

MY BODY MY VOICE

WOMEN'S VIEWS ON ABORTION CARE
2019/20 EDITION

INTRODUCTION

MY BODY, MY VOICE – 2019/2020 EDITION

Globally, 1 in 4 pregnancies end in abortion. Yet, with abortion care often stigmatised and silenced, we rarely hear from women and girls directly about their experiences. To change this, to hold us accountable, and to identify how our services can be as client-centred as possible, every year we interview a representative sample of our clients. Last year, we launched our first My Body, My Voice report to share their feedback and experiences, and this year we are pleased to publish client insights from even more settings.

Whilst every experience is unique, these responses can help us to identify trends and potential solutions to improving care. Based on what our clients want and value, we learn how they hear about safe abortion services, how they access them, and the support, or lack of it, experienced along the way. We hope by sharing these findings, we can build awareness of the diversity of experiences in accessing care, reduce the stigma that can shroud it, and support other programmers and policy makers to increase access to client-centred safe abortion care.

As shared in MSI's COVID-19 report, Resilience, Adaptation and Action, access to safe abortion care has been significantly affected under COVID-19, with travel restrictions, supply chain challenges and health systems pivoting to the COVID-19 response. However, this report shares insights gathered pre-COVID via our 2019 client exit interviews.



1,800 CLIENTS

From countries across
Africa and Asia

ACKNOWLEDGEMENTS

We warmly thank the 1,800 clients from countries across Africa and Asia who so generously shared their experiences and opinions with us in 2019, and the donors and researchers in each country who enabled the survey to take place. These testimonies and experiences help us to better advocate for access to the reproductive healthcare, choices and rights that we all deserve, to have autonomy over our bodies and our futures.

AWARENESS:

HOW DO CLIENTS HEAR ABOUT ABORTION CARE?

Awareness of where to access safe abortion care remains low, with [a review finding](#) that less than 50% of women know about their national abortion laws and entitlements. We wanted to find out how people hear about safe abortion services, so we can increase awareness around safe options.

MSI WAS OFTEN THE ONLY KNOWN SAFE ABORTION OPTION FOR OUR CLIENTS

Our survey findings confirmed that awareness of safe options continues to be low. Over half of our safe abortion clients (59%) did not know of any other safe abortion options. Among clients who accessed a safe abortion via one of MSI's mobile outreach teams, which serve remote, rural areas, three quarters of clients (75%) knew of no other provider. For those who did know of another option, the main reason for not wanting to use it were distance (24%), the poor reputation of the other provider (11%) and the availability of additional services at MSI (11%).

Distance was particularly important for mobile outreach clients: 73% were able to reach MSI's outreach team in less than one hour, while only 42% could reach an alternative provider in less than one hour.

In many of the settings where MSI works, there is low availability of safe abortion care, and our clients' experiences highlight the importance of ensuring safe care is available locally, is high quality, and offers access to other integrated health services, within the same visit or soon after.

“ When I was younger, I knew nothing about abortion, or what to do if I became pregnant. I only learned more after coming to Marie Stopes

Safe abortion client, Cambodia



CLIENTS WHO HAD NO OTHER OPTION FOR THEIR SERVICE

47% Contraceptive clients

59% Abortion clients

BUILDING AWARENESS WITH CLIENT-CENTRED CARE AND COMMUNITY ENGAGEMENT

A lack of access to safe abortion services or products increases the chances of women resorting to unsafe methods. As a result, we wanted to know how best to build awareness of safe abortion services and ensure they are available to anyone facing an unintended pregnancy.

