Comprehensive safe abortion care services for young people: A critical entry point for family planning in Mozambique

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SRH Context in Mozambique

- Contraceptive prevalence rate among 15-19 year olds is 14% and 17% among 20-24 year olds.

- 41% of 18 year olds are either mothers or are pregnant.

- Maternal mortality ratio is 599 per 100,000 live births.

- WHO estimates that 18% of maternal mortality in Eastern Africa is due to unsafe abortion.

DHS, 2003; Lancet 2010; WHO 2011
Abortion in Mozambique

• Safe abortion is quasi-legal

• Penal Code revised in 2011 with less restrictive and more permissive law; final approval needed from the Parliament

• Beyond legal barriers, other barriers to high quality safe abortion services remain for youth and adolescents including
  • Poor quality care when available
  • Lack of information
  • Transportation and cost barriers
  • Fear of community and provider judgment
The Youth-friendly CAC Approach

- Youth-Friendly CAC Project in Maputo Central Hospital, Mozambique

- Objective: Improve the quality of CAC services for adolescents with an emphasis on increasing post abortion contraception uptake and continuation

- Key approach: Support the youth-friendly service site in the Maputo Central Hospital to apply Pathfinder’s Comprehensive Safe Abortion Care approach
ENABLING ENVIRONMENT FOR COMPREHENSIVE SAFE ABORTION CARE

POLICY AND OPERATIONAL CHANGE:
- Central, provincial, state and district levels:
  - Encourage to interpret law as broadly as possible
  - Remove barriers to access for youth and other vulnerable groups
  - Approve protocols and curricula
  - Support sustainability of services and quality
- Partner with medical associations, and professional or political advocacy groups and involve civil society

QUALITY:
- Providers, facilities and services

COMPREHENSIVE:
- Counseling
- Provision of contraceptive methods on-the-spot
- STI/HIV/gender-based violence risk assessment
- Risk reduction counseling
- Treatment and referral
- Integration of abortion services with reproductive health services
- Promotion of medication abortion

COMPASSIONATE:
- Stigma-free environment
- Rights-based approach

EDUCATION, PARTICIPATION, AND CHANGING PUBLIC OPINION:
- Understand the law
- Reduce stigma
- Know where safe services are
- Understand dangers of unskilled abortion providers

WORK WITH:
- Community leaders, healers
- Government paid community health workers
- NGOs and CBOs
- School teachers
- Men and boys

VULNERABLE GROUPS:
- Young women, HIV-positive, sex workers, IDPs and refugees

ACCESS TO SAFE COMPREHENSIVE ABORTION CARE
Key Activities: Clinical Services

• Train YFS providers on MVA for safe abortion, treating complications of PAC with emphasis on the special considerations for adolescent client
  – Focus on respect and non-judgment for adolescent
  – Guaranteed privacy and confidentiality

• Consistently offer post abortion contraception and counseling and testing for HIV and syphilis

• Support peer educators (always at the YFS) to offer contraception, counseling and testing, social support

• Peer-educator led contraceptive support groups for all young women receiving CAC or PAC
Key Activities: Advocacy and Community Mobilization

• Advocacy
  • Develop an advocacy strategy and plan focusing on the parliamentarians and media in order to develop an enabling environment for safe abortion

• Community mobilization
  • Youth peer educators from youth associations provided information on safe abortion services and post abortion care, including referrals to the YFS
  • Worked through public events, debates, and community groups to reduce stigma
Client and Service Profile
Client Ages: February 2008 - March 2011

- 10-14: 2%
- 15-19: 43%
- 20-24: 55%

n=2,240
Client Characteristics

• 84% from Maputo City
• 87% had some level of schooling
• 80% have a mobile phone (potential for future interventions)
• Reproductive history:
  – 57% first pregnancy
  – 30% second pregnancy
  – 8% third pregnancy
Percent of clients who received HIV and STI counseling and testing

- Counseling for syphilis: 76.3%
- Syphilis testing: 20.4%
- Counseling for HIV: 77.5%
- HIV testing: 16.5%
Contraceptive method selection among clients

- Condom+OC: 69.20%
- Condom + IUD: 24.40%
- Only OC: 0.90%
- Condom only: 0.60%
- No method: 5%
Post abortion Contraception

- 95% of clients selected a contraceptive method

- 93.6% of clients chose dual method use

- 63% of clients were invited to attend a contraceptive support group meeting and almost half of them attended at least one meeting

- The average number of support group’s meetings attended per person was four
Program Learning

• CAC and PAC services are often the first time a young person uses SRH services – it can be an important entry point for comprehensive service utilization.

• It is an opportunity to ensure that young people understand contraceptive options and an entry point to begin contraceptive use.

• Providers must offer a contraceptive method to every client.

• Contraceptive support groups showed promise for improving method continuation, but further operations research is needed to understand contribution to method continuation.