully...I was fully recovered at that time. I was just normal I was just myself.

A 23 year old, unmarried woman said:

I: Ok. How soon did you resume carrying out your daily activities home?

R: Like the chores I used to do home ...I was not sweeping or cooking.

I: Why were you not sweeping and cooking?

R: I could not stand the heat coming from the stove.

I: How long did it take for you to resume your daily activities of sweeping and so forth?

R: It took two months.

At the T2 interview, some women were not fully back to their pre-abortion level of activity as they were still suffering economic and health consequences. A 29 year old unmarried school teacher who went on leave due to her compromised health post-abortion related a large amount of lost income due to the complications.

I: Okay, so how much do you think you have lost from the time they gave you that unpaid leave?

R: It's about K2.3 [ZMW 2,300] (approximately \$300) if am not mistaken.

I: And that was solely due to the complication of the termination that is why they said go on leave?

R: Yes.

A few illustrative examples help highlight the difference between the social, health and economic consequences of a safe abortion versus an unsafe abortion. A 25 year old, unmarried woman reported at T1 that she already had a child whose father was absent. She became pregnant again after a pill failure; her boyfriend denied responsibility for the child. She chose to have an abortion because she had no source of income and was living with her mother. She did not tell the mother about the abortion since her mother had told her that she would need to find another place to live if she had another child. She used money from her savings for the abortion as well as money from an uncle who was supportive. At T2, she had experienced no new health problems and was using a contraceptive implant. She was no longer in a relationship with that boyfriend; he was upset she had terminated the pregnancy and had harassed her and threatened to embarrass her. She reported feeling guilty, ashamed and depressed at times about the abortion, however she also reported feeling "free" and able to work and take care of her existing child in a way that wouldn't have been able to if she had carried the pregnancy to term. She was able to return to her household duties immediately after the procedure.

In contrast, details of the situation of the same 29 year old, unmarried woman quoted above describe a situation fraught with complications. When she was interviewed at T1, she had arrived at the hospital in a state of emergency due to a botched abortion attempted by someone she called a doctor at a clinic. She had lost a lot of blood. She expressed concern about her financial situation as she was living alone.

She insisted on being discharged before the hospital advised she be discharged because she had exams to take. Despite issues with her boyfriend's sisters not approving of her, she felt confident in her relationship with him. When we interviewed her at T2, she had not received follow-up care even though she continued to experience stomach pain and dizziness. She related that it took her two months to return to her regular household duties. Her employer had put her on unpaid leave until she recovered but they still had not called her back to work and four months had elapsed since her abortion. She suspected that her employer knew about her abortion and that that was the reason they had not called her back. She reported a huge financial loss, and without savings or any money coming in, she was in dire financial straits. She was still in school, but her relationship with her boyfriend had ended when his family learned about the abortion and her family had rejected her due to the abortion. She had sex since the abortion and had used a condom.

Conclusion

Both safe abortion and PAC cause financial burdens for women, which often necessitated that they borrow or use money intended for other purposes. When women had safe abortions, they were able to plan for the financial cost they were incurring whereas PAC expenses were unplanned expenses, making them harder for the woman and her household to absorb. Younger and less educated women tended to borrow from family members and were less able to describe the financial outlay or the implications of this spending on their household. In comparison, older and more educated women recognized that the abortion often had a significant financial impact on them and their families. Women who had obtained treatment for their unsafe abortion had greater difficulty resuming regular household, work and school duties and thus an increased burden on women and their households.

In order to reduce the risk that a woman experiences harmful, even catastrophic, financial consequences associated with an induced abortion, unsafe abortion practices must be reduced through greater use of family planning and safe abortion services. Unsafe abortion not only places a woman at greater risk of severe health consequences, but also has a negative economic consequence because of the costs associated with seeking PAC services and the long-term health consequences which prevent women from resuming household and work responsibilities during recovery.