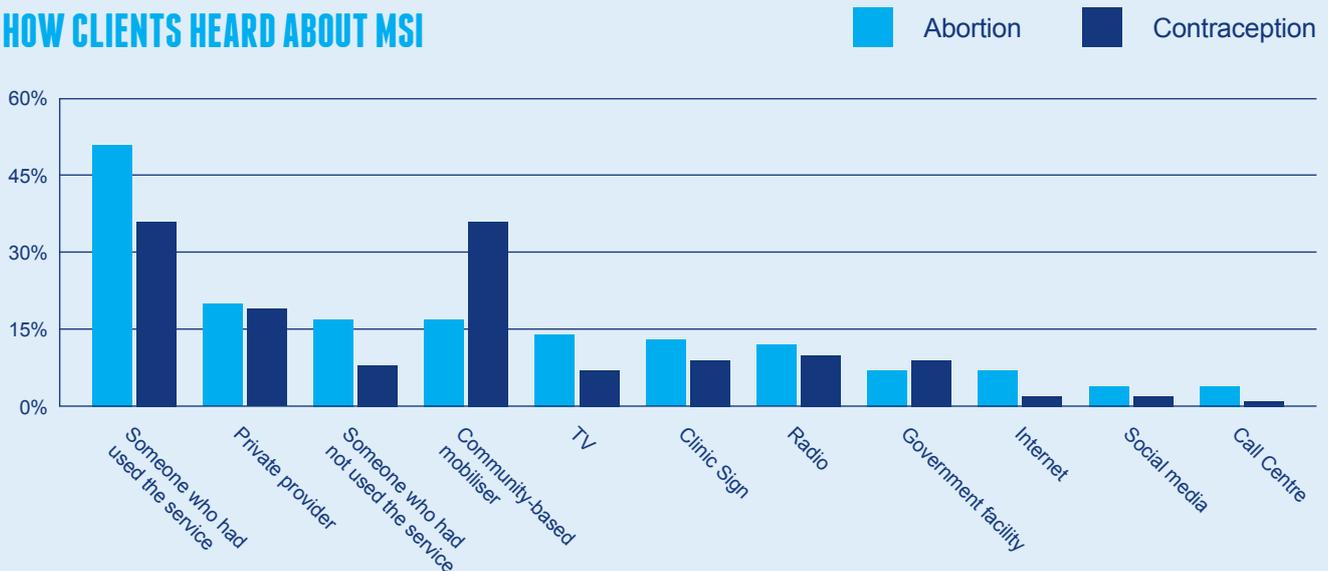
Mirroring last year's findings, **word of mouth continues to be the most important way that clients hear about MSI's services**, with 51% of abortion clients sharing that they found out about MSI's services from someone who had previously used the service. This contrasted with our contraceptive clients, with only 36% sharing they had heard about MSI through an existing MSI client.

Abortion stigma can make it difficult to raise awareness about the existence of safe abortion services through conventional routes such as media campaigns. As a result, word of mouth continues to be a critical source of information about safe abortion care. Echoing last year's findings, referrals from private providers and community-based mobilisers, who are well-connected community members providing information on healthcare options, continue to be important sources of information for clients seeking safe abortion care, too.

“ People don't really talk about abortion here. I think it's important to share my story because it will help other women who are in the same situation. It will help them understand that they have choices and that the choices are okay

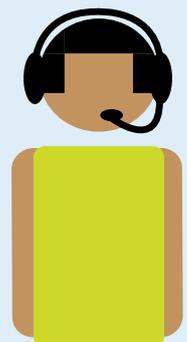
Safe abortion client, Cambodia

HOW CLIENTS HEARD ABOUT MSI



CONTACT CENTRES IMPROVE CLIENT EXPERIENCE AND SUPPORT SAFE PATHWAYS TO CARE

MSI has a network of contact centres across 28 countries, providing clients with sexual health advice and referrals over the phone, WhatsApp and social media. Across our programmes, 15% of abortion clients and 9% of contraceptive clients reported interacting with an MSI contact centre prior to their visit. Our data suggests that abortion clients who interacted with the contact centre prior to their visit were significantly more likely to definitely recommend MSI services (72% versus 63%) to a friend, building awareness of the availability of safe options. Safe abortion clients that interacted with the contact centre consistently reported higher satisfaction across multiple areas of care, including waiting times, operating hours and comfort asking questions. The contact centre can play an important role in managing expectations ahead of a visit, while helping clients feel more informed and confident to ask their provider questions.



