Overview of Approaches to Studying and Communicating Evidence on Abortion

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Agenda

- Introductions (5-10 minutes)

- Research presentation and discussion (80 minutes)

- Communicating evidence for advocacy/policy efforts presentation and discussion (25 minutes)

- Closing (5 minutes)

Introduction

- Abortion data are essential to help monitor the impact of unsafe abortion and promote women's health

- Because of the sensitive nature of abortion, especially where the law is restrictive, it is difficult to obtain accurate data on abortion

- A number of direct and indirect approaches have been developed and used to promote access to accurate and complete abortion data

Major Data Collection Approaches

- In the research presentation, we will cover the following major data collection approaches:

  – Health Facility Survey (HFS)

  – Community-based Survey (CBS)

  – Surveillance System (SS)

  – Health Professional Survey (HPS)

  – Survey of Informal Abortion Providers

Main Topics of Focus

- The presentation on each of the data collection approaches will focus on the following:

    - Representativeness and coverage of the approach

    - Type of abortion information it collects

    - Limitation of data from the approach

    - Questions and discussion

A. Health Facilities Survey (HFS)

- A HFS on abortion collects information on post abortion complications treated at health facilities

- Where possible, collects information on voluntary pregnancy termination

  – In countries with access to legal abortion or where abortion is legally restricted, but commonly provided

- Data collection at the facility

  – Can be done retrospectively or prospectively

  – Facility director, Chief OB/GYN, are often the respondents

  – Women obtaining services can also be interviewed

HFS Sample: Coverage

- Nationally representative

  – But may be sub-national if that is what need requires

- Universe includes all health facilities capable of providing post abortion care (PAC), or legal abortion where relevant.

  – All types: public, private, NGO/mission facilities

  – All levels: tertiary to primary, as applicable in each country

- Sampling options:

  – Sample from across each region or sub-regions (i.e. states, districts) in larger countries

  – Stratify by residence to ensure that both urban and rural facilities are included

Type of Evidence Collected from HFS

- Post abortion care caseloads per year

- Methods of treatment of complications

- Type and severity of abortion complications

- Quality of post abortion care services

- Abortion mortality near-miss

- Number of pregnancy terminations in a year

- Methods of safe abortion procedures

- Cost of abortion care to the health system (safe abortion. PAC)

Limitation of Data from HFS

- Under-reporting of the magnitude of safe abortion cases

- Bias towards unsafe abortion, because of restrictive laws

- Characteristics of women having abortion or complications may be biased towards women with greater autonomy

- Public facilities might be over represented due to difficulty including private facilities

Questions?

B. Community-based Survey (CBS)

- A community-based survey of abortion is a data collection approach that collects abortion information directly from the community of a population of interest

- A community-based survey may be national or subnational and involves collecting information from a random sample of the population of interest, or though rarely from the entire population

- A random sample is a sample selected in a way so that it is a representative of the population it comes from

  – Systematic random sampling is usually employed to select the sample

Important Considerations in Conducting a reliable CBS

- Clear specification of the target population and the sample population

- Determination of a desired sample size and the representativeness of the sample

- A clear and informative description of the sample selection procedures

- A description of the response rate and how non-response is to be treated in the analysis

Information Usually Collected in CBS

- Abortion seeking behavior of women/couple

- Conditions under which women have abortions

- Reason for having an abortion

- Outcome and consequences of unsafe abortions

- Barriers to seeking safe abortion and obtaining PAC

- Knowledge about abortion law and attitude to abortion

- Context of abortion

  – Key measures to generate include abortion incidence, incidence of complications, characteristics of women having abortions and unsafe abortions, reasons women have abortion, types of abortion provider and methods

Limitations of Data from a CBS

- Under-reporting of the number of abortions due to stigma

- Data on characteristics may be distorted due to differential under-reporting by sub-group

- Information on the provider and method of abortion is often misreported or less reliable

- Information on morbidity and treatment may be poorly reported

Questions?

