

## **Knowledge, Attitudes and Perceptions of Women of Child-Bearing Age Group on Abortion Services, Case Study Location Clinic, Kasama District, Northern, Zambia**

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### **Abstract**

*Unsafe abortions are a serious public health problem and a major human rights issue. In low-income countries, where restrictive abortion laws are common, safe abortion care is not always available to women in need. The main object of the study was to explore the knowledge, attitudes, and perceptions of women of child-bearing age (15 to 45) on abortion services in Kasama District of Northern Province Zambia. Almost all the study participants demonstrated a great understanding of the adverse dangers and consequences of unsafe abortion, which includes death, bleeding, mental problems, uterus injuries and menstrual disturbances. About 75% of the health care providers exhibited good knowledge and understanding of the laws of abortion in Zambia, including the 1972 termination of pregnancy act and the conditions that allow for abortion to be approved, while health seekers in the sample demonstrated a lack of knowledge on the termination of pregnancy act and safe abortion in Zambia which was partly attributed to their low levels of education. Abortion is a social reality despite opposition to its practice and the stigma that surrounds it, and it remains one of the most controversial sexual health topics around the world and in Zambia. The findings both from the health care providers and reproductive health users were a bit biased because the majority of the respondents were Catholics who don't allow family planning and abortion. It can also be concluded that majority of the women know and understands the adverse dangers and consequences of unsafe abortion.*

**Keywords:** *Abortion, Complications of abortion, Health care users, Stigma.*

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### **Introduction**

Abortion is a controversial subject that often polarizes people. According to [1], abortions are directly correlated with poverty, social inequity and the constant, methodical denial of women's' human rights. Although there has been much debate on the circumstances that might lead one to abort, the United Nations Committee on the Elimination of Discrimination against Women argue that women alone have the right to decide whether to have an abortion or not. Many countries, including Zambia, have legalized abortion, but it has been observed that it is a highly explosive topic and usually associated with stigma. This

prevents women from accessing safe abortion services [1]. The stigma associated with abortions may mean that the providers of these services suffer discrimination in and outside the workplace [2], which may lead the health care providers to cease providing abortion services. Furthermore, abortion providers' attitudes may be in conflict with the national abortion law, while the seekers may do so outside the confines of the law. The need to study the perceptions of seekers of abortion services is important in establishing the abortion seeking behavior within the communities [3]. Induced abortions are legal on various grounds in several sub-Saharan Africa, including Zambia.

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Since most countries in this region are resource-challenged, abortion laws were not in place until the last few years [4].

In Sub-Saharan, abortion laws were developed between 2001-2010 on safety and human rights grounds. These laws permit abortion at the request of the women based on the grounds as guided by the United Nations. Seven grounds have been identified on which an abortion may be permitted: (1) to protect the life of the mother, (2) to preserve the mother's physical health; (3) to preserve the mother's mental health; (4) in cases of rape or incest; (5) for fetal defects; (6) for socioeconomic reasons and (7) on request [5]. However, in most countries in sub-Saharan Africa, Zambia included, abortion laws are restrictive and may need the approval of not less than three medical doctors. Abortion is legal at the request of the women in only two countries in sub-Saharan Africa: Cape Verde and South Africa [2].

There is low awareness of the availability of safe abortion, and Public awareness and acceptance of safe legal abortion is reflected in ongoing debates about the implications for abortion of a draft amendment to the Constitution of Zambia that stated that a person has, subject to clauses and the right to life, which begins at conception, and a person shall not be deprived of life intentionally, except to the extent authorized by this Constitution or any other law [5]. While some commentators have suggested that such a change in the definition of the beginning of life would undermine the legality of abortion, others have argued that provision for the law as set out in the Termination of Pregnancy Act (1972) [6] is given in the final clause of the revision [7].

Abortion is the deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy. People within and among cultures differ widely in their views on the morality of and their support for the legalization of abortion [8].

