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Tapping Community Opinion on Postabortion Care Services

Ellen Israel, CNM, MPH, Senior Reproductive Health Associate, in collaboration with Sheila Webb, MPH, Technical Communications Associate

SUMMARY

Unsafe abortion is a leading cause of maternal death in the developing world. Access to postabortion care (PAC) services, including emergency treatment of complications and contraceptive counseling and supply, is an important strategy for decreasing maternal mortality and can be easily implemented in most health care settings. However, because of the political, religious, and social implications of abortion, little has been recorded about the behavior and needs of women who seek abortion when faced with an unwanted pregnancy. A key factor in making PAC accessible and effective is tapping community opinion to determine how reproductive health services can best serve women's needs.

In low-resource settings, a short community PAC survey is a simple, inexpensive way to involve the community in health promotion that addresses unsafe abortion. The short survey is not a formal needs assessment, but rather a tool for gathering community experiences, opinions, and ideas that can be used to tailor PAC services to community needs. The survey can also serve as an opening for community members to become involved in a give-and-take dynamic with the health sector by both providing their input and receiving potentially life-saving information about the dangers of unsafe abortion.

Survey results can be used to inform stakeholders about the nature and extent of unsafe abortion in the community; to sensitize hospital personnel; to enrich medical, nursing, and other health/education training; and to propel the formation within health facilities of quality of care committees that have community representation.

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CONTEXT

The reasons behind maternal deaths due to unsafe abortion include:

- Inadequate access to and social barriers surrounding the use of family planning, including lack of confidentiality, lack of knowledge about methods, poor method mix and/or uneven supply, and religious and cultural constraints.
- High cost of a safe abortion, whether in countries where abortion is legal or illegal.
- Fear of prosecution for having an illegal abortion.
- Social stigma and shame attached to pregnancy and abortion, particularly for adolescents, who frequently hide abortion-related complications until problems become life threatening.
- The often punitive, judgmental, or uncaring attitudes of healthcare providers towards women who seek treatment for complications after an unsafe abortion.
- Lack of confidentiality or anonymity at facilities where PAC services exist.
- Distance and cost of reaching a health facility where women can be treated for complications.

Unsafe Abortion Is Preventable

The most basic way to begin preventing unsafe abortion is to provide accessible, quality family planning services to all women and families. Where they are legal, safe and accessible abortion services have been shown to significantly reduce maternal morbidity and mortality. Another strategy is to make comprehensive postabortion care services accessible to all women without legal or social repercussions.

Postabortion Care Can Save Lives

By treating emergency complications and providing the information and contraceptives that enable women to avoid further unsafe abortions, PAC can save lives. Programmatically, PAC is relatively easy and inexpensive to implement. It requires little extra resources and training, can be integrated into different levels of existing health services, and can be promoted and provided by different levels of health workers.

Because of the social stigma attached to abortion, patients who do come for treatment of abortion complications want to leave immediately after the treatment is complete. If full family planning services are not immediately available, or if providers are not well trained and

Elements of Postabortion Care (PAC)

Postabortion care is a group of services provided to women experiencing complications from an incomplete abortion. These services, which are all equally important, are:

- Counseling, emotional support, and information to the client about her condition, treatment, and expected recovery.
- Emergency treatment for complications, using manual vacuum aspiration (MVA) where possible, as well as antibiotics, IV fluids, blood replacement, and pain medication.
- Postabortion contraceptive services, both immediate and continuing.
- Referral and linkages to other reproductive health services.
- Community mobilization and involvement.

Other aspects of PAC include:

- The availability of emergency PAC 24 hours a day, seven days a week.
- Respectful, safe, comprehensive, and confidential care.
- The involvement of the community in recognizing when emergency care is needed and in transporting a woman to where she can receive it.





Technical Guidance Series

motivated to counsel PAC patients on family planning, it is unlikely that the woman will return or follow-up on a referral for postabortion contraception. Past experience also indicates that information about the prevention of sexually transmitted diseases and HIV should be included in PAC counseling.

Service providers and health promoters in the community must receive sensitivity training to address their own punitive attitudes toward PAC patients, attitudes which can come from either religious convictions or social mores. These beliefs simply push the problem of unsafe abortion underground by discouraging women from seeking treatment, and thus make a major health problem even more serious.