C. Surveillance System (SS)

- A surveillance system is a "systematic ongoing collection, collation, and analysis of data and the timely dissemination of information to those who need to know so that action can be taken"

- An abortion surveillance system can be a national or sub-national database system through which abortion data are collected, analyzed and disseminated regularly to inform services and policy

- The surveillance may focus on collating health facilities' reporting of their abortion services or on obtaining abortion information from the community

- The reporting may be voluntary or required

Issues Involved in Setting Up a SS

- Establish objectives of the surveillance system

- Develop measurement standards and case definitions

- Determine data collection mechanism and data-collection instruments

- Field-test data collection methods

- Develop and test data analytic approaches

- Develop dissemination mechanism for the findings

Types of Data Collected in SS

- Characteristics of women obtaining induced abortions and/or treated for abortion complications

- Gestation of pregnancy in completed weeks at the time of abortion

- Number of previous live births and number of previous induced abortions

- Method of pregnancy termination

- Type of complications and method of treatment for women reporting complications

- Cost of providing/obtaining induced abortion and/or obtaining/ treatment for abortion complications

  - In all cases, aggregate numbers by sub-group or individual-level records may be obtained

Limitation of Data from SS

- Reporting of indicators requested may be incomplete due to incomplete compliance or poor documentation

- Data may be biased towards information from public facilities or at the community level in favor of women with higher level of autonomy

- Deliberate or inadvertent misclassification of information may occur thereby misrepresenting evidence by sub-group,

    – e.g. age may be misplaced to comply with the law

Questions?

D. Health Professional Survey (HPS)

- A Health Professional Survey is a survey of knowledgeable key informants about abortion situation in a given community.

- Because of the clandestine nature of abortion in societies with restrictive abortion laws, this survey is used to obtain opinion about abortion seeking behavior and provision

- The sample is typically chosen purposively among people known to be familiar with abortion in their community

- The survey may be national or sub-national

- Data is usually collected using a structured questionnaire administered by trained interviewers

Sample and Data Collection in HPS

- Depending on the size of the community, HPS sample may range from 50 to 200 experts selected purposively from across the area of interest:

  - Health providers: OB/GYNs, medical officers, nurse/midwife

  - Researchers, teachers

  - Policy makers, program planners

  - Reproductive health NGO workers

  - Community leaders, welfare officers

  - Activists, lawyers, media practitioners

- Data are collected via in-person interviews with the key informants by 2-4 experienced interviewers and preferably fairly senior people.

Type of data collected in HPS

- **Background information of respondent**
  - Age, Gender, Profession, Year of experience in the field, Experience working in rural areas

- **Condition under which women have abortion**
  - Method used, Type of providers and the proportion of all abortions they provide, Cost of abortion and Social and legal context of abortion

- **Abortion complications**
  - Percent who will have complications serious enough to require treatment in a health facility among women who obtain abortion by type of providers and methods.

  - Percent who will obtain treatment among women who had complications from abortions obtained by type of providers

Limitation of Data from HPS

- Evidence should be taken as an approximation since they are opinions of knowledgeable informant

- Less reliable relative to evidence from health facility survey or community based survey

- Does not provide information on individual women's experiences, rather gives aggregate

- May be less likely to generate reliable information about newer methods or recent initiatives

Questions?

E. Survey of Informal Abortion Providers

- Because of the clandestine nature of abortion in societies where the law on abortion is restrictive, many abortions are provided by a variety of informal providers

- This is increasingly the case with the advent and increasing availability of misoprostol

- Such group of informal providers are pharmacists, drug vendors or patent medicine sellers, online drug sellers traditional birth attendants and traditional healers

- In context of restrictive abortion laws, information from these groups of abortion providers may be indispensable to presenting an accurate picture of women's experiences with abortion

Sampling and Data Collection from Informal Abortion Providers

- A survey of informal abortion providers may be national or sub-national

- Typically, the survey collects data from a purposive sample of providers, given the difficulty of ascertaining the universe of the groups

- Where the group's universe may be ascertained, such as with registered pharmacists or drug sellers, the sample may be representative

- Data are usually collected using structured questionnaires administered face to face or virtually by interviewers or self administered

Data Collection from Informal Abortion Providers (cont'd)

- Because of the clandestine nature of informal abortion service provision, data collection in this kind of survey made be done with the use of mystery clients

- A mystery client or synthetic client is an interviewer who poses as a client or patient needing service. So, the interviewer approaches the provider as a woman who needs an abortion service