The legalization of abortion does not remove all the barriers to safe abortion services. Strong

societal moral judgment against abortion, even where laws are less restrictive, can create abortion-related stigma, and women who seek or have abortions experience discrimination and potentially make choices that endanger their health [9]. Stigma against women who have abortions causes shame, guilt, denial, and fear that may result in a delay in care, choice of unsafe/illegal providers, or even self-induction that can result in serious negative health outcomes such as clinical complications or even death.

Zambia has one of the least restrictive abortion laws in Sub-Saharan Africa. Under the 1972 Termination of Pregnancy Act, pregnancy termination is permitted for the following reasons: risk to the life of the pregnant woman; risk of injury to the physical or mental health of the pregnant woman; risk of injury to the physical or mental health of any existing children of the pregnant woman; or risk of physical or mental abnormalities to the unborn child [10]. Many more women are treated for complications due to unsafe abortions than undergo safe, legal abortions in Zambian hospitals. In Zambia, women continue to experience unsafe abortion even in contexts where abortion is legally accessible in part due to the requirement that abortions be performed by a physician and with the consent of two additional medical practitioners [11].

### **Statement of the Problem**

Access to safe, legal abortion is inaccessible to many women in Zambia [12]. Moreover, an unknown number of women each year resort to illegal abortions, many of which are performed under unsanitary and unsafe conditions despite a law that legalizes abortions under stipulated conditions. It is estimated that more than 40 million abortions occur in the world annually half of which are unsafe and contribute to 13% of global maternal deaths [9]. Of all the abortions, 75% happen in the developing world, where complications kill at least 68,000 women each year. It is also estimated that in many sub-

Saharan African countries, 20 to 50% of maternal deaths result from unsafe abortions [13].

Abortion remains a major public health problem globally and in Zambia [14]. It affects the health and well-being of women in the reproductive age group and is estimated to cause 20 - 50% of maternal deaths in developing countries [15]. With over 300,000 abortions in Kenya, high stigma and a restrictive legal status, services are possibly unavailable in health facilities, and most of the procedures could be unsafe [16].

In Zambia, very little or nothing at all has been documented with regards to the attitude and knowledge of service users towards abortion. Therefore, this research gap has prompted and motivated the researcher to conduct this study on the knowledge, attitudes, and perceptions of women of child-bearing age from 15 to 45 on abortion services: a case study of Location clinic in Kasama district, northern Zambia.

## **Study Objectives**

### **General Objective**

The general objective of the study was to explore the knowledge, attitudes, and perceptions of women of child-bearing age from 15 to 45 at the Location clinic in Kasama District.

### **Specific Objectives**

The specific objectives of the study were.

1. To assess knowledge among women of child-bearing age towards abortion services.
2. To explore attitude and perceptions among women of child-bearing age towards abortion services.

## **Research Questions**

The study sort to answer the following questions.

1. What is the knowledge among women of child-bearing age towards abortion services?
2. How is the attitude and perception among women of child-bearing age towards abortion services?

## **Significance of the Study**

This study reviewed the perceptions of both seekers of the service to determine the scope of unsafe abortions and the unintended pregnancies that precede them. It also provided insights and drive the formulation and achievement of effective policies to reduce maternal deaths and improve the reproductive health of Zambian women, particularly those of Kasama District.

## **Scope of the Study**

This study was conducted at Location clinic in Kasama. The study's parameters were the women of the reproductive age group in the community. In an actual sense, the research embraced different views from different women's community of the Kasama district.

## **Methodology**

### **Research Design**

This study used a qualitative method, and case study design was used to explore the knowledge, attitudes, and perceptions of users (from 15 to 45 years of age) on abortion services. This qualitative approach was used to provide a better understanding of the research problem.

### **Study Area and Site**

The study was conducted in Kasama district located in the northern part of Zambia. The main economic activities include farming and businesses. In this study, one center was included among other centers which are in the district.

This center is selected because abortion services are provided at this facility, and it has a bigger catchment area with some staff trained in

comprehensive abortion care (safe abortion care).