Having service providers and health promoters offer good counseling is very important in order to boost the patient's self-esteem and to get positive word out in the community about PAC services, thus making women more likely to use them. Information given in an atmosphere conducive to counseling is more easily accepted and increases understanding of how to prevent unwanted pregnancy in the future. Training of counselors on preventing and treating complications of unsafe abortion should be organized on the community level, and counselors should be carefully selected from those whom women choose to go to for help, be they traditional birth attendants (TBAs), traditional healers, community health workers, or teachers.

Also, the common, persistent confusion between "abortion" and "postabortion care" needs to be clarified as often as possible. Women should not be deprived of postabortion care because Ministries of Health and local caregivers are afraid of being associated with abortion.

IMPACT OF THE SURVEY

The short community PAC survey is designed to be useful in low-resource settings where there are both a recognized

need for postabortion care and an interest in developing or improving these services. Its purpose is to gather information about the particular characteristics and needs of community members so that services can be designed that are effective and utilized by women. While the survey can be carried out rapidly, at low cost, and using few personnel, it can be pivotal in implementing a program that will work. The survey uses qualitative research methods, but it is neither formal qualitative research nor a formal needs assessment. Also, because the survey records a community's opinions, it becomes a powerful statement that can be used to spur wider recognition of and action on the issue. The survey can act as a catalyst, bringing a community's voice into the planning of services, an area where community involvement often is not sought. It can generate discussion among community members on the often-hidden subject of abortion and allow information to begin to flow through the community. The survey can open the door for a community's involvement in protecting and finding solutions for its members.

PAC services, where they exist, are usually offered at hospitals, larger public or private health centers and clinics, and private doctors' offices. Studies from around the world show that women seeking PAC may be turned away or told to go to a larger center. They may be accepted at a center but ignored or ridiculed; they are often charged a higher fee than for other procedures to "discourage them from repeat abortions;" and they are likely to receive sub-standard care. To improve services, it is important to know how clients and the wider community perceive PAC. The short PAC survey can uncover the community's experience of the present care and standards, find out how people would like to be treated in this situation, and invite the community's involvement in designing a PAC program.



HOW TO DEVELOP AND CONDUCT THE SHORT COMMUNITY POSTABORTION CARE SURVEY

Preliminary Work

- Develop a preliminary budget based on your anticipated expenses. Include interviewers' wages, their transport and per diem costs, equipment (e.g. tape recorder), and snacks to provide at group interviews.
- Identify a *local community organizer* who is trusted by community women's groups. This person will set up interviews to take place over a two- to four-day period. Identify a *chief interviewer* to accompany the community organizer. This person should not be intimidating to interviewees (i.e. hold a position of authority, such as a doctor, nurse, local official, or a religious leader). It may be helpful for both to be women and the chief interviewer to be from outside the immediate community so that interviewees do not feel what they say will be treated as gossip. (See page 8 for more on informed consent.) The two will conduct the interviews together.
- Arrange for transportation for each of the days.
- Obtain note-taking materials and, if a tape recorder will be used, the recorder, batteries, and tapes.
- Observe a range of existing PAC services to increase your understanding of the current context. This has to be arranged ahead of time and may not always be possible.
- Gather available abortion data for the country or community to help in developing the questionnaire and to provide context to the final report. Data may be available from the Ministry of Health, universities, non-governmental organizations, and demographic and health surveys (DHS). Be mindful that available data may not be accurate due

to the hidden nature of abortion. Also, before starting the community interviews, it may be helpful to interview national women's advocacy groups to gain another social perspective on the problem.

Possible indicators include:

- Contraceptive prevalence rate (CPR), modern contraceptive method usage, and the overall method mix
- Unmet contraceptive need
- Fertility rate, including the wanted fertility rate and the unwanted fertility rate
- Abortion rate or ratio
- Maternal mortality rate or ratio
- Contribution of abortion to the maternal mortality and morbidity rates
- PAC service statistics for local medical facilities (e.g. emergency treatment of incomplete abortion, postabortion

Pre-Survey Statistics from the Most Recent National Survey on Mortality, Morbidity, and Utilization of Services, Haiti (1999)

Contraceptive prevalence rate (CPR)	28.%
CPR (Modern method)	22.3%
CPR method mix:	
Pills	2.3%
Depo Provera	11.8%
Norplant	2.0%
Condoms	0.9%
Tubal ligation	2.8%
Other modern methods	0.5%
Traditional methods	5.8%
Unmet contraceptive need:	
Want no more children	56.9%
Want to space children	21.1%
Fertility rate	4.7%
Wanted fertility rate	3.0%
Abortion ratio*	7.0%
Maternal mortality rate/ratio**	523/100,000

* Total abortions over total births. (This number is likely to be underestimated.)

