

MY BODY MY VOICE



WOMEN'S VIEWS
ON ABORTION CARE
2019

INTRODUCTION

OUR BODIES, OUR VOICES



Globally, 1 in 4 women will access abortion care in their lifetime. Yet, with abortion still highly stigmatised, many of these experiences remain silenced. Now it's time to ensure these women are heard.

Dr Helen Blackholly
Vice President and Director
of Technical Services,
Marie Stopes International

At Marie Stopes International, we have worked for more than 40 years to support women and girls around the world to access the high-quality, safe abortion services they need. As part of our ongoing commitment to provide women-centred services, we spoke with over 1,900 women across Africa, Asia and Latin America, about their experiences of having an abortion at one of our centres. Their responses provide a unique insight into what women face every day in accessing abortion care. Whilst every woman's experience is unique, their responses help us to identify trends and solutions, based on what women want and value.

Our 2018 client exit interviews gathered feedback from over 21,000 women who had received a service with Marie Stopes International. We use this data to improve our programming and increase access for women worldwide. I would like to take this opportunity to thank the women who shared their experiences and insights.

In 2018, we averted an estimated 6.4 million unsafe abortions and 32,000 maternal deaths across our programmes. With the findings from this survey, we can continue to build safe pathways for women, and by sharing these insights, we hope to support other programmers and policy makers to improve and expand safe access to abortion care. It is only then that we, as women, will have control over our bodies, our choices and our futures.



Dr Helen Blackholly

ACKNOWLEDGEMENTS

We would like to acknowledge the vital contributions of the women we spoke with, our country teams and our donors. Without these partnerships, our client exit interviews would not be possible.

FOREWORD



Araceli Lopez Nava

Regional Managing Director,
Latin America,
Marie Stopes International

From Sub-Saharan Africa to the Southern states of America, and sadly, in my home country of Mexico, women are forced to travel, sometimes for days, to access safe abortion care. In many cases, restricted access to services, stigma, and the cost and inconvenience of travel push women to unsafe providers, putting their lives at risk. In such contexts, safe abortions can become the privilege of the rich, while poor and marginalised women, such as single mothers and those at risk of violence, resort to unsafe providers.

What varies globally, both between and within countries, is whether women can access abortion services that are safe and legal. And, while every woman we talked to had received a safe service, we know that of the 56 million abortions that will occur this year, an estimated 25 million will be unsafe, due to restricted access. This means that an estimated seven million women and girls will suffer devastating injuries and 22,000 women will die.

At Marie Stopes International, we believe that no woman or girl should be forced to put their safety at risk for the right to determine her own future. We are doing everything we can to support women on their journey and challenge the abortion stigma that continues to drive women to unsafe methods.

With the Trump administration's re-enactment of the Global Gag Rule and ongoing attempts to roll back reproductive rights, our mission to offer true reproductive choice is more important than ever. It is time to remove barriers to access, to put women at the centre of reproductive health programmes and stand strong in support of a woman's right to safe abortion care.

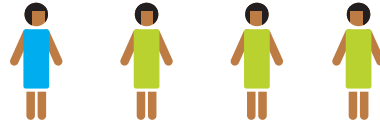
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Araceli Lopez Nava

EXECUTIVE SUMMARY



**1,929 CLIENTS FROM ACROSS
LATIN AMERICA, AFRICA AND ASIA**



**NEARLY ONE IN FOUR WOMEN
REPORTED SOME FORM OF STIGMA**

HEARING FROM 1,929 WOMEN

We interviewed 1,929 clients from across Latin America, Africa and Asia to understand who we reach, how they found us, what they wanted and their experiences of our services.

ALL WOMEN NEED ACCESS

One in four women will access abortion care in their lifetime. Our data showed that these women are all of us: a diverse group of women accessing abortion care at different points in their reproductive lives, each with a unique reason for doing so.

ABORTION STIGMA PREVAILS

What can vary is both a woman's ability to access safe care and the stigma that women face in choosing to have abortions, from their partner, their community and sadly in some cases, providers. Nearly one in four women reported some form of stigma (23.4%) and single women were five times more likely to experience stigma than married women. We must eliminate the idea that one woman is more deserving of safe care than another, and work to abolish stigma.

BARRIERS TO ACCESS CONTINUE

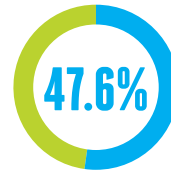
Safe abortion services continue to be difficult to access. Women travelled further to access safe abortion care than women seeking contraceptive services and found it more difficult to gather funds. We must ensure we deliver safe abortion via a variety of channels, including those that reach low-income women in rural settings, such as via outreach teams.

AWARENESS REMAINS LOW

Knowledge of safe services remains limited. 54.7% of women who visited us did not know of an alternative abortion provider. We must continue to build awareness around safe services, for example, via community-based mobilisation, and deliver women-centred care that encourages clients to become advocates for safe abortion. After all, 47.6% of women were referred to a safe service by someone they knew.