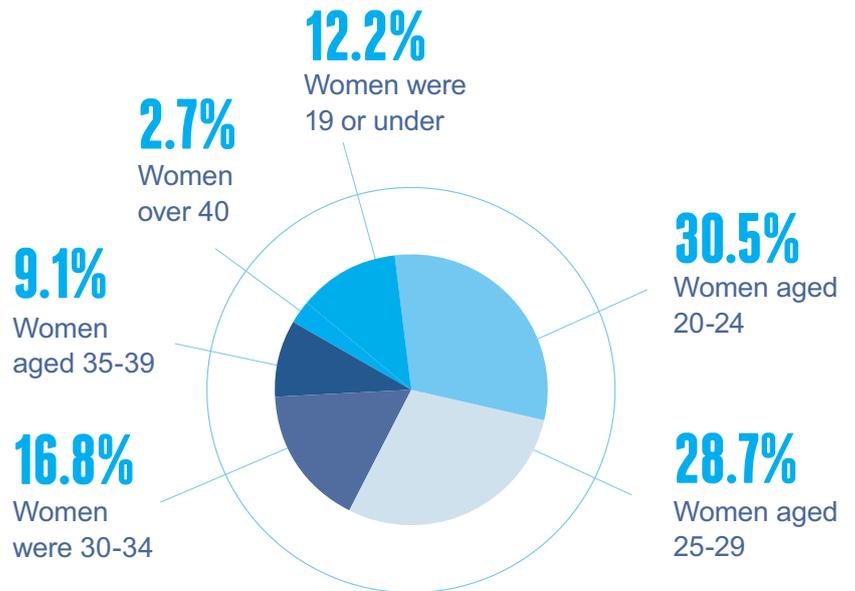
ACCESS:

WHO ACCESSES SAFE ABORTION CARE AND HOW?

Globally, 1 in 4 pregnancies end in abortion. In real-life terms, women will have an average of one abortion over their lifetime. Through our client exit interviews, we aim to understand: who accesses abortion care with MSI and what are their experiences?

Our survey data shows that MSI clients are a diverse group of women, accessing safe abortion care throughout their reproductive lives. For example, more than half of our safe abortion clients (58%) were married or living with a partner and have existing children. This underlines the need for abortion care to be accessible, client-centred and de-stigmatising throughout people's reproductive lives.

AGE RANGE OF ABORTION CLIENTS



27% of clients were single (not living with a partner) and did not have children



8% of clients were single (not living with a partner) and had children



7% of clients were married or living with a partner and did not have children



58% of clients were married or living with a partner and had children



CLIENTS TRAVELLED FURTHER FOR SAFE ABORTION CARE THAN CONTRACEPTIVE SERVICES

We know that in many settings, a lack of nearby services can make it harder for clients to access safe care. Our survey reflected this.

Distance was identified as an important factor in a client's decision to choose MSI, and across all our services, 72% of abortion clients were able to reach us in less than an hour. However, a quarter (24%) of abortion clients travelled for 1-3 hours, compared to 15% of contraception clients. These findings highlight the costs and barriers to abortion care, when there is poor coverage. MSI will continue to map locations to ensure services are provided where needed most, via our mobile outreach teams, clinics and by supporting private providers.

