The realities of unsafe abortion in Bolivia: Evidence from the field

By Sarah Thurston¹ Ramiro Claure² Thoai D. Ngo¹

Summary
More than 80,000 induced abortions take place in Bolivia every year despite legal restrictions that permit abortion only in cases of rape, incest or if the life or health of the mother is at risk.¹ The vast majority of abortions take place clandestinely, posing significant risks to women’s health. In this study, Marie Stopes International Bolivia (MSIB) explored women’s experiences of abortion and their knowledge, attitudes and perceptions on this issue.

Findings pointed to low uptake of modern contraceptive methods among poor and indigenous women in five Bolivian cities. A high prevalence of unwanted pregnancy (~50%) among the 1,386 women surveyed resulted in frequent use of ineffective and/or unsafe abortion methods. Women often resorted to multiple abortion attempts and methods, accessing post-abortion care (PAC) in hospitals only after attempts to self-treat had failed.

MSIB used evidence from this study to support policy advocacy and awareness to inform key stakeholders in the national parliament, six of the country’s provincial health departments, the medical establishment, the media and at-risk women. Using concrete evidence to inform the public debate ahead of the Bolivian parliament’s 2013 review of the criminal code on abortion helped to frame policy changes needed to address unsafe abortion.

Findings at a glance
An estimated 80,000 abortions take place every year in Bolivia. In this study, MSIB explored the abortion experiences of 1,386 Bolivian women.

- The prevalence of unwanted pregnancy and induced abortion is high. Nearly 50% of women surveyed had experienced an unwanted pregnancy. Over one third attempted to terminate the pregnancy.

- Women resorted to ineffective and unsafe abortion methods, requiring multiple attempts carrying significant health risks. One third of study respondents who induced an abortion tried and failed at least once.

- Opportunities are being missed to reduce the harmful effects of unsafe abortion by using misoprostol for post-abortion care. Although misoprostol is available in Bolivia, confusion about the correct regimens limits women’s use of this potentially life-saving drug.

1. Research, Monitoring and Evaluation Team, Health System Department, Marie Stopes International
2. Marie Stopes International Bolivia
Background

Bolivia is a largely rural, landlocked country with a maternal mortality rate of 310 deaths per 100,000 live births. This is among the highest rate in Latin America and the Caribbean.\(^2\) The majority of the country’s 10 million people belong to one of the two main indigenous ethnic groups – Quechus and Aymaras. Historic inequalities persist between indigenous peoples and Bolivians of mixed European and indigenous descent despite reforms introduced in recent years aimed at improving living conditions for indigenous communities. Continued regional disparities between the mainly indigenous Andean highlands and the more prosperous eastern lowlands cause tensions in public policy matters. Against this backdrop, indigenous and poor women experience disproportionately poor maternal and reproductive health outcomes due to lack of information and poor access to quality health services, as well as financial barriers.

Unsafe abortion in Bolivia

Abortion remains illegal in Bolivia, except in cases of rape, incest or if the life or health of the mother is threatened (these exceptions were introduced under the 1973 criminal code). However, unsafe clandestine abortions pose a significant risk to maternal health. One quarter of all maternal deaths result from unsafe abortion.\(^3\) However, abortion remains a taboo topic due to the legal and cultural-religious climate in Bolivia. The prevalence of unplanned or unwanted pregnancy in Bolivia results in an estimated 80,000 induced abortions each year, especially in low socio-economic and majority indigenous populations.\(^1\) The vast majority of abortions take place clandestinely, exposing women to significant legal and health risks. Unsafe abortion also impacts negatively on Bolivia’s healthcare system. An estimated 60% of obstetrics and gynaecological health funds are spent on the treatment of complications resulting from unsafe abortion through provision of post-abortion care (PAC).\(^3\)

Marie Stopes International Bolivia (MSIB) works to address poor sexual and reproductive health outcomes by providing quality family planning and PAC services, and through policy advocacy aimed at eradicating unsafe abortion in Bolivia. Despite the prevalence of induced abortion, MSIB recognised that too little was known about women’s experience of abortion in Bolivia. To address this evidence gap, MSIB undertook a research study to systematically examine the experiences of women who had had unwanted pregnancies and induced abortions. Additionally, women’s knowledge, perceptions and attitudes towards abortion were investigated.
Research methods

A population-based survey among 1,386 women was conducted in five Bolivian cities – Sucre, Santa Cruz, Cochabamba, La Paz and the adjacent city El Alto from May to December 2010. Both quantitative and qualitative methods were used. Focus group discussions involved a total of 115 women of reproductive age (15-49 years); and in-depth interviews were conducted with 50 women who had accessed post-abortion care in one of five participating public hospitals.