54.7% OF WOMEN WHO VISITED US DID NOT KNOW OF AN ALTERNATIVE ABORTION PROVIDER



NEARLY HALF OF OUR CLIENTS (47.6%) WERE REFERRED BY SOMEONE THEY KNEW

OFFERING TRUE CHOICE

When we asked women what they prioritised when selecting a safe abortion method (medical or surgical abortion), 50.5% of women responded that they made their decision based on their understanding of what would be 'simpler and faster'. Given that speed and ease will vary, it is essential that we offer women a choice of methods, with quality counselling on both.

POWER OF DIGITAL CAMPAIGNS

The survey highlighted the importance of technology in expanding awareness of safe services, with 28.9% of women accessing information on safe abortion care via the internet and social media. With growing internet use in countries with high unsafe abortion rates, such as Ghana, and the risk of misinformation being shared online, including by anti-choice pressure groups, it is essential that we harness the power of technology, with engaging, fact-based campaigns.

IMPORTANCE OF INTEGRATED SERVICES

Half of clients planned to receive a contraceptive method with us as part of their abortion care. It is important that programmes offer integrated safe abortion care, including access to a wider range of sexual and reproductive health services, such as cervical cancer screening and counselling on post-abortion contraception, if desired.

BUILDING SAFE PATHWAYS WITH PARTNERSHIPS

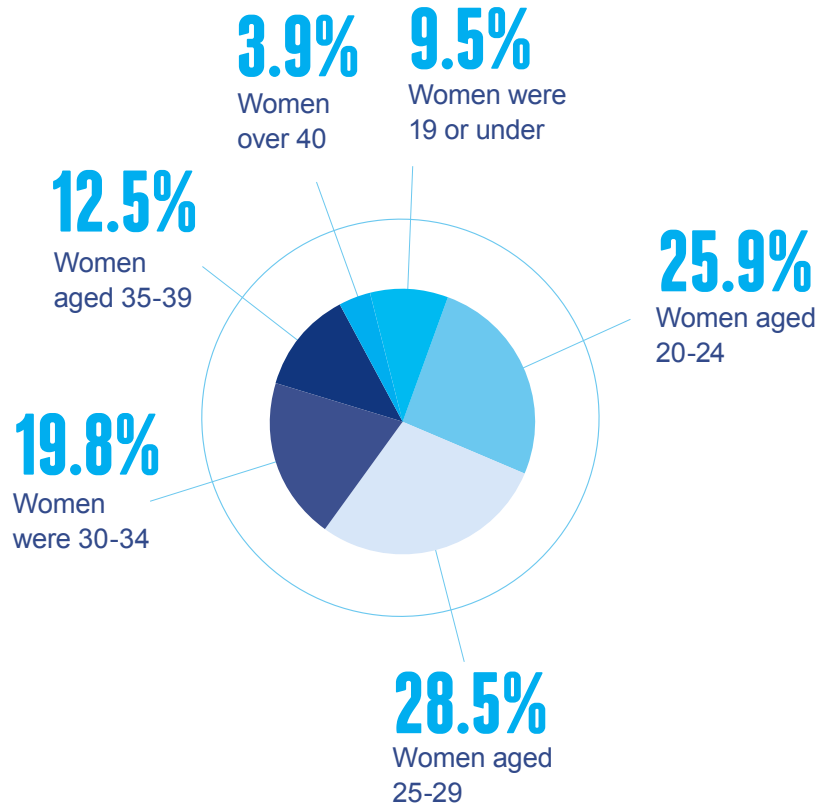
31.2% of women found out about our centre from a government or private facility, showing the importance of creating partnerships with the public and private sectors. Through the training and quality assurance of public and private sector providers, we can strengthen the wider health system, expand safe points of access and build pathways to care.

SECTION 1

WHO NEEDS ACCESS TO SAFE ABORTION CARE? ALL OF US.

Globally, one in four women will access abortion care in their lifetime. Through our client interview data, we aimed to better understand, who are the women accessing services with Marie Stopes International and what are their experiences.

The data showed that these women are all of us: a diverse group of women accessing abortion care at different points in their reproductive lives, each with a unique reason for doing so.



MARITAL STATUS

28.7% women are single (not living with a partner) and do not have children

23.8% women are single (not living with a partner) and have children

8.2% women are married or living with a partner and do not have children

39.3% women are married or living with a partner and have children

PROFESSION

18.4% of women were students

45.4% of women were employed

33.5% were not in paid work

SERVING DIVERSE WOMEN WITH DIVERSE NEEDS

What's clear is that women require access to safe abortion services throughout their reproductive lives. What varies is the stigma that women face when accessing abortion care.

