MARKET-BASED APPROACHES TO REDUCING UNSAFE ABORTION IN CAMBODIA

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Cambodia: Health toll from Unsafe Abortion

- **Population**: 14.7 million
  - Rural/Urban: 80%/20%
  - 2.6 million WRA
- **MMR**: 447

- 1 in 3 pregnancies is unwanted or mistimed
- 20-29% of maternal deaths are due to unsafe abortion (estimate)
Bas relief from Angkor Wat c1150 AD
Research

- **Population-based Surveys (TRaC studies)**
  - Evaluating Condom Use with Sweethearts among Female Entertainment Workers in Phnom Penh

- **Product and Service Availability and Access Studies (MAP)**
  - Evaluating the Availability of Birth Spacing and Abortion Products and Services 2009

- **Qualitative Studies**
  - Provider Survey 2009
Abortion Practices

Common Abortion Practices 2009
- Surgical: 68%
- Medical: 28%
- Massage, sel harm, herbs, etc: 20%

Places Women Seek Abortions 2009
- Private facility: 60%
- Private Pharmacy: 16%
- Public Facility: 14%
- Nowhere: 10%

Unsafe Abortion

2009 TRaC WRA
Safe Abortion in Cambodia

**STRENGTHS**
- Abortion legal since 1997 in Cambodia
- Ministry of Health Support

**CHALLENGES**
- Limited *access*
- *Poor quality* of medication abortion
- High *price* in private sector
- Lack of *knowledge* among providers and consumers
Challenges – Access

49% of providers surveyed stated they provide abortion services
Challenges – Quality and Price

- Variable quality and effectiveness of MA
- Medication Abortion:
  - Prices ranged from $2 to $24
- High Price of Surgical Abortion:
  - $17 in rural areas
  - $20 to $250 in urban areas
Challenges – Provider Knowledge

- Only 1 in 5 providers reported having formal training in MA
- Only 17% trained in CAC
- None could state the correct MA dosage and regimen
82% of women believe that abortion is illegal
Half of women don’t know where to get an abortion
Most women believe that medication abortion is unsafe (61%)
Programmatic Response: Improve Quality and Price

- Introduce a quality, subsidized medication abortion product through the private sector
- Ensure trade margins are equal to or greater than existing products.
Programmatic Response: **Provider behavior change**

1. Training, support and monitoring of private sector providers
2. Academic detailing to improve provider knowledge, attitudes, self efficacy, and social norms
3. Linkages to referral sites
4. Promotion of post-abortion family planning
Programmatic Response: Provider behavior change

Stages of Change

- Pre contemplation
  - Identify private providers

- Contemplation

- Preparation
  - Ensure access to drugs; Initial one day training of 1800 providers.

- Intention

- Action
  - Academic detailing to reinforce skills and messages, role play, provide technical information, address concerns

- Maintenance
Programmatic Response: Consumer

- Reproductive health hotline
  - Provide referrals, counseling and information
  - 120 – 250 calls/month
- Medabon client take home brochure in Khmer
- Community based IPC/IEC
Programmatic Results

- Average of 7,000 units of Medabon sold / month
Programmatic Results

Location where last abortion was performed

- Private facility: 59.3% (2010), 62.1% (2011)
- Government facility: 18.2% (2010), 17.3% (2011)
- Pharmacy: 11.8% (2010), 11.1% (2011)
- Traditional midwife**: 10.0% (2010), 4.7% (2011)
- Home: 1.3% (2010), 0% (2011)

2010 (N=440)
2011 (N=514)
Thank You!