

Preventing unsafe abortion at the community level

Using mystery clients to explore misoprostol purchases between women and pharmacy workers in Zambia

THE OPERATIONS RESEARCH STUDY

Unsafe abortion contributes significantly to maternal mortality worldwide, killing approximately 47,000 women each year (WHO 2011). In Zambia, 591 maternal deaths occur for every 100,000 live births, and roughly 30 percent of these deaths are due to unsafe abortion (Central Statistical Office et al. 2009; Webb 2000; Osborne 1993). Recognizing this problem, the Zambian Ministry of Health (MOH), University Teaching Hospital and Ipas initiated a pilot introduction and evaluation of the feasibility and acceptability of safe abortion services.

The multi-pronged operations research study included the introduction of clinical services in 28 facilities in Lusaka and the Copperbelt—including 121 clinical trainees, 80 pharmacy trainees, and eight intensive community-based organizations implementing interventions to introduce safe services. Evaluation of the pilot project was done using pre- and post-intervention mystery pharmacy client surveys, 906 post-intervention facility client exit interviews, and more than 800 pre-and post-intervention community household surveys.

THE PHARMACY WORKERS' ROLE IN HELPING WOMEN

Around the world, most illnesses are self-diagnosed and self-medicated, particularly among the world's poor. Drug sellers are convenient and inexpensive sources of information in every community. In

many parts of the world, herbs and traditional medicines have been used to induce abortion for generations and modern pharmacy workers are an obvious source for this information. Clients view pharmacists as anonymous and confidential because there are often no written records. Conversely, some pharmacists say they prefer clients seek information elsewhere, citing a lack of confidentiality and time to provide proper counseling.

The 80 pharmacy trainees were selected from shops in the intervention areas and participated in one day trainings on the need for compassionate treatment of people seeking information about pregnancy terminations, evidence-based regimens for medication abortion and provision of referrals to safe abortion services at public facilities. Prior to the training and then again one year later, four “mystery clients” visited the shop of each trained pharmacy worker (76 at baseline and 80 at endline) to seek out something to “bring down the period”. Key points from the pharmacy worker-client interaction were recorded by each mystery client and analyzed to examine pharmacy worker attitudes, behaviors, and dispensing practices related to medical abortion (MA), most often with misoprostol.

This research, documented in 2009 and 2011, provides initial information on whether pharmacists are receptive to selling medication for abortions in Zambia and whether they can effectively provide counseling and information to women seeking this care after a short one-day training session.

RESULTS AT A GLANCE

Results of visits in 2011 indicate that the intervention yielded positive changes in knowledge and attitudes among Zambian pharmacy workers:

- Overall, more pharmacy workers at endline offered to sell MA or gave information about MA. At baseline, more than four in 10 women were sent away without any information or drugs, while at endline only three in 10 women were sent away empty handed. [Figure 1]
- While only 19% of mystery clients were offered misoprostol for purchase at baseline, at endline this increased to 47%. [Figure 1]
- Mystery clients were asked for a prescription about 40% of the time at both time points.
- Among pharmacy workers who did offer to help the mystery client, most mentioned some kind

of MA drug. A small percentage (21% and 11%) mentioned a drug but refused to say the name.

- One in four pharmacy workers at endline told the client to go to a health facility for the drugs, compared with only one in 10 at baseline.
- Mystery clients reported that 41% of pharmacy workers who did not offer to help them at endline were at least sympathetic to their problem, compared with only 15% at baseline. Fewer mystery clients reported that their interaction with the pharmacy worker was “hostile” at endline than baseline (10% compared to 22%, respectively). [Figure 2]
- About two out of 10 pharmacy workers at both baseline and endline did not offer any kind of information or assistance to the mystery client. [Figure 2]



CONCLUSIONS

Overall, the mystery client interactions show an increase in pharmacy workers' willingness to provide information, MA drugs, and health facility referrals over the two years of the study. Mystery clients also reported fewer hostile interactions and increased sympathy from pharmacy workers.

Provision of correct clinical information surrounding dosages, gestational age effectiveness, side effects, and warning signs remains infrequent, indicating that the clinical training given to pharmacy workers for the intervention may have been too complex for long-term retention. Although the training included information on the combined mifepristone/misoprostol regimen, most pharmacy workers spoke to mystery clients only about the use of misoprostol. Future clinical trainings for pharmacy workers may need to offer simplified information on misoprostol alone, as well as additional materials and tools for use in the pharmacy, to provide accurate information to women who prefer to seek abortion information in the privacy of their community.

FIGURE 1. An increase in pharmacy worker willingness to give information about and/or sell MA drugs can be seen between 2009 and 2011.

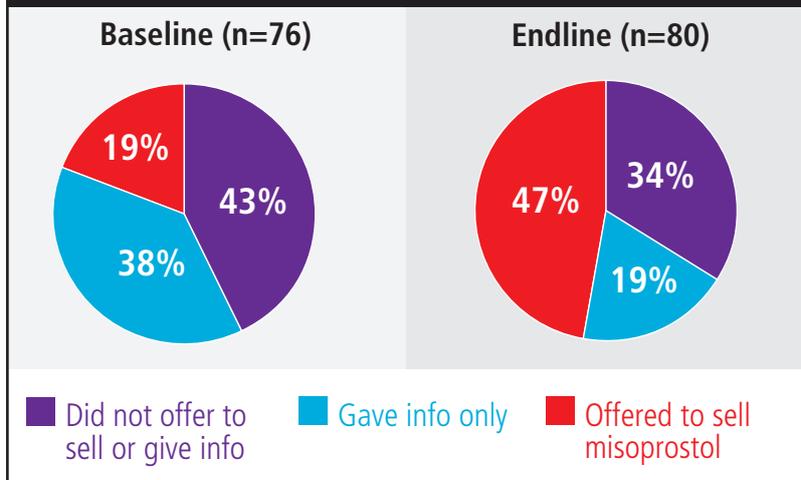


FIGURE 2. Even pharmacy workers who did not offer to help the mystery client behaved more sympathetically in 2011 than in 2009.