Of the women surveyed, 76.6% reported no experiences of stigma when accessing their safe abortion service. However, 23.4% reported experiencing some form of stigma, either from their community, from their partner, and in some cases even from their provider.

We also found that experiences of stigma varied across age groups and family status. Single women were nearly five times more likely to experience stigma than married women or those living with a partner. Women aged 25-34 years and those who had one or more child were also

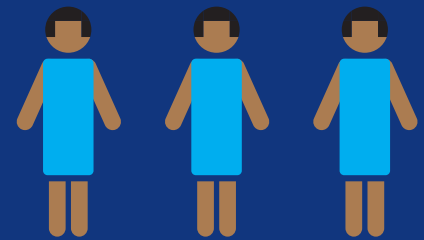
more likely to experience stigma than younger women or those with no children. This suggests that stigma prevails around who some people believe 'deserves' access to safe abortion care.

It is essential that we continue to challenge the concept that some abortions are less acceptable than others, on a societal level and in safe abortion programming.



23.4%

of women experienced some form of stigma



76.6%

of women reported no experiences of stigma

5x MORE

Single women are 5 times more likely to experience stigma than married women

71%

Women aged 25-34 are 71% more likely to experience stigma than women under 25

59%

Women with one or more children are 59% more likely to experience stigma than women with no children

Case studies

ENABLING FUTURES WITH INCLUSIVE SERVICES

“ I made the decision to continue with my personal life, I have other plans, I want to continue doing more things, I am not ready to have a child yet, I want to finish my degree, I want to continue traveling, I want time for myself. I think it's simple when you know what you want.

26-year-old student who visited Marie Stopes México

In Mexico, our survey found that the largest group of women seeking safe abortion services are students (27.2%), with many women seeking services to continue in education.

Adolescents can find it more difficult to access safe care because they lack access to funds, are afraid of judgement by health providers, or feel they need to hide that they are sexually active. To meet the needs of adolescents and young women in Mexico, the programme focuses on delivering youth-friendly services.



OVER ONE QUARTER OF CLIENTS IN MEXICO WERE STUDENTS

JUGGLING WORK, CHILDREN AND BUDGETS

Many of our clients have families and want to better space their children or do not want any more.

“ I already had two children when I decided to have the abortion. My youngest was seven months at the time; I decided he was too young for me to have another child... I discussed it with my husband and my mother, [and] they supported my decision.

Johana, Cambodia



GLOBALLY, 63.1% OF CLIENTS HAD ONE OR MORE CHILDREN



IN CAMBODIA, 82.3% OF CLIENTS HAD ONE OR MORE CHILDREN

MARRIED OR NOT, WOMEN NEED ACCESS TO SAFE CARE

Globally, around half of our safe abortion clients surveyed were married (47.4%), but the numbers were much greater in South and South-East Asia (97.6%). We know that in many settings, women continue to face barriers to care as they are required to be married before accessing services, or to have spousal consent. This can lead to women seeking unsafe abortion care.



GLOBALLY, 47.4% OF CLIENTS WERE MARRIED



IN SOUTH AND SOUTH-EAST ASIA, 97.6% OF CLIENTS WERE MARRIED

“ Decisions about having an abortion, when to have it and how to have it, depends on the husband and in some cases, the family. As going to a safe place might take some time to travel and will incur cost, they opt for choices that are readily available. The health of the woman is a secondary priority.

Bhawana Shakya, a director at Marie Stopes Nepal

SECTION 2

BUILDING AWARENESS AROUND SAFE OPTIONS

We know that journeys to abortion care can be complex and convoluted, and 45% of abortions worldwide continue to be unsafe.

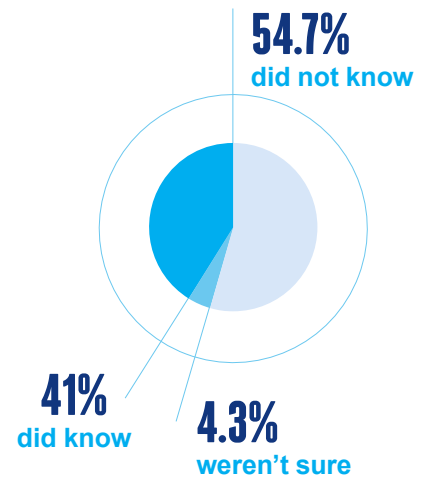
Knowledge of where to access safe services remains low: a recent review found that in nine out of sixteen studies, less than 50% of women interviewed knew about their national abortion laws and entitlements. Whether it's through an awareness campaign, a health worker, or a knowledgeable friend, we need to ensure women are aware of the safe services available and able to access them.