- Data collection from these group of providers may also take a qualitative approach through the use of in-depth interviews

Type of Information Collected from Informal Abortion Providers

- **Background information on respondent**

  – Age, education, residence, year of training, years of experience

- **Store or business ownership and experience**

  – Ownership of store, number of staff, cadres of staff & experience

Type of Information Collected from Informal Abortion Providers (cont'd)

- **Information and services provided to clients**

  - Sale of miso, brands sold and since when

  - Any other medication sold for abortion

  - Any other abortion services, including non medication abortion

  - Client base, characteristics

  - Information provided to clients

  - Cost of abortion services

  - How reported complications are handled

Limitation of Data Collected from Informal Abortion Providers

- Number of abortions provided may be under-stated due to legal and social stigma about abortion

- Evidence provided on service practices and outcomes may be less accurate due to poor record keeping or willingness to conceal information

- Provider may not be accessible for potential follow-up because of the clandestine nature of the service

Questions?

# From Research to Impact: Communicating Evidence for Advocacy

Utility of Data for Advocacy

- Abortion incidence helps to increase the visibility of unsafe abortion

- Post abortion services data help to raise awareness about the type and severity of complications and quality of treatment

- Information on the economic costs of unsafe abortion can be used for advocacy to demonstrate the cost-effectiveness of safe abortion services

- Data on knowledge and attitude about abortion can be used to improve community level knowledge about abortion and promote favorable attitudes towards safe abortion

- Evidence on clandestine abortion services can be used to advocate for education and training for informal providers as a harm reduction strategy

Examples of Evidence for Impact

- **DRC**

  - Domestication of the Maputo Protocol

- **Ethiopia**

  - Changes to services and quality

- **Nigeria**

  - Development of safe abortion guidelines

Conduct Research

Disseminate to Key Audiences

Move Target Audience to Action
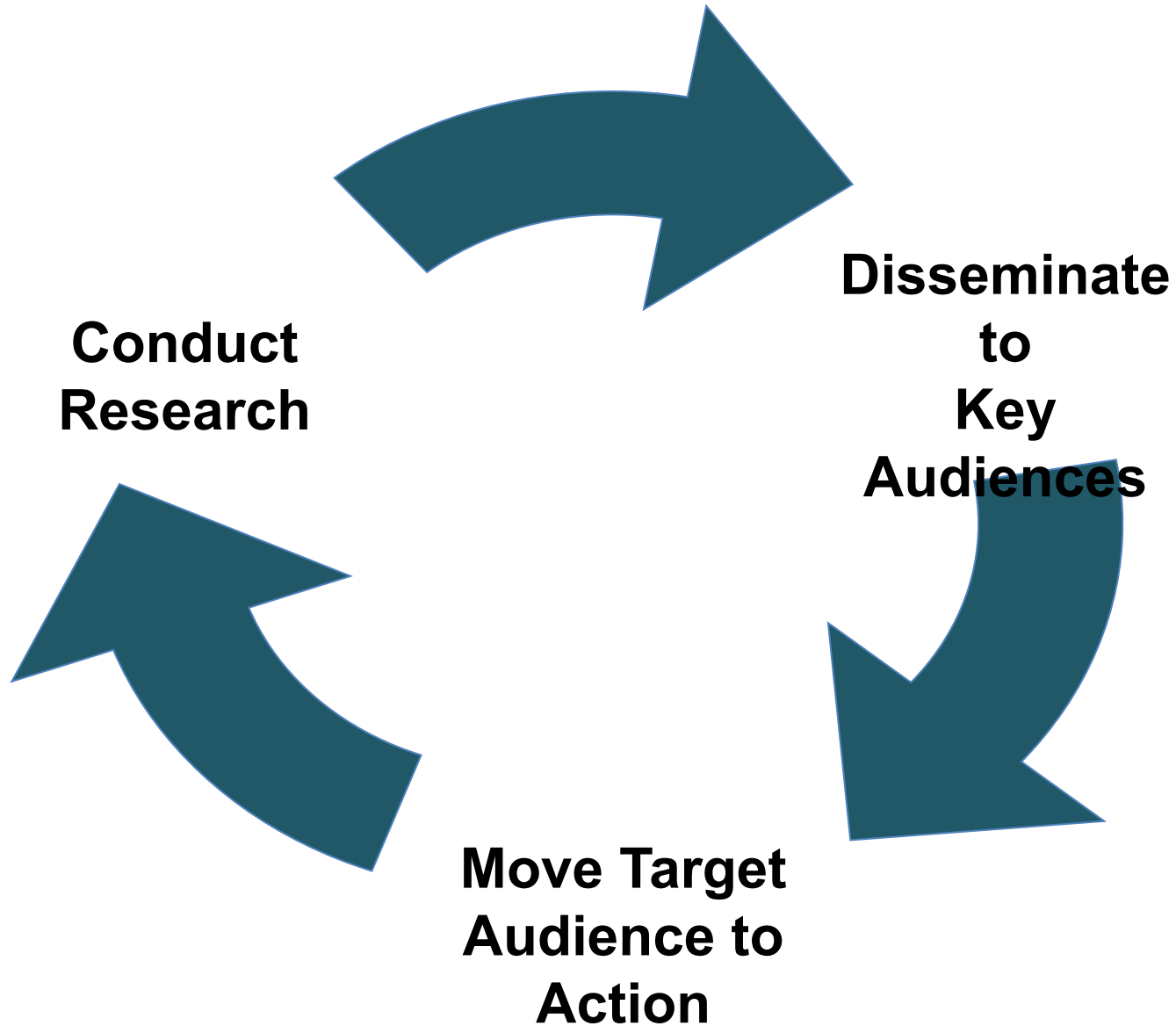
Guiding Questions