“ Decisions about having an abortion, when to have it and how to have it, depends on the husband and in some cases, the family. As going to a safe place might take some time to travel and will incur cost, they opt for choices that are readily available. The health of the woman is a secondary priority [in making these decisions]

Bhawana Shakya, Team Director at Marie Stopes Nepal



TIME-SENSITIVE ABORTION CARE IS OFTEN FUNDED BY PARTNERS AND FAMILIES

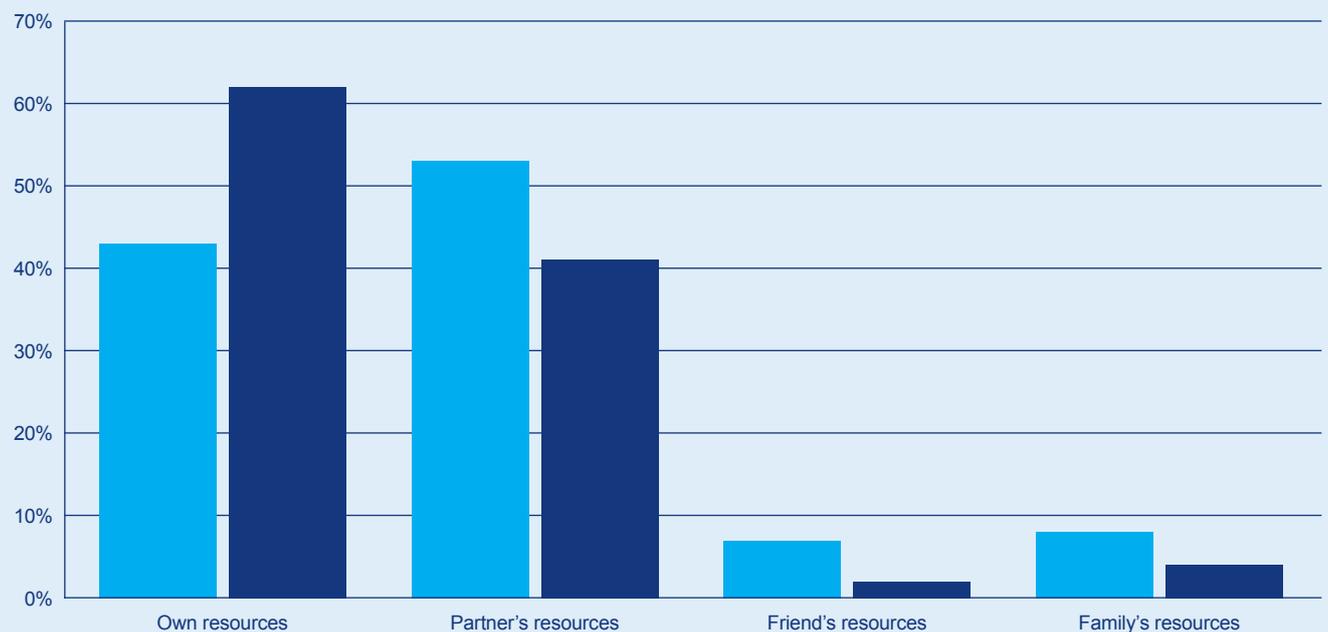
Abortion is rarely included in universal health coverage or insurance schemes, meaning that services are usually paid for out-of-pocket by women themselves. With the support of donors, we are able to offer a fee waiver to clients who cannot afford to pay, accounting for one in three of our abortion clients in 2019. Despite this, abortion care is a time-sensitive procedure and raising the funds to pay for it can be challenging for clients, when donor funds are not available or are insufficient: 41% of our clients reported finding it difficult to raise the funds to pay for their service, compared to 15% of contraception clients. Clients reported relying on funds from a partner (53%), friend (7%) or family member (8%) to help pay for care: less than half (43%) used their own money to pay, compared to 62% of contraception clients.

Stigma adds to challenges around affordability. Adolescent clients, for example, can find it more difficult to access funds for an abortion if they fear sharing that they have had sex. Responding to our survey, adolescent clients were more likely to share that they found it difficult to pay for services (56%) than older clients (39%). Unmarried clients were also more likely to find it difficult to pay (51%) compared to married clients (34%), which might reflect stigma surrounding pre-marital sex, or the lack of partner support for unmarried clients.