Our interviews show that many women felt there was nowhere else for them to go. 54.7% of women told us that they did not know of an alternative abortion provider. It is important to note that this number is taken from the women who came

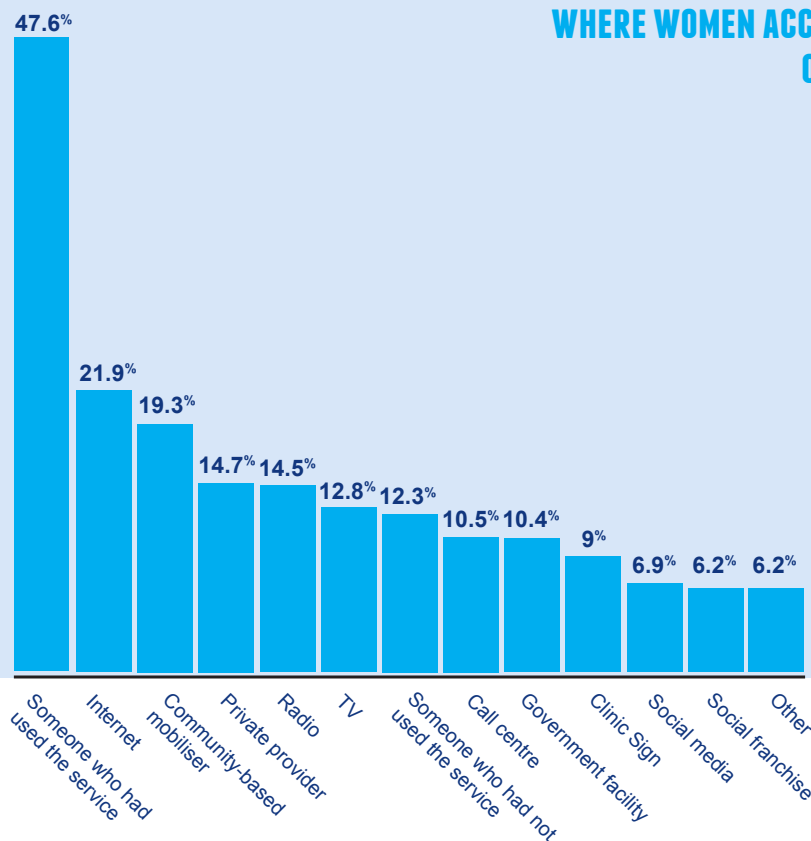
to our services. Knowledge of safe abortion providers will of course be even lower among those who did not access safe care.

As the Guttmacher Institute and others have found, a lack of access to safe abortion services or products increases the chances of women resorting to unsafe services or methods. It is essential that we continue to increase awareness around pathways to safe abortion care, so women do not resort to unsafe procedures.

MOST WOMEN DID NOT KNOW OF ANOTHER PROVIDER



WHERE WOMEN ACCESS INFORMATION ON ABORTION CARE



TURNING CLIENTS INTO SAFE ABORTION ADVOCATES

Of the women who came to our centres for safe abortion services, by far the largest group (47.6%) were referred by someone who had previously used the service. 37.4% of clients shared that a recommendation from someone they knew was the most important influence on choosing where to seek care.

Seeking an abortion can be a daunting process in many settings, and the security that comes with a recommendation from a friend is highly valuable.

“ I was about one month into the pregnancy and it was a surgical abortion. It wasn't painful – it was very simple. I've never regretted it. A friend recommended the clinic to me and I have recommended the clinic to two friends.

Dina, Ghana

However, we also know that 'word of mouth' is a common reason women seek unsafe services, even in cases when they could have sought safe services. To prevent this cycle of unsafe abortions, we need to improve knowledge of safe services, ensure that safe abortion care meets the needs of women who need to end a pregnancy, and ensure that the women who access Marie Stopes International's services leave as advocates for safe abortion care.

68.3% of the women we interviewed shared that they were very likely to recommend the service to a friend. However, women were twice as likely to say they would recommend the service if they felt satisfied with the centre's opening times.

“ People don't really talk about abortion here. I think it's important to share my story because it will help other women who are in the same situation. It will help them understand that they have choices and that the choices are okay.

Johana, Cambodia

They were also more likely to recommend a friend if they did not experience stigma, were satisfied with waiting times and were satisfied with cleanliness. To break the cycle of unsafe abortions and increase the likelihood of women sharing information on safe services, we must ensure that high-quality and de-stigmatising care is available.

WHAT MADE PEOPLE MORE LIKELY TO RECOMMEND A FRIEND

220%

People who were satisfied with the opening hours were 220% more likely to recommend the service

80%

People who did not feel stigmatised were 80% more likely to recommend the service

64%

People who were satisfied with waiting times were 64% more likely to recommend the service

49%

People who were satisfied with cleanliness were 49% more likely to recommend the service

BUILDING COMMUNITY AWARENESS WITH MOBILISERS

Often the first point of contact for women seeking services with a Marie Stopes International centre, mobilisers are well-connected community members and a trusted, local source of information.