1. Who are your target <u>audiences</u>?

2. What <u>outcomes</u> are you seeking?

3. How will you <u>communicate</u> the evidence?
   - Key <u>messages</u>?
   - Who is the right <u>messenger</u>?
   - Which <u>materials</u> would be most effective?

1. Identifying Target Audiences

- **Identify which audiences you are trying to influence (policymakers, advocates, media, researchers, etc.)**

- **Understand each audience's position as it relates to the issue**

- **Communications tools and messages will be tailored to different audiences**
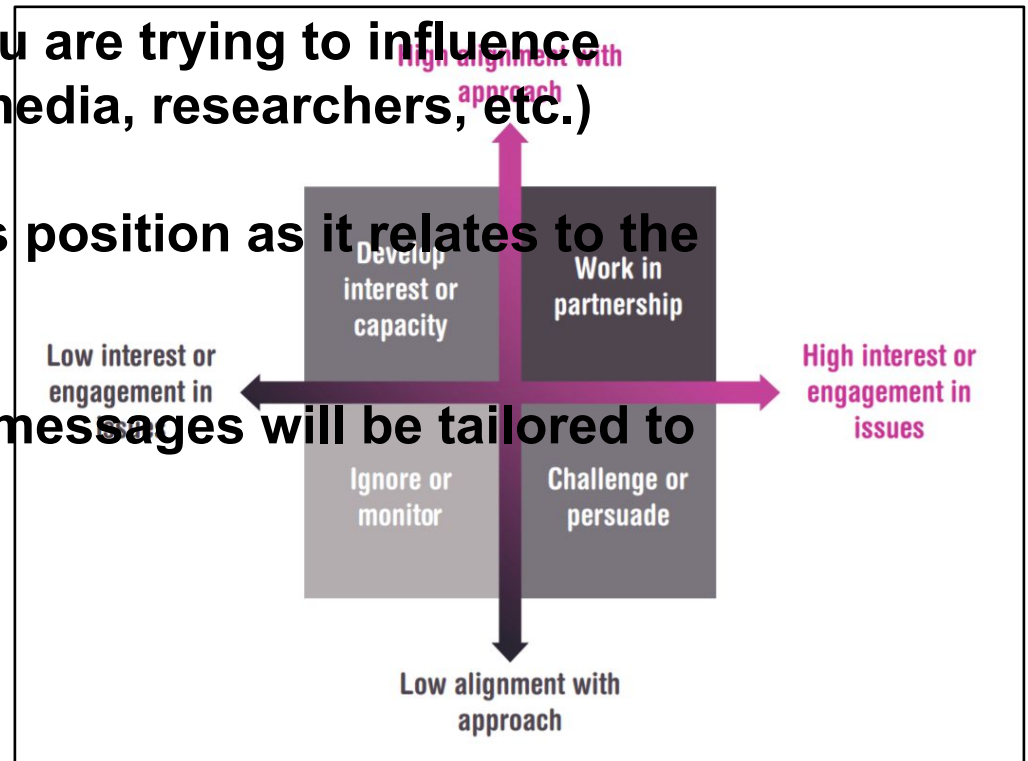
Overseas Development Institute. ROMA. A Guide to Policy Engagement and Influence.