Partner support is also influential. Abortion clients who reported not feeling supported by their partner were significantly more likely to find it difficult to pay (58%) than those who had partner support (35%). Research has highlighted the important role that men can play in facilitating or reducing access to safe abortion, but to eliminate unsafe abortion, women must be able to access care without reliance on male financial support.

MSI continues to advocate for abortion to be included within the health benefits package for universal health coverage, enabling women to access abortion care without financial barriers. As a result of efforts by advocates, there are promising signs of progress in this area, but the vast majority of countries do not yet include abortion care within their national health schemes.

HOW CLIENTS PAID FOR THEIR CARE



QUALITY:

WHAT DO WOMEN VALUE IN SAFE ABORTION CARE?

Studies have found that non-clinical aspects of abortion care, such as how clients are treated by their provider, can be just as important as clinical quality. We wanted to better understand what our clients view to be a quality service, to ensure we deliver client-centred care.

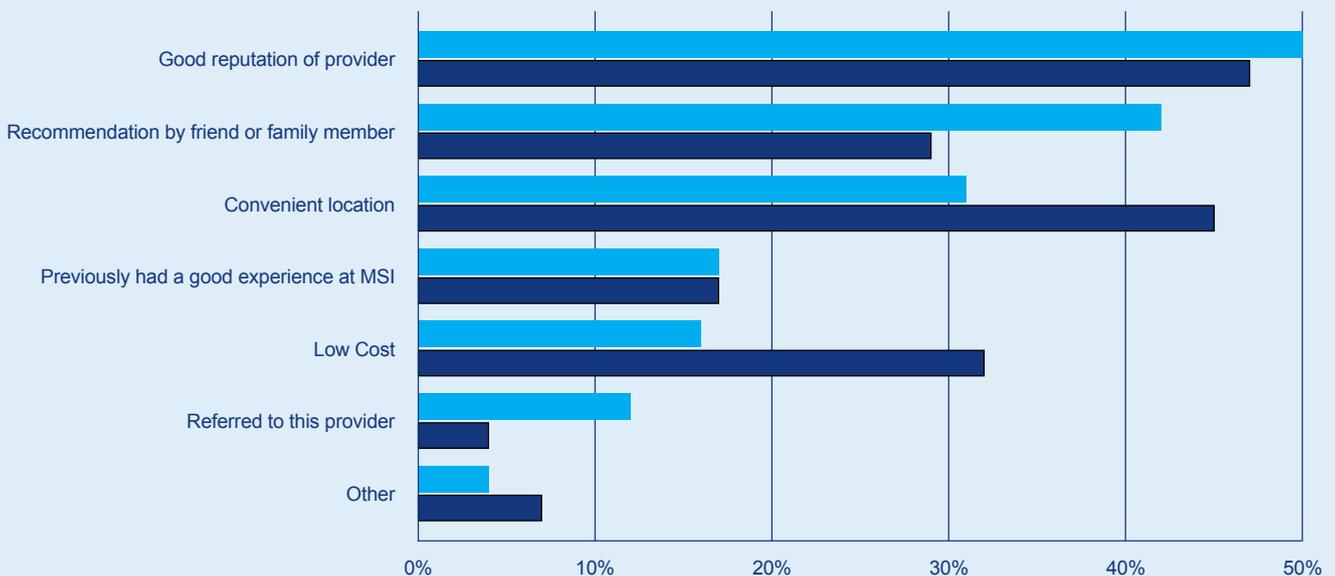
CLIENTS CHOSE MSI DUE TO LOCAL REPUTATION AND RECOMMENDATIONS

We asked MSI abortion clients their reason for choosing MSI, to find out what people valued in their care-seeking choices. MSI being recommended by a friend or family member (42%) and having a good reputation (50%) were most frequently mentioned, and we found that recommendations were more important to abortion clients than contraceptive clients. A convenient location was also important, highlighting the need to make care locally available and accessible. For both abortion and contraception, clients were often returning after a previous positive experience.