### **Target Population**

The target population of the study comprises of female residents of reproductive age (15 to 45 years of age) of Kasama district under the Location clinic catchment area.

### **Sampling procedure**

The purposive sampling technique was employed in this study. The advantages of purposive sampling are, it's relatively easy to get a sample, it's inexpensive compared to other techniques, and participants are readily available.

### **Sample Size**

1. A total of 25 participants.
2. 12 key informants.
3. 6 focused group discussions.
4. 7 implementers of the programs.
5. The sample size 25 is, according to [17], who recommended that researchers interview from 5 to 25 with experience on the phenomenon.

### **Selection Criteria**

#### **Inclusion Criteria**

Women of child-bearing age (15-45yrs) seeking reproductive health services.

#### **Exclusion Criteria**

All the females aged below 14 and above 45 years old will not be included in the study.

### **Data Collection Methods and Tools**

Qualitative data was collected from users in form of focus group discussions using a topic guide with the same topics as in the semi-structured questionnaire. Interview schedule helped the respondents to express their views

without interruption or fear, while focus group discussion in ensuring that everyone felt comfortable in expressing their opinion.

### **Data Analysis**

Data was analyzed qualitatively; the researcher used thematic and content analysis to analyze qualitative data. Content analysis, "which is the qualitative analysis of what is in the documents... Instead of directly observing or interviewing. it deals with something produced for the purposes of our enquiry, and it also deals with something produced for some other purpose" [18].

### **Ethical Considerations**

Ethical clearance was sought from the Ethics committee. In addition, permission was also sought from the health facility authorities to conduct the research at the sites. Informed consent was obtained from the respondents and informants prior to the surveys and interviews or discussions.

Respondents and informants had the right to refuse to participate or refuse to answer specific questions. The researcher ensured courtesy and that the rights of participants was respected. As such, he avoided getting into personal or unrelated issues but only collect data related to study objectives. The respondents were assured of confidentiality that the information given would only be used for the purpose of the study.

## **Results**

### **Introduction**

This chapter presents the findings from the respondents who participated in the study, and it looks at the demographics data and perceptions of the service users towards abortion.