** The effect of abortion to the maternal mortality rate is not recorded.

family planning provision, and return visits and/or referrals)

Defining the Sample

In deciding on the sample group to interview, keep in mind that the goal is to include as many women as possible who may need emergency care for unsafe abortion complications, as well as those in the community who can impact the dangers surrounding clandestine abortion. Therefore, look for the following:

- Organized women's and social groups that are based in the community, such as peasant groups, market women's groups, micro-enterprise groups, unions, church groups, associations of professional women (such as teachers and small business owners), and youth groups.
- Community-based workers (CBWs) and healers, such as herbalists, midwives, and religious healers who may give aid to women with abortion complications.
- In- and out-of-school youth who can provide special perspectives on their own problems. Interviews with teachers or school directors can also help to both define solutions and motivate them to act.
- Lower-level health workers, such as nurse auxiliaries at health posts.

Special attention should be given to the experience of adolescent women since they are often the most vulnerable and least able to access services. In general, seek out as many groups as possible that are representative of potential clients of community-level health services and of the religious and service workers who may be called upon to help them. Unsafe abortion affects women's health, so the interviews should mostly be with women. However, interviews with men are also useful because the man often makes the decision about whether or not a woman will abort and often is involved in finding the means to do so.

Sample Size

A sample of between 50 and 100 people should provide adequate representation of the community's views. As important as sample size, however, is choosing a wide variety of sources. When determining sample size, bear in mind the available time, the distances that must be traveled, and the available resources.

Interview Setting

- Interview a combination of focus groups and individuals so that each can be used to verify the other. Keep in mind that some interviewees are less able or willing to be open in a group because they fear others will disagree or be critical, so individual interviews may reveal details that might not come out if friends or neighbors are present. For others, group interviews can provide a sense of anonymity.
- In many places, it is expected that those being interviewed will be given a snack. Snacks can provide some incentive without undermining volunteerism, but make this judgment in consultation with local contacts from the various groups.
- Giving money is not advised. People are being asked to participate in the survey process for the betterment of their community.

Time

- With good planning, an adequate sampling should be possible over two to four days.
- The use of a tape recorder can help fill in gaps left by note taking and allow the conversation to flow. However, keep in mind that the presence of a tape recorder may intimidate and hinder open discussion, particularly given the nature of the topic. Before using a tape recorder, explore with interviewees any reservations they may have. If using one, check frequently to make sure it is picking up everything that is being said. Taking notes is still important in case





there are technical problems with the recorder, and notes document the emphasis that the interviewer perceives in the responses.

- Aim for the interviews to last 1 to 1 ½ hours for groups and 30 to 40 minutes for individuals. The scheduling of the interviews must allow for travel time, people arriving late, longer interviews, and other unanticipated events.

Developing the Questionnaire

The questionnaire is a list of open-ended questions that will be used to guide the interviews. As long as the intended topics are covered in the course of the interview, there is no need to follow the questionnaire word for word. The most important goal is to faithfully convey the community's wisdom and aspirations for the development of PAC services and also their biases. The following guidelines may help:

- Try to cover the same topics in all interviews and to ask questions or approach topics in the same way.
- Elicit people's opinions, stories, and priorities.
- When developing questions, keep in mind the areas about which you want to learn. A list like the one at the right can be helpful for this process.
- Capture important quotes, and record which points are strongly felt and which are minority opinions.
- Begin each question with "softening" phrases, such as "Can you tell me what/why ..." "In your opinion ..." and "What do you think ..."

Sample Questions

1. **"Can you tell me what kind of family planning services are available in this community?"**

Straightforward, non-challenging questions are useful to "break the ice." This can be

Sample Target Information

Because the questions you will ask are open-ended, the answers you receive may veer off from your intended topics. It may be helpful to create a list like this to remind yourself of what kind of information you would like to obtain through your interviews. This list can be adapted.