2. Mapping Desired Outcomes

Outcome	Points to consider
1 Interest of key stakeholders; getting issues on to the policy agenda	How interested and open are policy actors to your issues? What kind of evidence will convince them?
2 Public opinion	How does the public engage in these issues?
3 Capacity and engagement of other actors	Who else is engaging in this policy area? How influential are they? What can be done to involve others?
4 Change in discourse among policy actors and commentators	What are the influential policy actors saying on this issue? What language are they using?
5 Improvements in policy-making procedure/ process	Who is consulted during policy-making? How is evidence taken into account?
6 Change (or no change) in policy content	What new legislation, budgets, programmes or strategies are being developed?
7 Behaviour change for effective implementation	Who is involved in implementing targeted policies? Do they have the skills, relationships and incentives to deliver?
8 Networks and systems for supporting delivery	Are different actors working coherently together to implement policy? Are the necessary structures and incentives in place to facilitate this?
9 Relationships between actors	Do bonds of trust exist between different actors?

Overseas Development Institute. ROMA. A Guide to Policy Engagement and Influence.

3. Communicating the Evidence

The Inverted Pyramid

Most important/newsworthy information

Supporting details

Other
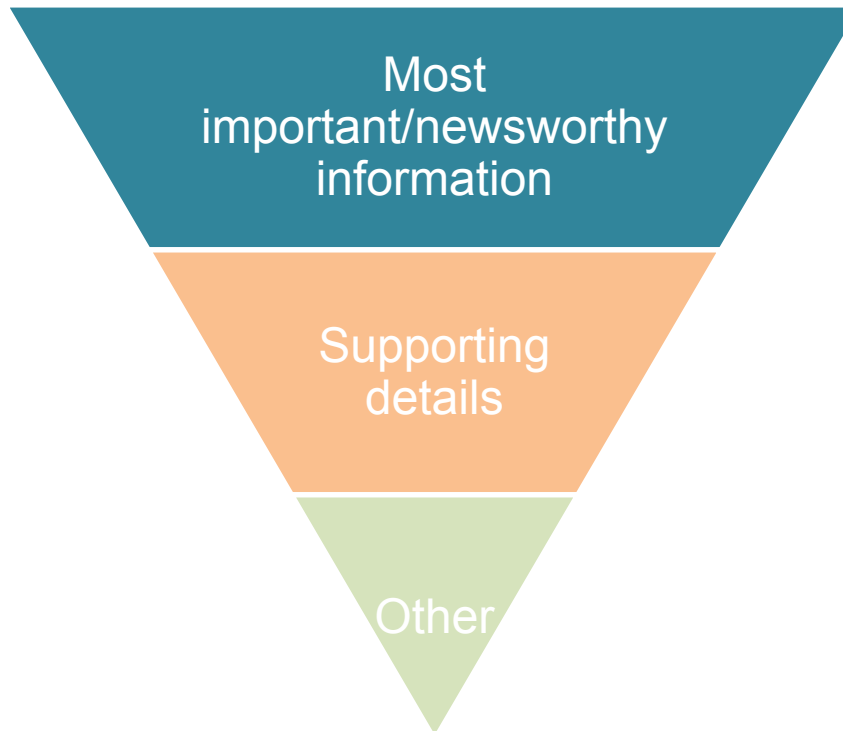
- Who?
  What?
  Why?
  When?
  Where?
  How?