“ Ramila was living in a western part of Nepal when she met with Nirmal, a Community Mobiliser Coordinator, in her local tea shop. Nirmal was pregnant at the time, but as there is still stigma in the community, she did not want to talk to her family. She already had three children and couldn't afford another, so she received information about her nearest centre to access a safe abortion. After that, Ramila would often meet Nirmal and thanked him, as it had changed her life.

Nisha Sharma
Marie Stopes Nepal

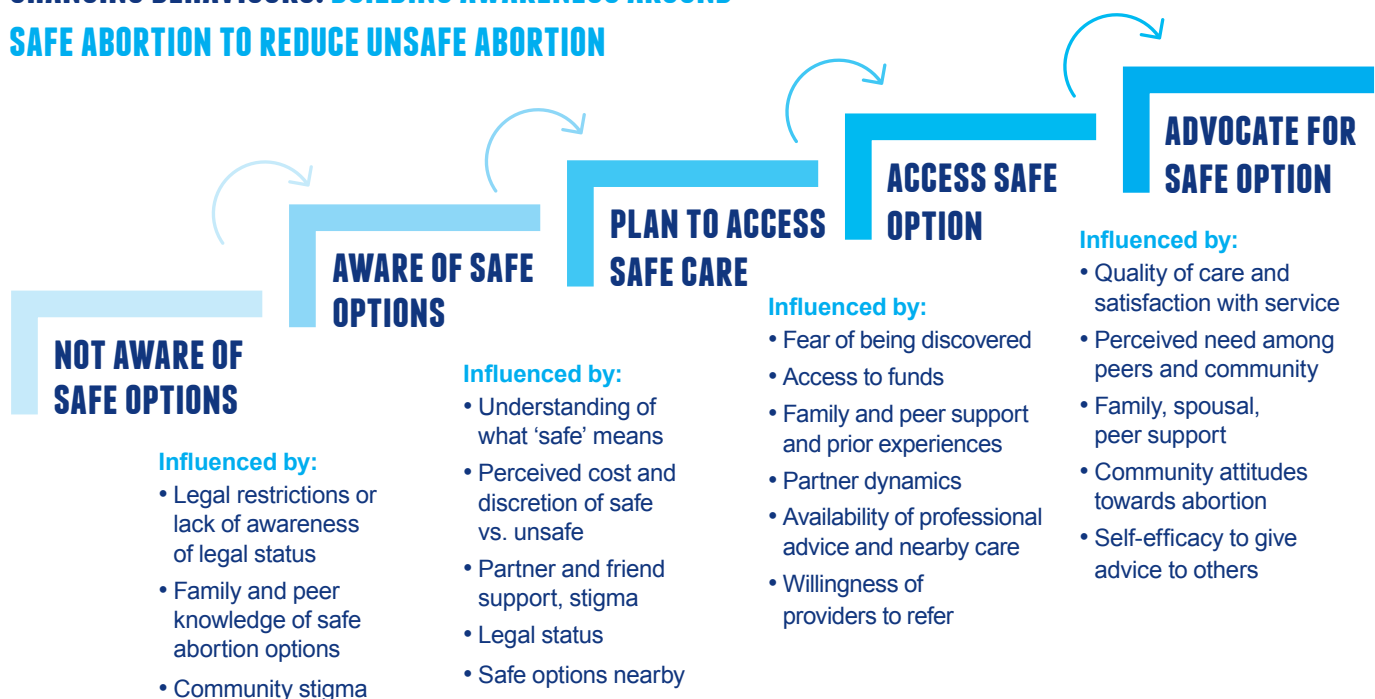
Provided they are pro-choice and have local insight into cultural norms and concerns, community-based mobilisers can spark important conversations within their communities around the importance of access to reproductive health services. In our survey, community-based mobilisers were the second most common source of information for women attending centres for safe abortion care (19.3%).

In Nepal, we have created a network of safe referral pathways, co-ordinated by community-based mobilisers who meet with local groups to share information

on a range of sexual and reproductive health services.

In tandem, the community-based mobilisers have developed partnerships with both private and public facilities, such as pharmacies and public health posts, training them to refer women who are seeking safe abortions to Marie Stopes Nepal centres.

CHANGING BEHAVIOURS. BUILDING AWARENESS AROUND SAFE ABORTION TO REDUCE UNSAFE ABORTION



Case studies

BUILDING PATHWAYS WITH LOCAL PARTNERSHIPS

In Binh Duong province, Vietnam, one of our Marie Stopes centres has established an extensive referral network with nearly 100 businesses, providers and individuals who refer women to the centre for safe abortion and post-abortion care services.

Among those in the referral network are providers who don't offer abortion services, such as general practitioners and ultrasound clinics, and other businesses who provide non-medical services but are well connected with women in their community, such as hairdressers and motorbike taxi drivers. These partners support our work to build safe pathways to care.

