QUALITATIVE STUDY

pathway to abortion

Legend

Sample Size

- 13 In-depth interviews with abortion users
- 8 Focus Group discussions
- All participants drawn from Cambodia, where abortion is legal
- Ages ranged between 20 and 48, with half between 20-30 and half between 30-48
- Half urban women, half rural
- Majority were married, and a few single
- Majority had 2-3 kids, a few had 4-6 kids, and a few had none.

community

PERCEPTIONS

FP methods are easy to access

No discrimination towards married women who have an abortion

Discrimination towards single women who have an abortion. (Unless, they themselves have supported a woman having an abortion)

LEGITIMATE REASONS FOR MARRIED WOMEN TO HAVE AN ABORTION

- Poverty
- Health risk
- Enough kids
- Family/couple dispute
- Burden

Single women are "going against tradition" and therefore not acceptable for them

Husband/partner and woman are main decision makers

PERCEPTIONS OF ABORTION

Sympathy:
For women who have an abortion

Fear & Acceptance:
Community members said they'd be scared for a family member, but would accept them anyway

PERCEIVED BARRIERS

- Money
- Health risks for the woman
- Disgraced by family

None saw access as a barrier

PERCEPTIONS OF FP USE AFTER ABORTION

- Many women believed all types of FP can be used after abortion, but some concerns about IUDs
- Men thought all types of FP possible, but concerns about IUDs and some thought women should stop having sex

KNOWLEDGE

★★★★ Variety of FP methods: pills, implants, IUDs, condoms, withdrawal and injectables

★★★★ No knowledge of EC

★ **LEGALITY**

Most groups of men and unmarried women believed abortion is illegal because:

- It's a sin that harms women's health
- Killing an innocent person

Most groups of married women did not know if it's illegal because:

- They lived in remote areas
- Not broadcasted on media
- Never had abortion experience

A few men and unmarried women believed it was legal because:

- During early stages, fetus is not yet human
- Many health facilities provide safe abortion

Few married women believe it's legal because:

- Mass media coverage by NGOs
- Accessibility to health providers at legal clinics

SOURCES OF INFORMATION ABOUT ABORTION

- Radio
- TV
- Internet
- Word of mouth
- Friends, neighbors, previous users
- Elders
- NGO communications
- Midwives and Pets
- Hospitals
- Village health volunteer

SAFE VS UNSAFE METHODS

Safe methods perceived as:

- Going to a health facility to buy a pill, get MVA, or getting an injection

Unsafe method:

- Using MA pill without correct instruction
- If the fetus is big
- Traditional methods

ACCESSING ABORTIONS

- For MA: pharmacies, midwives
- For MVA: private clinics, Marie Stopes, SQHN

★★★ **FERTILITY AFTER ABORTION**

Majority thought 2-5 months for fertility to come back after abortion

INFLUENCERS

Husbands/partners

Clinic or provider to confirm pregnancy

Close female relative or neighbor especially those with experience of MA or MVA

Providers

BARRIERS FOR WOMEN

- Money
- Other family members' opinions

BARRIERS FOR WOMEN

- Pricing of MA (For MVA, pricing was not a barrier because women felt they had no option)
- No access to abortion facility
- Shy/scared at pharmacy or clinic to be found out

Husbands support recovery for MVA

Close female relative or neighbor to advise and support

Providers

Elders are often source of information regarding return of fertility

individual

STAGES OF THE JOURNEY

FP FAILURE

Birth Spacing Methods Used

- Short-term Methods, mostly by younger women
- Withdrawal, mostly by older women
- No birth spacing method used because just delivered

Reasons for Failure

- Forgetfulness or poor adherence

SUSPECT PREGNANCY

Experience

Same experience for all participants

- Lack of menstruation
- Morning sickness

CONFIRM PREGNANCY

Methods Used

- Take urine test at home
- Have ultrasound at clinic

DECISION MAKING

Decision Path

Inform husband or partner → Had unexcited/ normal reaction → Gave woman right to decide → Consult close female relative or neighbor

↓

Expressed a negative reaction → Told woman to abort

Reasons for Abortion

COMMON

Financial constraints and many kids already

OTHER

- Have a small newborn currently
- Woman is mistress to partner
- Fetus sex is against their wish
- Just got divorced
- Fell ill after getting pregnant

METHOD SELECTION

MA

Reasons for choosing MA:

- Pricing
- Hearing others positive experiences
- Previous positive experience
- Scared about MVA
- Hearing negative rumors about MVA

MVA

Reasons for choosing MVA:

- Larger gestational age, ruling out MA
- Belief in safeness of method
- First MA was incomplete, had no choice

ABORTION

MA
Location: Home

MVA
Location: Clinic/ Health Facility

POST ABORTION

FP Counseling
No one received FP advice by provider

FP Counseling

- Most got FP advice
- Some got IUD inserted directly following MVA

TIMELINE FOR DECISION MAKING

4-6 Weeks	1-45 Days*	1, 5, 10 Days - 3 Months

*MA decision quick. MVA took longer because waiting for money, searching for cheaper place, or waiting to find out baby sex

KNOWLEDGE

★★★★ None of the women who had abortions had knowledge of EC

SOURCES OF INFORMATION ABOUT ABORTION

- Health Facilities
- Relatives
- Neighbors
- NGOs
- Experienced users
- Radio and TV

★★ **LEGALITY**

- A third didn't know if abortion was legal
- A third thought it was illegal because it's sinful to hurt someone's life, it's conducted at home, or there's no record of client information when purchasing MA
- A third thought it was legal because it's conducted at health facilities and information is widely disseminated

KNOWLEDGE ABOUT SAFE VS UNSAFE ABORTION

Safe abortion considered to be:

- MVA
- MA for gestation age under 1 month

Unsafe abortion considered to be:

- Traditional methods
- MA if it causes incomplete abortion, allergic reactions or multiple tries

★★★★ **KNOWLEDGE OF DOSAGE AND ROUTE OF USAGE**

All knew to take 1 pill orally and insert 4 vaginally

KNOWLEDGE OF COST OF MA

- MA ranges from $7.5-$35,
- MVA ranges from $30-$200
- Traditional methods range from $2-$15

KNOWLEDGE ABOUT LOCATION

- For MA, most got knowledge from previous users or their previous experience with outlets
- For MVA, most referred by previous abortion users, though some knew about it on their own

★★★★ **NO KNOWLEDGE OF MA BRANDS**

Selection made based on recommendation of outlet provider

★★

- A third did not know how soon fertility can return after an abortion
- A third reported a range of 4-30 days
- A third reported menstruation as sign that fertility has returned

EMOTIONS

★★★★ *Urgency:*
Want to have abortion as soon as possible

★★ *Pressure:*
Felt pressured by partners

★ *Shame:*
Some older women felt pressured because of their age, which also made them feel ashamed.

★★★★ *Fear:*
Afraid of incomplete abortion and pain they may experience, regardless of method selected

★★★★ **CONFIDENCE IN METHODS**

All perceived MA as cheaper, but for safety, hygiene and complete abortion, they were more confidant in MVA

★★★ *Fear:*
Many who chose MA were scared of MVA

★★★ *Pressure:*
From providers, at first, to keep the baby

★★★★ *Regret:*
For those who had incomplete MA abortion and then had to have MVA

Happy:
For those who had successful abortion

★★★★ *Fear:*
Before and during abortion process

★★★★ *Satisfaction:*
All were satisfied, regardless of which method chosen

★ *Dissatisfaction:*
Those who had MA fail and had to get MVA expressed some dissatisfaction

data to action

What do we want to change in this process?

What do we want to reinforce?

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