## Findings from Health Service Users

### Demographic Data

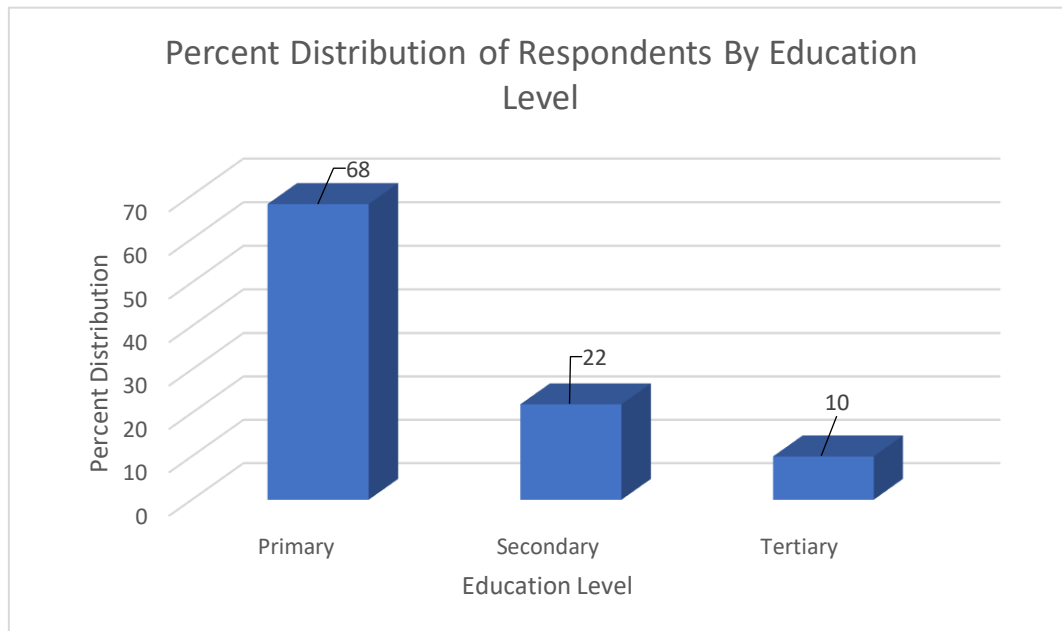
**Table 1.** Respondents Age Group

Age Group	Frequency	Percentage
15-20	13	26
21-30	16	32
31-40	16	32
41+	5	10
<b>Total</b>	<b>50</b>	<b>100</b>

Source: (Field data 2021)

Table 1 above shows the frequency and percent distribution of respondents by age group. According to the table, 26% of the respondents were in the age group 15-20, while

32% belonged to the age group 21-30 and 31-40, respectively. The least respondent represented by 10% belonged to those above 41 years.

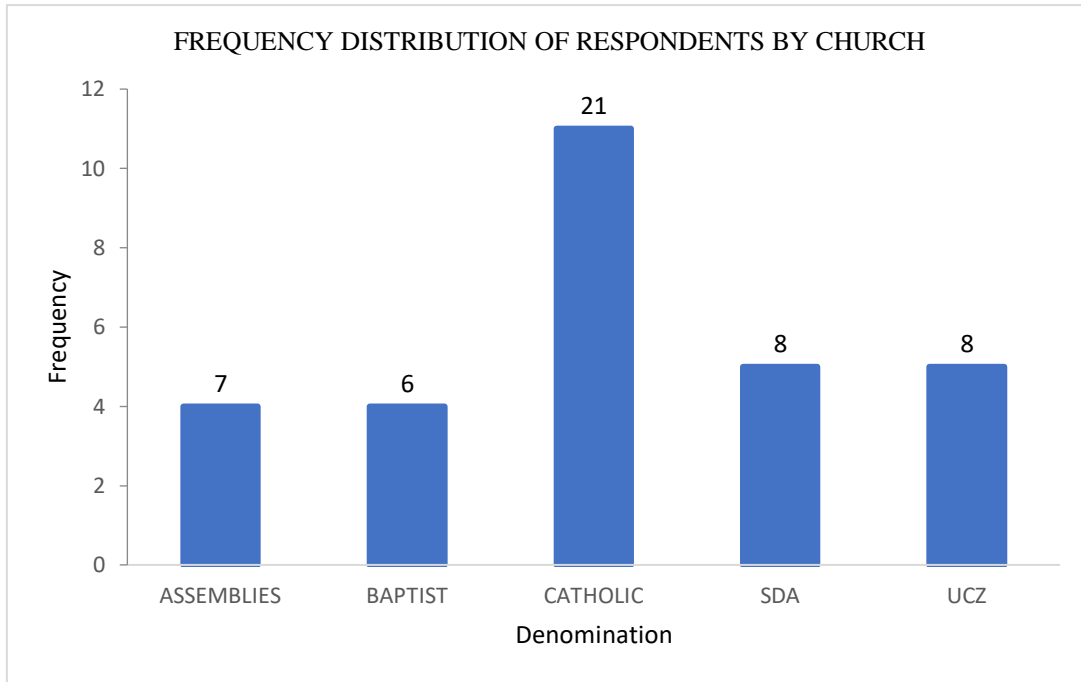


**Figure 1.** Respondents Level of Education

Source: (Field data 2021)

The majority (68%) of the respondents in the sample went up to primary level education, while 22% of the respondents went up to