PARTNERING WITH THE PUBLIC AND PRIVATE SECTOR TO SUPPORT WOMEN

Many women make multiple attempts to end a pregnancy, often trying unsafe providers or methods, before eventually accessing safe abortion care. As a result, it is essential that safe providers work in partnership with facilities or individuals that women might go to first.

These could be public health facilities that lack the expertise or commodities to deliver services themselves, or private facilities, such as pharmacies, which are often the first port-of-call for many women seeking an abortion in low- and middle-income countries.

By working in partnership, these facilities can refer women to a provider who can deliver the safe abortion or post-abortion care needed.

Globally, our survey found that 31.2% of clients found out about our services from either a government or private facility in this way.

GLOBALLY, OUR SURVEY FOUND THAT 31.2% OF CLIENTS FOUND OUT ABOUT OUR SERVICES FROM EITHER A GOVERNMENT OR PRIVATE FACILITY.

Contact centre calls increased by

11%
PER MONTH



WhatsApp messages increased by

20.4%
PER MONTH



Case studies

TIME TO TALK IN GHANA

In Ghana, a lack of reliable information about legality, rights and available services, compounded by widespread stigma, makes it difficult to raise awareness of safe, legal options. 45% of abortion services remain unsafe and 73% of our clients in Ghana did not know of an alternative provider they could have gone to for their service (compared to 54.7% globally).

This was despite abortion services being legally permitted and available through other providers, including the public sector.

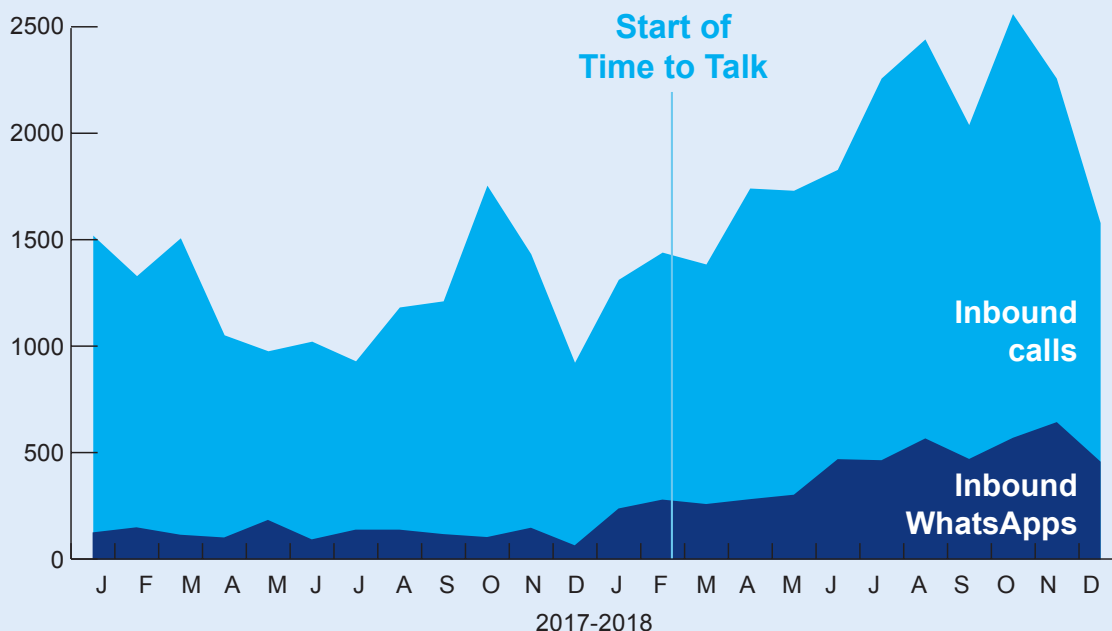
To increase awareness around pregnancy options, as well as knowledge of the Marie Stopes Ghana contact centre, in 2018, Marie Stopes Ghana launched a 'Time to Talk' campaign.

The campaign featured community events, billboards, celebrity partnerships, radio interviews and social media chats via #TimetoTalkGH.

By testing the campaign resources with the target audience, ensuring Ministry of Health support and partnering with community influencers, it was possible to

run the campaign successfully, despite high levels of stigma around abortion. It resulted in a sharp increase in calls (11% per month) and WhatsApp messages (20.4% per month) to the Marie Stopes Ghana contact centre.

MARIE STOPES GHANA'S CONTACT CENTRE WHATSAPP ENGAGEMENTS AND INBOUND CALLS



SECTION 3

INCREASING ACCESS

DELIVERING PATHWAYS TO SAFE CARE

Policies that restrict, criminalise and over-medicalise services can stigmatise women and providers, preventing women from accessing the services they need. This can result in safe services being restricted to urban settings, where doctors are more easily available, leading to lengthy and expensive travel times. Our client interview data provides insights into the way that barriers such as these affect women.