Findings

Research findings provided evidence on five broad questions:

1. What are the barriers to effective contraceptive use?
   - About half of the sexually active women who were not pregnant at the time of the survey were using any form of contraceptive. Only 39% were using a modern contraceptive method, with the remainder relying on traditional or folk methods. Thus, 61% of sexually active women who were not pregnant at the time of the survey were not using a modern contraceptive.
   - Mistrust in the efficacy and/or safety of modern contraceptive methods was most frequently cited as the reason for non-use. Fears were typically based on misinformation. A lack of access to modern methods was a secondary reason for non-use. Some women cited their husband’s opposition or were embarrassed to seek contraception.

2. What are women’s experiences of unwanted pregnancy and induced abortion?
   - 48% of respondents reported having at least one unwanted pregnancy in their lifetime, and 44% had experienced more than one abortion.
   - 60% of women who had had an unwanted pregnancy continued the pregnancy to term without attempting a termination. 7% reported having a miscarriage.
   - 31% of women who had had an unwanted pregnancy attempted an abortion. 25% succeeded in aborting while 6% tried and failed.

3. How does knowledge of abortion methods drive women’s decisions?
   - Women reported knowing about a variety of traditional and modern abortion methods. 86% knew about surgical abortion; and 57% were aware of medical abortion pills.
   - The vast majority (89%) knew where medical abortion pills could be obtained, with pharmacies being the leading reported source (79%). However, feedback from focus groups and interviews indicated that the pills were difficult to obtain from pharmacies due to shortage of stock and pharmacists’ reluctance to sell the drugs.
   - Only 43% of women who had heard of misoprostol said that they believed it was an effective method of abortion. Many confused it with the emergency contraceptive pill. Results from in-depth interviews and focus groups demonstrated misunderstanding of how misoprostol works and misinformation on correct regimes for all indications.

4. Which methods do women use to induce an abortion?
   - Of the 152 women who reported inducing an abortion, 57% used a surgical method and 22% had medical abortion pills (taken orally or vaginally) at their first attempt. However, 21% used another method as their first attempt, including herbal infusions, root solutions, injections or self-administered physical trauma such as falling.
   - Two thirds of these 152 women successfully terminated their pregnancy on the first attempt, while 50 of the 152 women (33%) failed and tried again. Of these 50, 35 women succeeded on their second attempt, and the remainder went on to try a third time.

5. Do women experience complications and seek post-abortion care?
   - 38% of women who reported having an induced abortion said they had had a complication as a result of their first abortion attempt, requiring them to seek medical care. Many women initially tried to self-treat and sought medical care for PAC as a last resort.
   - Many women reported being rebuked by hospital staff with reports of staff treating them with disrespect; and one woman reported experiencing physical abuse. Only eight of the 50 women interviewed in-depth felt satisfied by the way they were treated.
   - Post-abortion counselling about contraception was also poor. Only four of the 50 women who took part in the in-depth interviews felt satisfied with the post-PAC contraceptive counselling they received.
TABLE 1: Prevalence of unwanted pregnancy and abortion among sexually active women aged 15-49 years

<table>
<thead>
<tr>
<th>Unwanted pregnancy/induced abortion</th>
<th>Number of sexually active women (N=1,175)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced at least one unwanted pregnancy</td>
<td>566</td>
<td>48.2%</td>
</tr>
<tr>
<td>Experienced more than one unwanted pregnancy</td>
<td>511</td>
<td>43.5%</td>
</tr>
<tr>
<td>Reported at least one induced abortion</td>
<td>152</td>
<td>12.9%</td>
</tr>
</tbody>
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Conclusion
A large number of women in this study were not using modern contraceptives, resulting in a high occurrence of unwanted pregnancy and induced abortion. Improved education and dissemination of accurate information on modern contraceptive methods are critical to address this problem. Education should include men and health workers to create an enabling environment for women to manage their fertility effectively.

Nearly half of the sexually active women in the survey reported having had at least one unwanted pregnancy in their lifetime. Twenty-five percent of women interviewed reported ending their most recent unwanted pregnancy through induced abortion. The true incidence is likely to be much higher, as abortion is known to be under-reported in settings where it is highly stigmatised. Women often resorted to multiple abortion attempts using various termination methods and accessing different providers before successfully terminating an unwanted pregnancy. Clinical PAC services were often sought as a last resort to treat the harmful effects of failed attempts. Increasing access to information on using misoprostol for post-abortion care will help to reduce the harmful effects of unsafe abortion.

