

Abstract

OBJECTIVE: To provide a basis for continued policy dialogue and reform to address the problem of death due to abortion complications among the ECSA Health Community countries. The anticipated short-term outcome of this study was increased awareness among African health officials about the problem of incomplete abortion in SSA, especially CRHCS/ECSA countries.

DESIGN: The study undertaken in 1993/1994, involved primary data collection of abortion-related morbidity and mortality statistics, the cost of treating patients with abortion complications and provider and abortion patient perspectives. Data were collected via one on one interviews and reviews of logbook data. A computerized literature review on abortion in the region covering the years 1980-1994 complemented the primary data collection.

STUDY SETTING: Primary data collection was conducted in three countries (Zambia, Uganda and Malawi) at selected districts and tertiary care hospitals.

SUBJECTS: Nurses and physicians providing care to women with complications of abortion in participating hospitals were interviewed as well as hospital administrators. Women receiving care in the selected hospitals during the data collection period also were interviewed.

MAIN OUTCOME MEASURES: This analysis focused on cross-country comparisons of nurse and doctor attitudes and knowledge about abortion and family planning-related issues.

INTERVENTIONS: At a 1994 CHRCS conference, Health Ministers from 12 Commonwealth countries reviewed and endorsed the results of this study. In a 1995 ECSA Director Joint Consultative Committee meeting, participants discussed the study findings and developed regional action plans which were subsequently endorsed by the Health Ministers' at their 1995 annual conference.

RESULTS: Abortion complication patients in the three countries were on average 24-26 years old with two children. Patients experienced long hospital stays while receiving care for complications. The average monthly number of post-abortion patients was substantially higher in urban facilities as compared to mixed/rural ones. Opinions regarding factors that led to the abortion, access to abortion services and the legal provisions surrounding abortion were inconsistent between doctors and nurses. Patients were aware that complications of abortion were a major cause of maternal mortality. Overall, provider opinion about access to family planning (FP) information among abortion complication patients was also inconsistent between doctors and nurses but there was agreement on factors influencing use of FP. Opinions regarding access to FP services both before and after the abortion varied from easy to very difficult to obtain.

CONCLUSIONS: These data represent the situation as it was in the region some years ago and the paper describes important implications of the findings for policy and programme development. This research provided some impetus for stakeholders in these countries to put safe abortion and management of abortion complications on their health agenda. Ensuring that research results will be shared with appropriate decision-makers is key to maximizing the extent to which research findings may affect policy and programme advocacy.