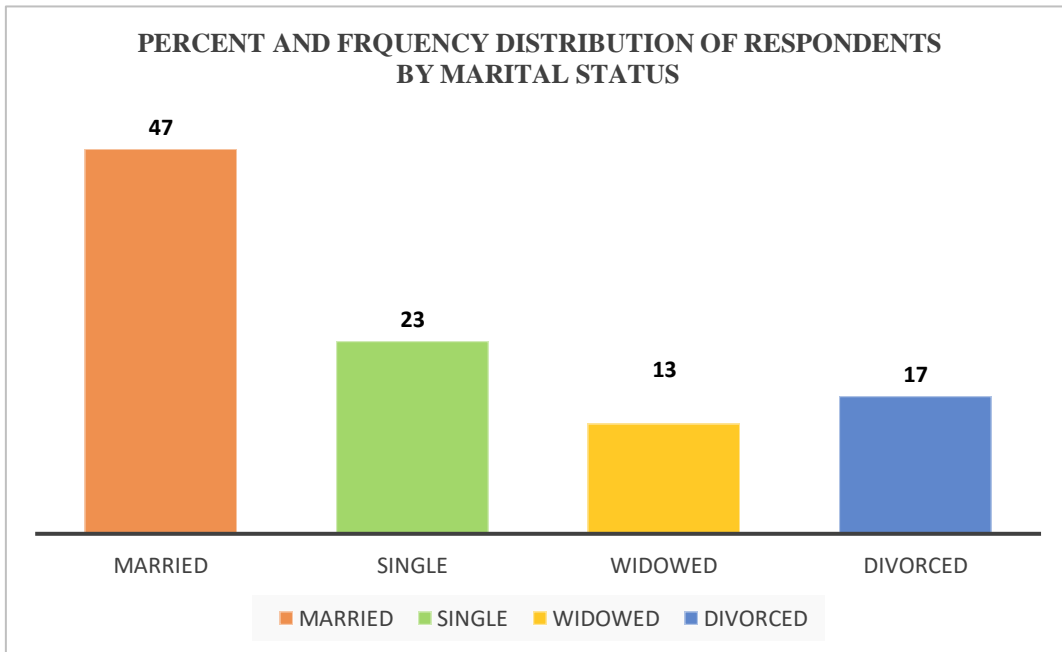
secondary level education. Tertiary level education only accounted for 10% of the total respondents in the sample.



**Figure 2.** Respondents Denomination

Source: (Field data 2021)

Figure 2 above indicates that there were 21 respondents who belonged to Catholic church, 7 respondents belonged to Assemblies, and the other 6 respondents belonged to Baptist church. 8 respondents belonged to SDA, UCZ, 7



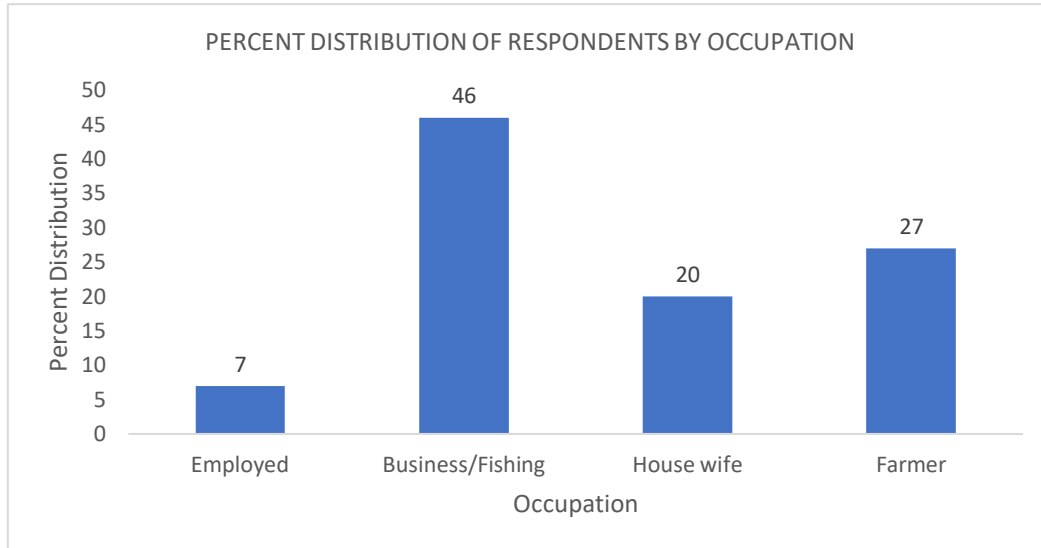
**Figure 3.** Respondents Marital Status

Source: (Field data 2021)

Figure 3 above indicates that majority of the respondents were married, and this was represented by 47 percent. This was followed by single respondents, represented by 23%, while divorced and widowed were represented by 17% and 13%, respectively.