TRAVEL TIMES AND AFFORDABILITY

We found that women on average travel longer for safe abortion services than for contraceptive services.

It took a wide range of times for women to travel to their safe abortion service, with country averages ranging from 28.3 minutes to over 100 minutes. The global average was 66.5 minutes, which was over 50% longer than the comparative journey for a contraceptive service, at 40.4 minutes. These differing travel times might highlight the need to travel further, due to the limited availability of safe abortion care in many of these settings.

37.3% of women knew of an alternative provider but chose to travel further for a service with Marie Stopes International. This was often due to brand reputation (21.8%), but confidentiality concerns were also found to play a role for just under 1 in 10 women (8.2%). By choosing to leave their community to seek a safe abortion service elsewhere, women can avoid the risk of being seen. A risk that we know also drives women to seek unsafe services.

We also assessed how easy or difficult women found it to raise funds for safe abortion care. 48.2% of the women who received safe abortion services found it either easy or very easy to raise funds. Just under one third (31.3%) of women found it difficult to gather funds, which is twice the number of women finding it difficult to raise funds for contraception (14.2%).

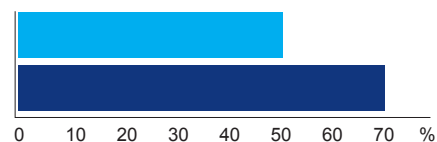
Those who paid for services often covered costs from a range of sources including from their partner (57.7%), family (8.8%) and friends (4.7%). Reporting that it was more difficult to pay could reflect the associated fear of stigma, with a reluctance to ask for funding. It could also reflect the urgency that some women feel when raising funds for safe abortion. Abortion care can also be highly time-sensitive. This urgency may well pose additional barriers to access.

In Marie Stopes International clinics, there is also the option of the fees being 'waived', which means the costs are not paid by the client. Just over one quarter of women in the survey reported fees being fully or partially waived (27.2%)

“Most women are aware of abortion law and safe practices. However, the idea that abortion is wrong is so engrained in their minds that they might not go to a government or registered site to get a service, as they're scared of being exposed to the other people in their community. The fear that society might have a negative impression of them still acts as a major factor for practicing unsafe abortion.

Bhawana Shakya, Director at Marie Stopes Nepal

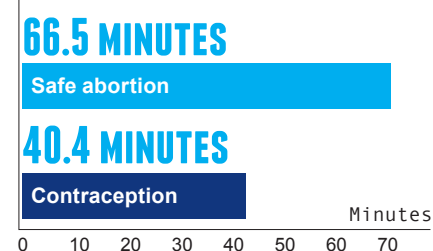
AFFORDABILITY OF SAFE ABORTION AND CONTRACEPTIVE SERVICES



48.2% of women who received a safe abortion service found it easy or very easy to raise funds

66.7% of women who received a contraceptive service found it easy or very easy to raise funds

TRAVEL TIMES FOR SAFE ABORTION AND CONTRACEPTIVE CARE



“ I always knew that I didn't want to have a child or not until I had done everything I wanted ... it made me think of the women who are in different parts of our country without access and are forced to have children or die trying... I think it is important for abortion to be legal for everyone and not just in certain areas of the country.

25-year-old client with Marie Stopes Mexico

37.3%

of women knew of another provider but travelled further to MSI

21.8%

did so because of MSI's reputation

8.2%

(1 in 10 women) did so for confidentiality reasons

ABORTION IS HEALTHCARE

Most of the countries in which Marie Stopes International works are classed as either lower-middle income (LMIC) or middle income (MIC), and we know that in many of these settings, the primary source of payment for healthcare is out of pocket.

This means that sexual and reproductive health services, including safe abortion care, are financed directly by women, their family or their friends, unless covered by a waiver scheme. In parallel, donor funding within these settings, which has previously subsidised care for lower-income women, is declining.

By funding sexual and reproductive health services, including safe abortion, through government-funded schemes, including insurance schemes and other forms of domestic financing, we can ensure that safe abortion services are affordable and accessible

to all women. Of the countries in which we operate, both Nepal and Cambodia already have domestic financing schemes, covering safe abortion and post-abortion care. However, the majority do not.

We must continue to advocate for the full range of sexual and reproductive health services within universal health coverage, to ensure that safe abortion care is accessible and affordable for all women, not only the women that can afford the full cost.

38.3% OF CLIENTS ARE LIVING ON LESS THAN \$2.50 PER DAY

REACHING THE UNDERSERVED

Most Marie Stopes International centres are in predominantly urban areas. Of women accessing services in centres, 38.3% of clients are living on less than \$2.50 per day, and a small proportion (7.6%) are living on under \$1.25 per day.

These findings highlight the critical need to make safe abortion care accessible through a variety of channels, including community-based services focused on serving the rural poor. In addition to our centres, we operate mobile outreach teams that service remote, rural areas, support private sector and public sector facilities that can serve different client demographics, and up-skill community midwives.