Developing Key Messages

- Know who you are talking to and what action you want them to take

- Select the 3 points that will persuade them

- Be clear, concise and avoid jargon

- Repetition is a valuable tool

Example: From Data Point to Key Message

- **Data point:** Of the 55 million abortions that occur each year worldwide, approximately 55% are safe, 31% are considered "less safe" and 14% are considered "least safe"

- **Key message:** A woman's ability to access safe abortion shouldn't depend on where she lives, yet a staggering 45% of abortions worldwide are unsafe.

Using Visuals: Avoid This

Source: *Governance Now*, November 15, 2018.

And This

Unintended Pregnancy Rates per 1,000 Women Aged 15–44 Years, by Geographical Area and Time Period
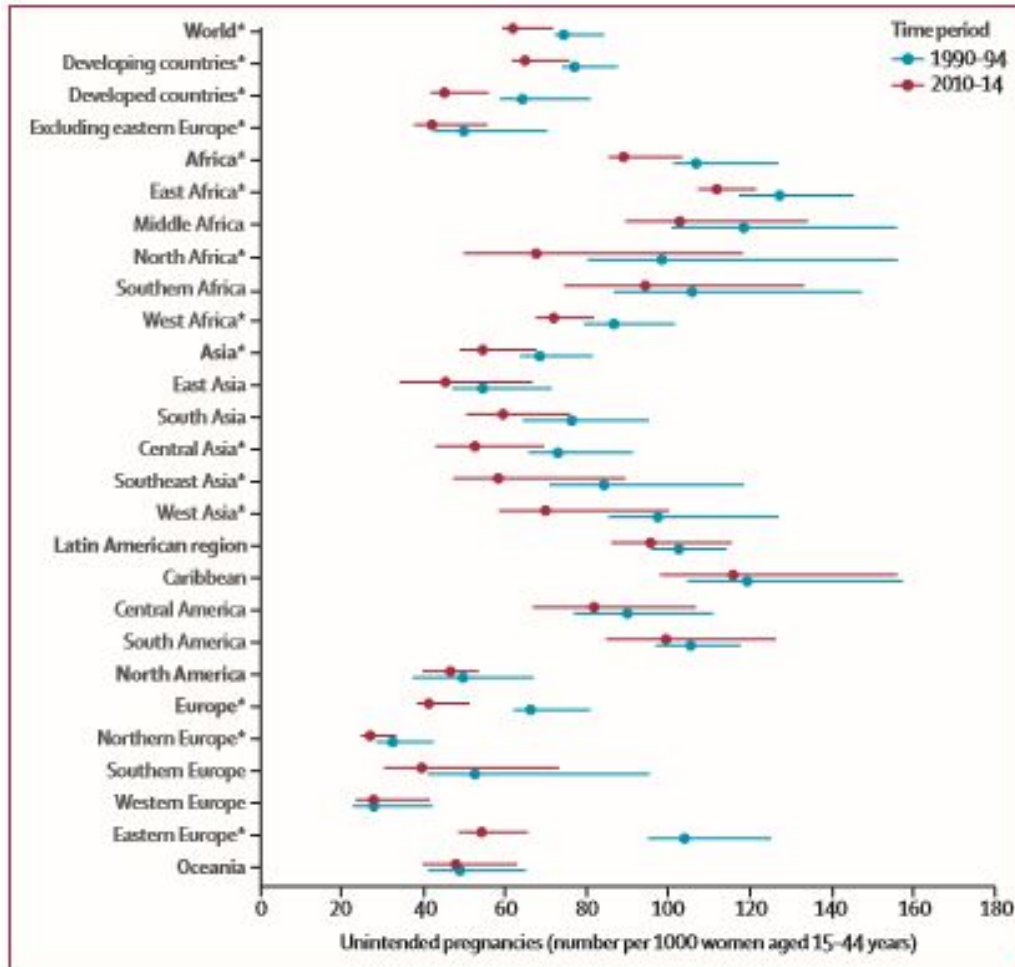
Simplify Data Visually to Show Key Findings

Questions?

Questions & Discussion

- **Contact: ssadinsky@guttmacher.org**

- **Additional resources:**

  – Country profiles on sexual and reproductive health: https://www.guttmacher.org/geography/africa

  – Guide to policy engagement and influence: https://cdn.odi.org/media/documents/odi_roma_guide.pdf