When seeking PAC services in clinical settings, women report that they were often met by judgemental and even abusive clinical staff. Poor counselling on post-abortion contraception was a common experience, increasing the likelihood of further unwanted pregnancy. Improved training for clinical staff on PAC and post-PAC contraception must be supported by clear policies and practices to treat PAC patients with attention and respect.

Evidence to action
MSIB used the findings from this study to advocate for better public policies to address unsafe abortion and to improve attitudes and practices among stakeholders in the policy and medical arenas. To disseminate the study findings, MSIB engaged Bolivia’s parliament, legal institutions, the medical establishment, the media, and community based organisations. MSIB used evidence from this study as an entry point to advocate for concrete steps to be taken by the institutions to take actions to improve health outcomes for Bolivian women.

Government and legal institutions
• MSIB raised the visibility of unsafe abortion to national level policy makers and government agencies through dissemination of research findings and policy change advocacy. MSIB presented study findings at action meetings hosted by the Ministry of Justice, Ministry of Education and Ministry of Health. As a result, a technical taskforce was formed to take forward policy recommendations and to implement practical measures to prevent unwanted pregnancies.

• Six of Bolivia’s departamentos (provinces) were engaged through health departments that are responsible for health service delivery. Research findings were used to demonstrate that unsafe abortion is a reality with substantial negative effects on women’s health and public healthcare expenditure. Practical measures to reduce the number of unwanted pregnancies and unsafe abortions were discussed. Policy change discussions emphasised reaching young women with knowledge and access to contraception.

• MSIB’s continued engagement on eliminating unsafe abortion with Bolivia’s parliament and legal institutions was strengthened through concrete evidence arising from this study. The results were used for advocacy prior to the 2013 parliamentary review of the criminal code applied to abortion. Highlighting the prevalence of unsafe abortion, MSIB offered solution-based policy recommendations for eradicating unsafe abortion by proposing the decriminalisation of abortion.
Evidence to action
The medical establishment
• Research findings were submitted to the directors of the five hospitals covering the areas where the research was conducted. As a direct result of these advocacy efforts, the directors revised PAC protocols, including information, clinical quality and referral mechanisms.
• To raise awareness for the next generation of Bolivian doctors, and to instil practical approaches to addressing unsafe abortion, MSIB presented the research findings to medical students in their final years at major medical schools. The findings were disseminated through Universidad Mayor de San Andrés in La Paz, Universidad Mayor de San Simon in Cochabamba and Universidad San Francisco Xavier de Chuquisaca.

The media
• The media plays an important role in shaping public opinion in Bolivia, including reducing stigma and generating demand for a solution-based approach to eradicating unsafe abortion. MSIB hosted two working breakfasts with journalists from newspapers, radio and television stations to present the study’s findings. By framing unsafe abortion as a social justice issue, MSIB emphasised the vital role that the media can play in shedding light on the real problem of unsafe abortion in Bolivia. MSIB continues to work with the media to increase coverage of these important issues.
• MSIB participated in 45 media interviews to disseminate the study’s findings and to reveal the problem of unsafe abortion in Bolivia. Through radio, print and television, MSIB targeted the general public with key messages on the state of abortion in Bolivia. By exposing the reality of unsafe abortion, MSIB hoped to generate public demand for practical solutions.

At-risk women
• MSIB worked with local community based organisations in the five areas to share the research findings with community leaders and poor and indigenous women. In addition, MSIB hosted trainings to educate women about the consequences of unsafe abortion and shared information on contraception and safer PAC.
• MSIB continues to work through community based organisations and cascade training to reach more women with accurate information on contraception and the use of misoprostol for PAC.

With more than 80,000 abortions taking place each year, low information especially among poor and indigenous women, combined with the prevalence of unregulated, clandestine service providers, makes unsafe abortion a reality for many Bolivian women. MSIB has used evidence from this study to engage stakeholders on practical solutions for addressing the high incidence of unwanted pregnancy; the prevalence of unsafe abortion practices; and the need to improve the quality of PAC services in Bolivia’s clinics and hospitals. This research serves as a tool to bring to light the realities of unsafe abortion practices and galvanise actions to eliminate unsafe abortion in Bolivia.

Further Reading
This brief was extracted from a larger research study conducted by MSI’s Research, Monitoring and Evaluation Team and MSIB. The full publication can be accessed via:


References

For citation purposes:

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