Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa



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Experiences of women seeking Client Initiated Abortion Services at Women's and Newborn Hospital (WNBH), University Teaching Hospital (UTH)

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Background: In Zambia, despite legalization of abortion in 1972, policy restrictions and social-cultural imposed barriers to women accessing abortion care, including laws that restrict how abortion is provided still exist. Implementing Zambia's permissive laws into practice has proven difficult. For example, three registered medical professionals need to agree on whether the woman meets the criteria for abortion and their agreement is dependent on the individual professional preferences. Few studies have been conducted to document the trajectory women take as they decide to access abortion care services. Therefore, this study sought to explore experiences of women seeking client-initiated abortion services at UTH, from the time they find out they are pregnant up to discharge from the hospital after.

Methods: The study used a qualitative research approach. Thirty (30) women seeking abortion services were sampled using convenient sampling method at Women's and Newborn Hospital –University Teaching Hospitals, Lusaka. We recruited women who sought abortion services without any prior medical or legal reasons but on their own. Data was collected in 2025 using a validated interview guide. Audio recorded in-depth face to face interviews were used to collect data. Data was analyzed using thematic analysis.

Results: One of the major themes which emerged included awareness about abortion services where women had no knowledge that abortion services were offered at UTH, and reported hearing about the service at the health center or through relatives and friends. Another theme was decision making about the abortion: women sought abortion services because of fear, disappointment experienced from partner, cultural pressure and feelings of not being ready. The 3rd theme was emotional responses where women's general feeling after abortion included feeling of relief, though some mentioned feeling guilt and regret as well. The 4th theme was cost of the abortion: women categorized care received to be affordable but lacking in counselling, pain management, efficiency and nonjudgemental care. Final theme was physical outcomes: women reported feeling severe abdominal pain and per-vaginal bleeding but none reported any adverse sequalae afterwards.

Conclusion: The trajectory of abortion seeking behavior among women in Zambia, encompasses increased stress and cultural implications. Health care providers should provide individualized, nonjudgemental and all-inclusive care to women which ultimately promotes reduction of maternal mortality due to unsafe abortion. Key words: Client initiated abortion, Abortion services, Abortion experiences

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