Access/barriers to family planning

- Services
- Knowledge
- Poverty
- Culture
- Other

Quality of family planning

- Method mix
- Counseling offered
- Discontinuation
- Contraceptive success or failure
- Other

What do women do when faced with an unintended pregnancy?

- Unintended birth
- Abortion

How are abortions performed?

- Providers
- Facilities
- Methods
- Other

Consequences of abortion

- Complications
- Mortality
- Long term illness and disability
- Social sanctions
- Other

Treatment of complications

- Providers
- Facilities
- Traditional remedies
- Other

Groups at high risk

- Adolescents
- Unmarried women
- Other



followed with **“Are these effective? Do many people use them? Why/why not?”**

2. **“When family planning is not available, how many women face unsafe abortion, what kind of complications do they have, and how many die or are acutely or chronically ill?”**

The goal is not to get a number, but to elicit stories about what women go through in that community.

3. **“What drives women to unsafe abortion?”**

Find out what social conditions need to be countered, such as lack of FP knowledge and access, male dominance, religious stigma, or poverty, among others.

4. **“What are the attitudes in the community toward women who seek abortions?”**

Answers to this question can guide the development of informational/educational campaigns in the community and can increase prevention and support of those affected.

5. **“How are unsafe abortions being performed?”**

Answers to this question will help guide the development of treatment protocols, regimens, and counseling that fit the particular complications that exist. Responses may even offer the opportunity to intervene at the point when women are getting the unsafe care. Life-threatening procedures include unskilled people using unsanitary instrumentation and the use of dangerous herbs. Taking Cytotec (Misoprostol—part of a medical abortion regimen found on the street in many places) in the wrong dose or too late is common in Latin America and the Caribbean.

6. **“What do women do now if they experience hemorrhage, infection, or other complications? If they seek emergency care, where do women go and why? Where don’t they go and why?”**

Sample Target Information (continued)

Cost of abortion

Cost of treatment of complications

Barriers to treatment of abortion complications

- Attitude of providers
- Legal threat
- Attitude of community
- Attitude of family
- Distance/cost
- Other

Resource persons for promotion of PAC

- Community leaders
- Community-level health workers, TBAs, CHWs
- Religious leaders
- Teachers
- Providers
- Local and national health officials and organizations
- Other

This question may draw out stories of negligent or abusive treatment at established medical facilities. It may uncover that women cannot afford to travel to a large city for care and have to rely on practitioners without the necessary skills. Or you may discover that women are not seeking care at all out of fear of social repercussions.

7. **“If PAC services were available locally, how could women be encouraged to come for care?”**

Make it clear that you are aiming to create information, education, and communication (IEC) strategies with the information they provide to educate the community about prevention and care of abortion complications.

8. **“Which influential community member could be used to disseminate information and to help women get services?”**

This question will help identify community facilitators around PAC. They could be

traditional midwives, CHWs, nurse auxiliaries and health agents, herbalists, and others.

9. **“If your daughter or sister were suffering complications from an unsafe abortion, what kind of care would you want her to have? Give as many examples as you can think of.”** And besides services, **“How do you think the community can be educated and empowered to protect itself in the situation of clandestine/unsafe abortion? What are the ways community members can gain the knowledge they need?”**

10. **“How can people’s use of family planning/contraception be increased—especially adolescents and groups at high risk of STD/HIV/AIDS?”**

With help from interviewees, try to acknowledge the barriers adolescents face when accessing contraceptives, to identify ways to avoid the suffering of unwanted pregnancy and the complications of incomplete abortion, and to solicit ideas on how to overcome these problems.

Always end by asking if there is anything else participants would like to add. These are suggestions for the survey tool, but they can be adapted to specific local conditions and needs.

Technique

The interviewers should start by introducing themselves and explaining that unsafe abortion is dangerous to women and that the purpose of the survey is to help develop services to prevent and treat complications of unsafe abortion in the community. Make the introduction brief to minimize its influence on the responses. Interviewers should reassure the interviewees that the purpose is to improve services by making them more useful to community members. To ensure the informed consent of the interviewees, explain clearly that their responses will be kept completely anonymous and that they may leave at any time if they desire. By remaining and sharing their insights, they

are consenting to having these insights added to the survey results.

