



Contribution ID: 124

Type: **Poster Presentation Only**

Routes traversed in accessing abortion care in selected hospitals in Lusaka city in Zambia: A qualitative study

Thursday, September 18, 2025 3:54 PM (3 minutes)

BACKGROUND

Zambia like other low middle income countries has high rates of women accessing unsafe abortion, despite the supportive legal environment and availability of services. Safe abortion services are provided free of charge in Zambian public hospitals. Barriers to access safe abortion care may exist due to social, cultural and religious beliefs. With these barriers in place, it is not clear how individuals seeking abortion care transverse to access care. Therefore, this study set out to explore routes transversed, barriers and facilitators to access safe abortion care in selected public hospitals in Lusaka, Zambia. This was in an urban setting at a Tertiary Hospital and three First level hospitals in Lusaka City.

METHODS:

This was a qualitative case study design. After ethical approval was obtained, in-depth interviews were carried out using a semi-structured questionnaire. There were 20 respondents in total. The ages of the respondents ranged from 16 to 39 years old. Twelve were single, five were married and two were divorced and one widowed. Two of the married women were on separation from their spouses. The interviews were recorded and transcribed. Coding and Thematic analysis was done until thematic saturation was attained.

RESULTS

The main barrier to accessing safe abortion services was lack of information about the existence of the service. Of the twenty, fifteen reported being aware of safe abortion services before they fell pregnant. Of the five who had reported being aware of safe abortion services, two still opted for unsafe abortion. The sources of information on safe abortion services were friends, relatives and health care providers. After arriving at the hospital, all twenty reported to have been treated well and were given information about safe abortion services.

The reason for seeking termination was socioeconomic in eighteen respondents while one was for previous medical problems and one is said to have inadvertently administered abortion medication.

There were three contraceptive failures while the rest were not on any contraception. Nine respondents had accessed unsafe abortion and come to the hospital to complete the process. Eleven had come to the hospital to access safe abortion services.

CONCLUSIONS

Lack of information about the existence of safe abortion services is a major barrier to access the service. However, there seems to be some knowledge, to the effect that, help can be obtained from the hospital in the event of an unwanted pregnancy. Dissemination of information about safe abortion services is inadequate and it can be equated to an "open secret". Safe abortion services are readily offered but the information is not readily available. Health authorities should come up with information dissemination strategies which will package all reproductive health information in a culturally and socially sensitive manner.

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Session Classification: Poster CAC

Track Classification: Comprehensive Abortion Care