Figure 4 above shows the percent distribution of respondents by occupation. According to the figure, majority of the sample represented by 46% were engaged in business and fishing as the main occupation. This was

followed by farmer who accounted for 27% of the total respondents. Housewives accounted for 20% while only 7% of the respondents were employed.



**Figure 4.** Percent Distribution of Respondents by Occupation

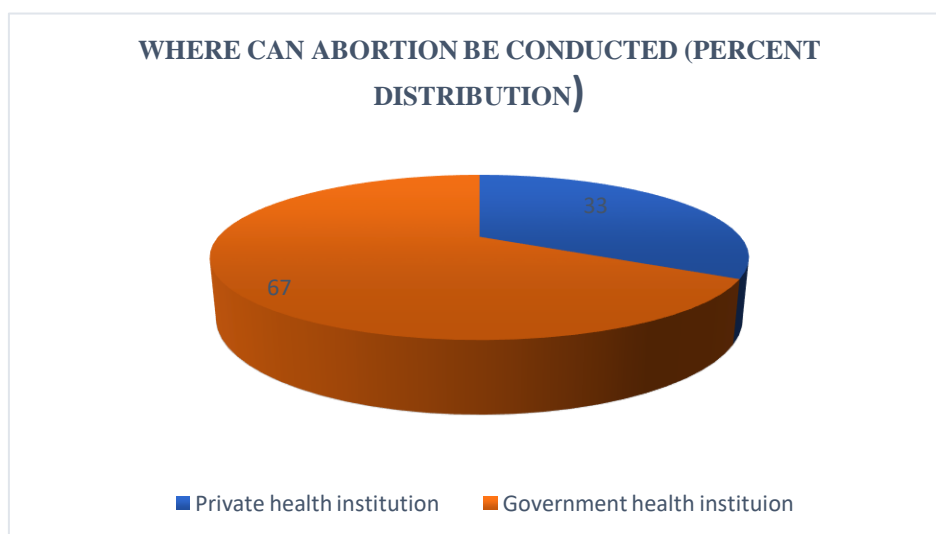
Source: (Field data 2021)

### Perceptions on Abortion Services by Users

#### What is Abortion?

When asked what abortion meant, almost all the respondents demonstrated a very high understanding of what abortion was. They

defined abortion as the killing of the unborn child. Others defined it as the termination of a pregnancy, and still, others defined it as the killing of the fetus. With only about 3 respondents who reported that they did not fully understand what abortion was.



**Figure 5.** Where abortion services can be conducted

Source: (Field data, 2021)

Respondents were asked where abortion can be conducted from and according to figure 5 above, 67 percent of respondents said government health institution while 33 percent said private health institution.

### **Is it Safe to Conduct Abortion Outside a Health Facility, and if yes, what are the Reasons?**

All the respondents who participated in the study reported that it was not safe to conduct abortion services outside the health facilities. When asked for the reasons why it was not safe, most respondents associated abortion with the complication of bareness and death in most cases, while others associated it to immoral acts and against the teaching and doctrines of the Bible. They reported that it was forbidden by the Bible, and it was regarded as a sin regardless of where it is conducted. The other reasons reported were that most of these abortions are performed by unqualified personnel and traditional birth attendant and that it leads to serious complications.

### **Have you ever Heard of Safe Abortion and where?**

When asked if they have heard of safe abortion, 60% of the respondents reported that they have heard of it, and 40% of the respondents said they did not.