WHY WOMEN CHOSE A SERVICE WITH MSI

Abortion Contraception



COMMUNITY AND PARTNER SUPPORT ARE KEY FOR PREVENTING UNSAFE ABORTION

Ensuring that each client receives high quality, supportive and respectful care is critically important. We also know that a positive client experience can support efforts to reduce unsafe abortion: last year's [My Body. My Voice report](#) showed how clients who do not feel stigmatised, who are satisfied with opening hours, waiting times and cleanliness are significantly more likely to recommend the service to a friend.

Spreading awareness of safe abortion services through word of mouth is essential for preventing women from turning to unsafe abortion providers and methods. We therefore looked further at potential sources of support and stigma and how we can ensure all clients access destigmatising, quality care.

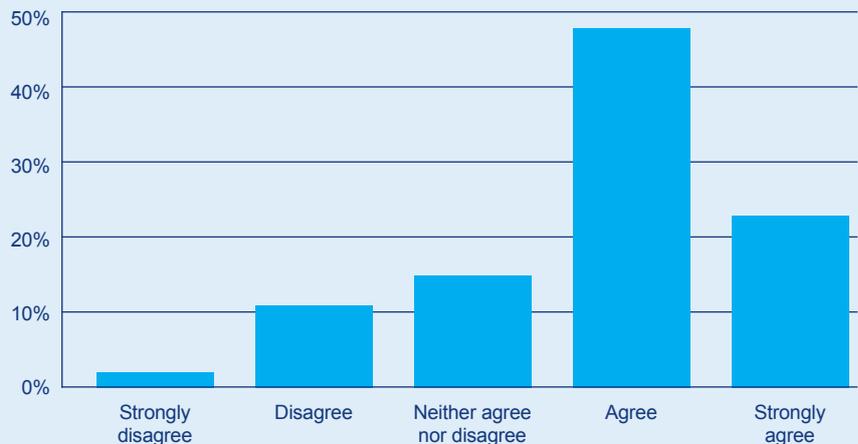
We asked clients whether their partner supported their decision, whether they felt people they were close to would be supportive of their choice, and whether they felt they had enough support from their health care provider. We found that most abortion clients felt supported by their partner (76%) and people they were close to (72%). The vast majority shared that they felt sufficiently supported by their healthcare provider (97%).

At MSI, we are committed to ensuring that all clients, regardless of their age or marital status, feel supported by providers when accessing abortion healthcare. To do so, we invest in critical support and training for our providers, including [Providers Share Workshops](#) and [Values Clarification and Attitude Transformation training](#). The aim of these workshops is to support providers in delivering destigmatising, empathetic support to all clients. Our client exit interview findings help us tailor this work and identify areas for further improvement.

“ My husband advised me to keep it a secret. I think people would go around gossiping if they knew about this – I didn't even tell my close friends. It was tough for me, not being able to discuss it openly without being judged.

Safe abortion client, Cambodia

CLIENTS WHO AGREED THAT PEOPLE CLOSE TO THEM WOULD BE SUPPORTIVE OF THEM ACCESSING A SAFE ABORTION



DECONSTRUCTING ABORTION STIGMA IN GHANA WITH PROVIDER TRAINING

In Ghana, abortion has been legal for a wide range of indications since 1985. However, only 63% of our abortion clients in Ghana felt that people close to them would be supportive of their right to have an abortion. Clients reported higher levels of support from their partners (78%) and health care providers (92%) than support from people close to them. [Stigma has been identified](#) as a leading barrier to sexual and reproductive health care in Ghana, including safe abortion, due to women's fears around safety, privacy, shame, and perceived negative attitudes of health workers. To counter abortion stigma, Marie Stopes Ghana has provided [values clarification and attitude transformation workshops](#) and [providers share workshops](#) for their safe abortion providers. By reducing abortion stigma, these workshops are intended to lower experiences of stigma among providers and clients, with the hope of improving awareness and perceptions of safe services at a community-level too.