Abortion is a sensitive subject in most societies. It is important to ask personal questions with care, especially in group interviews. Be aware of strong taboos, shame, and blame associated with abortion, and even with family planning in some places, especially if women are adolescents or unmarried. You may find people relating other people’s experience with abortion complications, even though you suspect they may be talking about their own. Interviewing women who have had emergency complications of unsafe abortion is very valuable, but do not be surprised if no one is willing.

Some Do’s and Don’ts

- Set up an equal relationship, as much as possible, between the interviewer and the interviewee(s).
- You may sit in a circle. Be careful not to dominate the discussion. Smile, and speak in the language with which the interviewees are most comfortable. Listen intently, avoid being judgmental about answers, and do not argue with interviewees.
- If men are being interviewed in a group with women, take measures to ensure that they neither dominate nor are excluded from the discussion.
- It is a good idea to practice before the interviewing begins. Focus on reassuring participants and drawing out responses. Avoid being judgmental or giving your personal opinions, cutting people off, and exhibiting body language that might distance you from those being interviewed.
- Establish a set of communication “do’s and don’ts” to guide interactions with interviewees.

To elicit the richest content possible, it is helpful to start with an open question and to allow unexpected but important points to come out. If the response is slow or not complete, it is useful to have prompting phrases prepared.





Objectivity

To be human is to have opinions. In an open survey such as this, it is very important to record and place emphasis on what those being interviewed are saying, and NOT what the data collectors think, like, or have experienced. As much as possible, the interviewers must try to be impartial at all times.

TURNING SURVEY RESULTS INTO ACTION

To fulfill the purposes of the survey, the data gathered has to impact PAC facilities, services, and the community. Several suggestions follow, but each group that does one of these surveys can think of other ways the results can be used that are unique to the situation in which you are trying to make improvements.

Compile the information that has been gathered, being careful to give more weight to points made by several people than those opinions offered by only one or two people. First, describe the methodology—where and why the survey was done. Explain that a semi-structured questionnaire was used to gather information from members of a wide range of groups in the community (describe what types of groups and individuals were included), and that individual and group interviews were conducted. The report can include a summary of findings with all of the main points made in brief and followed by the more detailed interviews.

Following that, include detailed findings by categories pulled from the questions and answers, such as “Family Planning Issues,” “Methods and Conditions of Induced Abortion,” “What Postabortion Treatment Exists Currently and Can It Be Accessed Easily,” “Designing More Effective PAC Services,” or use the questions themselves as categories. Next, detailed notes from each group or individual interviewed can be included, with the type of group, the trade or group membership, or other identifying characteristics that protect the confidentiality of those interviewed. No

names should ever be used, either of the interviewees or of any people in the community whose cases were discussed.

A schedule of field interviews may also be included to give a sense of the range of interviews.

Action Plan

An action plan should be developed that includes as many different stakeholders involved with the issue of prevention and emergency treatment of unsafe abortion as possible. The action plan should flow from the survey results and may include the following:

- Sensitize all hospital or clinic staff that come in contact with women with complications of abortion. Taking the “put yourself in her shoes” approach works well as a framework to discuss the right of women to humane, empathetic, and competent care, whether for the complications of unsafe abortion, the delivery of a baby, a case of malaria, or a family planning method.
- Promote the development through relevant local public health organizations and non-governmental organizations of community IEC materials that reduce the stigma of abortion, adolescent sexuality, and pregnancy. Campaign to mobilize the community to help women with complications of unsafe abortion, to inform everyone how to access PAC services, and to promote family planning to prevent unwanted pregnancy. Promote the “women taking care of women” dynamic, especially with the young women in the community.
- Share results with community opinion makers and leaders—teachers, religious activists, and others—and make plans for education and community mobilization around issues related to unsafe abortion.



- Promote the development of facility protocols that spell out all aspects of PAC care and provide checks and balances for quality services (ongoing monitoring and evaluation).
- In facilities that provide PAC, develop quality committees that include representatives chosen by women's community groups (stakeholders). These representatives should have a real and equal voice on the committee along with the providers, program people, and policy makers.
- Develop a clear system of redress for anyone who receives bad care. Make sure the system is agreed to by hospital leaders and personnel.
- Work to improve FP services, including counseling, privacy, method availability, and follow-up care.
- Address any other legitimate concerns that are revealed during the survey.