Of the respondents who heard of safe abortion, they further reported that they heard about safe abortion from the health posts and health facilities, while others heard about it from the colleagues outside Kasama district. Others mentioned schools and in the community. One respondent reported that they heard about abortion as a rumour, and they did not have more information about it.

### **Problems associated with Unsafe Abortion**

Respondents were asked to list the problems associated with unsafe abortion and according to the study findings, death, bleeding, and bareness were the prominent problems

associated with unsafe abortion. Other respondents associated mental problems to abortion.

### **Complications associated with Unsafe Abortion**

The participants were asked if they were aware of the complications that come with unsafe abortion, and all the participants in the FGD knew abortion was associated with complications and often severe. Complications mentioned were infection, incomplete abortion, bleeding, abdominal pain and swelling as well as death. One of the midwives further added that “Others are Vesico vaginal fistula, infertility, amenorrhea and other menstrual disturbances, anaemia, uterine injury/damage with hysterectomy in some cases”.

The participants reported that abortion was a major problem in the communities and consistently mentioned that it was one of the main means of resolving the issue of an unplanned pregnancy.

While a few of the abortion seekers use various forms of local and orthodox medications to attempt self-procurement of abortion.

### **Recommendations on How to Improve Safe Abortion Services**

The reproductive health seekers were asked on how best the abortion services can be improved. The majority of the respondents consistently reported that community sensitization is a good strategy to improve the service. Other respondents were of the view that there need to strengthen family planning services and engaging of adolescent in schools so that these issues should be discussed openly.

During the focus group discussion, one of the respondents said “... I think if more people in the communities are educated about this topic, they will be aware about the dangers of unsafe abortion. They will also know about the availability of safe abortion because as thing



stands a lot of people don't know much about it (safe abortion)".

## **Discussion**

### **Introduction**

This study clearly demonstrates that unsafe abortion is widespread in Kasama and Zambia at large. While the study is based on a relatively small sample of women, the findings are not generalizable to an entire population, it has, however, produced several notable results. Unintended pregnancies place women and men in a situation where they must choose whether or not to have an abortion and despite the reported high incidence of far-reaching reproductive health consequences, including mortality, the prevalence of unsafe abortion is still very high. This is not different from the reports of the surveys undertaken in Nigeria by Oye-Adeniran and Campaign Against Unwanted Pregnancy (CAUP) in collaboration with the Guttmacher Institute (GI) across several states of Nigeria [19] and is also consistent with the findings of the qualitative surveys undertaken in India, Pakistan, and Kenya. This gives further credence to the well-established view that abortion is one of the neglected problems of health care in developing countries Zambia inclusive.

### **The Knowledge of Users towards Abortion Services**

The majority of women in this study expressed ignorance on safe abortion. Most of them it was their first time learning about the method, and so their responses could be due to their unfamiliarity with the service. 78 % of the women did not know the existence of safe abortion in Zambia.

The few respondents who claimed to have heard of safe abortion did not have full information and how to go about it if they needed to access the service. It was also reported that the majority (55%) of reproductive health seekers in this study were Catholics who don't support family planning

and any form of abortion. This factor could explain why the majority of the respondents had little knowledge about safe abortion and why many seek abortion outside health facilities to avoid being disclosed. However, another factor that could explain why respondents had little or no knowledge about safe abortion is the education level of the health service seekers. The study has revealed that the majority (68 %) of the respondents in the sample had primary level education. This clearly entails that the respondents are limited to information access, and even if they have access, they cannot understand it due to their level of education.

The implication of the above scenario is that people will continue practicing criminal abortion outside the health facilities by unprofessional personnel, and this will increase the prevalence of maternal mortality in Kasama and Zambia at large. Therefore, there is a need for the ministry of education to somehow to incorporate topics on abortion in the education curriculum at lower levels of education. This will allow people to become knowledgeable about the dangers of criminal abortion and the benefits of safe abortion. Effectively, this will increase awareness on abortion and thus contribute to the reduction of maternal mortality and other complications of unsafe abortions.