63%

of our abortion clients in Ghana felt that people close to them would be supportive of their right to have an abortion

PROVIDING REPRODUCTIVE AGENCY WITH A CHOICE OF ABORTION METHODS

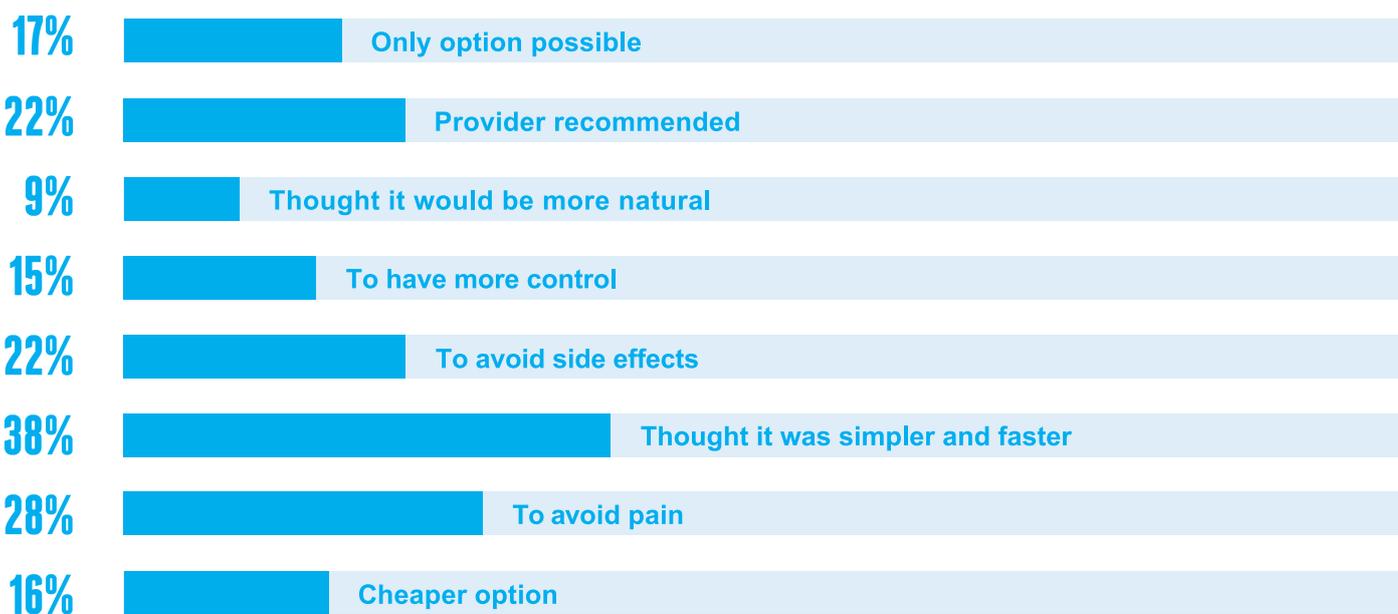
To understand client preferences when accessing safe abortion care, we asked our clients what influenced their choice of abortion method. Abortion care has been transformed by the availability of medication abortion (using pills) in recent years, meaning women should now be able to choose between a medical (with pills) or surgical (procedural) abortion. Studies have found that women tend to have a strong preference about their abortion method and offering a choice of methods is critical to quality care, as the experience of each method is hugely different. **Client acceptability**

is greatest when women can choose and receive their preferred method. However, choice of methods can be affected by factors such as service availability, counselling, and providers' own personal preference.

In 2019, 88% of our abortion clients were counselled on both options, with 60% choosing medication abortion and 40% choosing surgical abortion. To understand clients' preferences, we asked our clients why they chose the method that they did. The main reasons clients cited were because they wanted the simpler and faster

option (38%); to avoid pain (28%); and because their provider recommended the service (22%). The choice of method will depend on multiple factors, for example, cost, service availability, provider preference, whether the client is able to take medication at home, or whether they would prefer the whole process to be completed quickly in the centre. At MSI we are committed to offering a choice of both surgical and medical abortion options and the survey results reiterate this importance, with client satisfaction remaining high for both medical and surgical abortion clients (97% versus 95%).