The next step is to disseminate the results to everyone who has an interest in promoting PAC and preventing morbidity and mortality from unsafe abortion. The list may include:

- The Ministry of Health (MOH)
- Local MOH agencies (regional office, public health bureaus, and others)
- MOH or private hospitals used by women for PAC
- The media, community radio, or adolescent programs
- Medical, nursing, and other health training institutions
- The community, particularly all groups and individuals who participated in the survey
- National women's advocacy organizations who can use the results in their efforts to organize women and influence policy

It is crucial that those interviewed are revisited with the results, written and oral,

so that their reactions can be solicited and brought back for further discussion. Dissemination of results can include a written summary, an oral presentation with flip chart or power point, media interviews, or short news stories written for the radio or other media.

SURVEY FINDINGS

Pathfinder has administered the PAC community survey twice in Haiti and once in Peru. Results from both experiences show that when women are faced with an unwanted pregnancy they frequently go to extreme lengths, at times risking death, to terminate it because of the impact a baby would have on their lives and the lives of their families. Findings from all sites indicated that women, particularly adolescents, turn to unskilled providers for abortion procedures, take herbal remedies mixed by an untrained healer or by their own boyfriends, or try to abort the pregnancy themselves. Negative attitudes in the communities towards women with unwanted pregnancies add to the dangers of unsafe abortion, as do the judgmental attitudes of service providers. Clandestine abortion, lack of access to modern contraceptive methods, and a lack of knowledge about proper contraceptive use directly contribute to maternal mortality. Community involvement is key to implementing change.

Experience in Petit Goâve, Haiti

During the summer of 2000, Pathfinder conducted its first PAC community survey in Haiti, the poorest country in the Western Hemisphere. The MOH recommended that Pathfinder set up PAC services at the Notre Dame Hospital. Four hospital providers were trained in PAC, services were implemented, and Pathfinder conducted interviews with community members as the "fourth element" of comprehensive PAC services. Two experienced community activists arranged the interviews with several different groups in an attempt to survey a representative



sample of the population. Sixty-five to seventy people were interviewed from established community organizations, including members of market-women's groups, national women's advocacy groups, peasant groups, and professional women's associations, as well as community health workers and both trained and untrained traditional birth attendants.

The community groups surprised interviewers with a universally stated concern for the fact that women seeking care at the departmental hospital were treated badly or refused treatment, not only when seeking PAC services, but for all kinds of care, most notably labor and birth. They spoke of the lack of confidentiality and compassion in the crowded family planning clinic that was insensitively located in the same corridor as the maternity and pediatrics departments. Single women and adolescents who sought family planning counseling reported public scolding, ridicule, and indifference from providers. This finding provides an example of how valuable and unexpected information can be uncovered when community opinion is solicited. Community members also expressed negative attitudes toward women with abortion complications, usually on religious grounds. And there were many stories of women, especially young women, who had experienced serious complications and even died as a consequence of unsafe abortion and the stigma attached.

Input from the community survey is being used to sensitize hospital personnel around the issue of unsafe abortion and to guide both the development of PAC services at the hospital and community outreach efforts, including IEC by the local communal health bureau. Survey participants recommended that health workers use their native language of Haitian Creole rather than French, and they spoke of the need for increased access to confidential information, such as the use of anonymous phone counseling. The surveyors returned to report the results to the community in the winter of 2001, and

efforts are being made to set up a community/hospital/communal health bureau committee for ongoing collaboration on health issues, including PAC service provision and community education/mobilization.

Experience in Ouanaminthe, Haiti

To compare findings with the Petit Goâve survey, Pathfinder chose the northeast town of Ouanaminthe to conduct its second PAC community survey in Haiti. Ouanaminthe has no local hospital and relies on a single community health center to provide medical services. Pathfinder trained providers and set up PAC services in the community health center shortly before conducting the survey in April 2001. The purpose of the survey was to help staff inform the community of the newly established postabortion services, while at the same time helping staff gain an understanding of local views about women's vulnerability to clandestine abortion.