The report further revealed that some women who had little knowledge about safe abortion were concerned with the difficulties/barriers to accessing safe abortion, which was consistent with other findings in the literature. They argued that the process of accessing safe abortion in Zambia was too restrictive, and this hindered service seekers from accessing the service and thus forced them to resort to unsafe abortion, which is readily available. The dearth of safe abortion information on the general public and the communities has significantly exacerbated the unsafe abortion prevalent rate in the communities, thus increasing maternal mortality.

## **Knowledge on the Consequences Associated with Unsafe Abortion**

According to the findings in this study, participants reported that abortion was a major problem in the communities and consistently mentioned that it was one of the main means of resolving the issue of an unplanned pregnancy. Further findings showed that the health service users had great knowledge on the consequences of unsafe abortion. However, despite the danger associated with unsafe abortion, most women are still using this method as a way of getting rid of unwanted pregnancies. Therefore, these findings call for drastic measures by the Ministry of Health to invest in safe abortion and awareness campaigns as a way of increasing the knowledge on safe abortion to the communities thus, minimizing maternal mortality and other related complications from unsafe abortion. These findings support other studies in South Africa that women are still using unsafe methods outside of health facilities. In the context of unsafe, illegal abortions occurring in Zambia, safe abortion has the potential to reduce the number of unsafe abortions happening. If more options are available to women that are more suitable to their needs, there is a great possibility they would seek services at health facilities instead of outside providers for abortion.

## **Conclusion**

Abortion is a social reality despite opposition to its practice and the stigma that surrounds it, and it remains one of the most controversial sexual health topics around the world and in Zambia. This study explored the knowledge, attitudes and perceptions of women of child-bearing age from 15 to 45 and health providers on abortion services in the Kasama district. The study findings both from the health care providers and reproductive health users were a bit biased because the majority of the respondents were Catholics who are don't allow family planning and abortion. This factor played a critical role in the research results. It

can also be concluded that majority of the women fully know and understands the adverse dangers and consequences of unsafe abortion. They consistently mentioned the following as some of the consequences of the unsafe abortion; death, mental problem and uterus injuries. The few women who had knowledge about safe abortion expressed concerns on the restrictiveness of the service and its unavailability to all the health care centers. Therefore, lack of knowledge about safe abortion, coupled with its restrictiveness, forces the majority of the women to resort to unsafe abortions outside the health facility, and this is done in an unsafe environment and by untrained personnel's.

The study findings also reveal that the women from the sample had good knowledge of what abortion was and were able to define abortion. Further, they demonstrated a good understanding on the dangers of conducting abortion outside a health facility. It can further be concluded that some health care provided are not willing to provide abortion services to the clients because of religious and cultural reasons. Many said it was against what they believe in and believed it was a sin and forbidden by the Bible and taboos.

## **Recommendations**

Education and awareness are important aspects to any successful public health intervention. Recommendations suggested draw on a number of issues that were highlighted by providers and service users who participated in this study.

1. Access to training and further opportunities for health care providers to attend values clarification workshops and abortion training needs to be encouraged and strengthened. The General Nursing Council of Zambia should consider incorporating abortion training into the nursing curriculum.
2. Knowledge and understandings of the 1972 termination of pregnancy act, including

conscientious objection, needs to be strengthened amongst all health care providers, including health managers.

3. There is a need for the Ministry of Health to come up with deliberate programmes aimed at sensitising and educating the general public on the adverse dangers of unsafe abortion. Furthermore, the communities need to be educated and sensitised on safe abortion to reduce on the number of maternal mortality rate.

### **Conflict of Interest**

The author had no conflict of interest in the subject and was not in any position to gain personal benefit from actions or decisions which may be made in regard of this article.

### **Acknowledgment**

Writing a report is extremely hard work to be accomplished by a single person. It requires support and input from a number of sources. I am, therefore duty-bound to express my sincere

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