CLIENTS' REASONS FOR ABORTION METHOD CHOICE



FILLING A GAP IN NEPAL WITH A COMMITMENT TO SURGICAL ABORTION PROVISION

In Nepal, there has been a national shift from surgical to medical abortion, with many providers in Nepal now only offering medical abortions. However, the Marie Stopes Nepal clinics continue to offer a choice of surgical and medical abortion services. In 2019, despite the national shift, our survey reported that in Marie Stopes Nepal's clinics, 96% of clients were counselled on both options and 51% chose medical while 49% chose surgical.

Like our global client profile, the most common reason for choosing a specific abortion method was speed and simplicity (50%), followed by the desire to avoid pain (26%) or provider recommendations (21%). The reasons behind clients' method choices were similar for surgical and medical abortion, suggesting that while clients' priorities might be similar, the ability of either method to meet client's needs is hugely subjective.

96% of clients were counselled on both options

51% chose medical

49% chose surgical

RECOMMENDATIONS

While progress has been made, huge challenges remain to eliminate unsafe abortion and ensure client-centred, destigmatising services are available to everyone.

Based on our findings, we recommend the following approaches to fellow providers, policymakers, partners and donors in working together to eliminate unsafe abortion:



1

WORK WITH PARTNERS TO BUILD COMMUNITY AWARENESS:

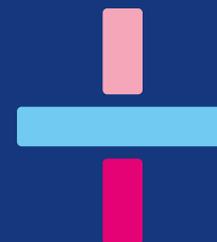
Support efforts to build awareness and remove stigma, through delivering high quality care that inspires clients to become champions and sources of information within their community for safe options, campaigns that encourage women to use a contact centre for free, impartial advice, and through pro-choice community-based mobilisers and partners, to open conversations about pregnancy options and build safe pathways to care.



2

REMOVE UNNECESSARY LEGAL, POLICY AND FINANCIAL BARRIERS:

Build an enabling environment for safe abortion access and provision by removing the legal, clinical and policy restrictions that prevent women from accessing timely safe care, such as multiple doctor sign offs. Advocating for inclusion in universal health coverage mechanisms and working to reduce the costs of safe abortion care will support women to access timely services, without reliance on partner or family support.



3

ENABLE TRUE REPRODUCTIVE CHOICE:

Develop programmes that offer integrated safe abortion care in ways that meet the diverse needs of women – supporting self-management of medical abortion, while continuing to offer clinic-based care with a choice of surgical or medical methods, and offering a wider range of sexual and reproductive health services. This also requires reaching women, through a variety of service delivery channels, including on rural outreach and via partners in the public and private sector, to ensure women can access affordable, high quality services.

EXPLAINING OUR DATA

This report highlights data from our 2019 client interviews, which we conduct at the end of every year among a representative sample of clients in each country where we work. Clients that have received a safe abortion or contraceptive service are invited to speak to a trained interviewer after their appointment, and clients who give informed consent are interviewed for 30-40 minutes using a standardised questionnaire. The findings we present in the report are unique because they provide a snapshot of women and girls' experiences of abortion care from multiple countries across sub-Saharan Africa, South Asia and South East Asia.

CLIENT, WOMEN, GIRLS AND PREGNANT PEOPLE

At MSI we use the term 'clients', because women seeking abortion services are not unwell and are not 'patients.' We believe abortion services should be de-medicalised, putting the client's needs first. It is also a gender-neutral term, in recognition that whilst most of our abortion clients are women and girls, trans and non-binary people require access to abortion care too, and at MSI we aim to provide quality, caring and non-judgemental services to everyone.

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