Interviews were arranged with four representative community groups: two women's groups, a small group of retired *matrons* (trained TBAs), and male and female adolescent members of a youth group called Club Cool. Interviews with the *matrons* and discussions with other community-level health workers revealed that health providers exacerbate unsafe abortion. One *matron* mentioned that pregnant girls come to her for help, but she prefers "to give them something to keep the pregnancy." Other *matrons* denied even knowing about abortion. In an atmosphere of illegality and stigma, young women or couples turn to remedies such as pills, drugs, or herbal mixtures, or they find an unskilled provider to perform an unsafe abortion at a low cost. The women and adolescents interviewed agreed that women wait too long—often until it is too late—to seek medical help for the complications resulting from an unsafe procedure. Results show that adolescents particularly need increased access to contraception, counseling, and



postabortion care due to their increased vulnerability to unsafe abortion and misinformation. The youth also explained that parental attitudes and lack of education leave many young people without support when it comes to seeking contraceptive methods or postabortion care.

Findings from Ouanaminthe show a large unmet need for improved IEC in the community regarding modern contraceptive methods and their availability. Trained health workers must provide basic family planning education and counseling, as well as accessible, friendly, and confidential services to the female community, especially adolescent women, who fear the social stigma attached to sex, contraception, and abortion. Results indicated that a stronger link must be created between trained medical staff and the community. The adolescent group also made suggestions for improving the quality of care of medical services, including a need for ethics, higher education among doctors, and role models within the field.

In November 2001, the results of the survey will be given to the community and to the health center staff so that both groups can work together to find solutions to the community's health problems.

Experience in Lima, Peru

In May 2001, Pathfinder conducted the PAC community survey in Puente Piedra, a poor semi-urban district just north of Lima. The town was chosen because it has an existing PAC program at the Puente Piedra hospital. Though the hospital offers advanced PAC services, it had not taken into consideration the views of the community when designing its PAC program. The lack of a community element left the people of Puente Piedra with insufficient knowledge about preventing unwanted pregnancy and unsafe abortion. Administering the PAC community survey was the first attempt to involve Puente Piedra residents in tailoring postabortion services to their own health needs.

Interviewers formed focus groups of adolescents and health workers, and, in contrast to the methods used in Haiti, recruited a broad range of postabortive women and other adult women and adolescents who were receiving services at the hospital for individual interviews.

Most of the women interviewed, including the adolescents, reported having had some direct or indirect contact with the problem of unwanted pregnancy. Adolescents admitted that although they were aware of the existence of MOH family planning services, they were reluctant to use them because they were embarrassed to express their needs to the *señorita* and felt ashamed to seek public family planning services. All groups acknowledged that women abort unwanted, unplanned pregnancies, but participants made no direct connection between higher abortion rates and the need for family planning services. While adult women recognized traditional healers and birth attendants as the common providers of unsafe abortion, adolescents could not identify safe or unsafe places for abortion services. Both the lack of knowledge of available family planning resources and the high rates of maternal mortality and health complications caused by clandestine abortion confirm a need for education on contraceptive methods and safe PAC services. Also, many interviewed from the community expressed negative attitudes toward women seeking abortion, a stigma which increases the risk that those suffering complications will not seek treatment.

The PAC survey findings show that health workers need to educate the community about the correlation between lack of family planning knowledge, unwanted pregnancy, and abortion. Interviewees also demonstrated a need for basic education on how to use contraceptive methods properly and on where to obtain methods in Puente Piedra. Health workers must meet the IEC needs of the community to ensure more widespread health coverage and increased community involvement in the design of reproductive health programs.



CONCLUSION

Illness and death from the complications of unsafe abortion take a very high toll on women in the developing world. Accessible, comprehensive, humane postabortion care is crucial if this loss of human life and its impact on families, communities, and nations is to be decreased. Besides facility-based PAC services that include counseling, emergency treatment, postabortion family planning, and linkages to other services, the vital element of community participation completes the picture. The community survey is one way to begin to involve the community in giving feedback about services and, at the same time, to educate the community about how to help its members who are vulnerable to the dangers of unwanted pregnancy and unsafe abortion. The short community PAC survey is a quick, inexpensive, effective tool for developing comprehensive PAC services and community mobilization programs.

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