It is not surprising that there is a lower proportion of clients living in extreme poverty visiting our centres compared to other Marie Stopes International channels. These channels reach a different community of women, as 78% of contraception clients served by mobile outreach teams and 70%

of clients served by community midwives live on under \$1.25 per day. This is compared to 42% of contraception and safe abortion clients in our centres.

To ensure we reach all women who require safe abortion care, we must ensure a wide variety of service delivery models that meet a variety of client needs in diverse settings.



SECTION 4

DELIVERING QUALITY CARE WITH CLIENT-CENTRED SERVICES

We wanted to understand what a 'quality service' looks like to the women we serve, so we used our client data to look at women's priorities and preferences.

WOMEN VALUE PROVIDER REPUTATION

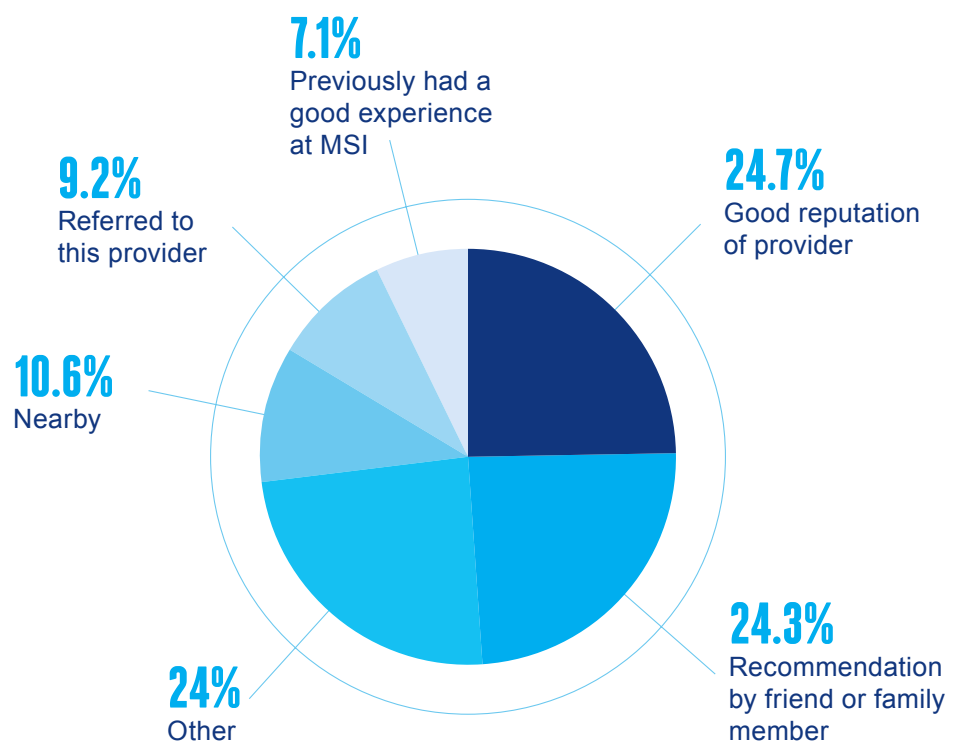
To understand women's reasons for attending a Marie Stopes International centre, we asked their main reasons for choosing our abortion service. Their reasons for doing so were:

- The reputation of the Marie Stopes centre as a provider (24.7%)
- A recommendation from a friend or family member for the centre (24.3%)
- The centre was nearby to their home (10.6%)
- They had previously attended a Marie Stopes International service and had a positive experience (7.1%)

We can also compare these findings with a recent review of the most common reasons that women seek unsafe abortions. Even in settings where safe abortions are legally permitted, the review found that women perceive unsafe abortions, or informal sector abortions as the report refers to them, as more affordable and more confidential than safe services, even when they are not.

When perception of price and confidentiality is often at variance with the reality, it is our job, as providers, to ensure that women know that safe services are both affordable and confidential. It is also our job to ensure that women know where to go for a safe service, irrespective of where they live.

WHY WOMEN CHOSE A SERVICE WITH MARIE STOPES INTERNATIONAL



OFFERING TRUE CHOICE. WOMEN'S PRIORITIES WHEN SELECTING A SAFE ABORTION METHOD

Our centres provide clients with a choice of both surgical and medical abortion. To understand what clients prioritised in their selection, we asked their reasons for choosing their method.

The main reasons women cited were:

- the desire for the abortion to be 'simpler and faster' (50.5%)
- a preference to avoid pain (38.9%)
- to avoid side effects (32.9%)

The right choice of method will depend on the right choice for the woman. For example, their choice will be influenced by whether a woman feels more comfortable taking medication at home, or would prefer the whole process to be completed quickly, in the centre. It would also be influenced by which

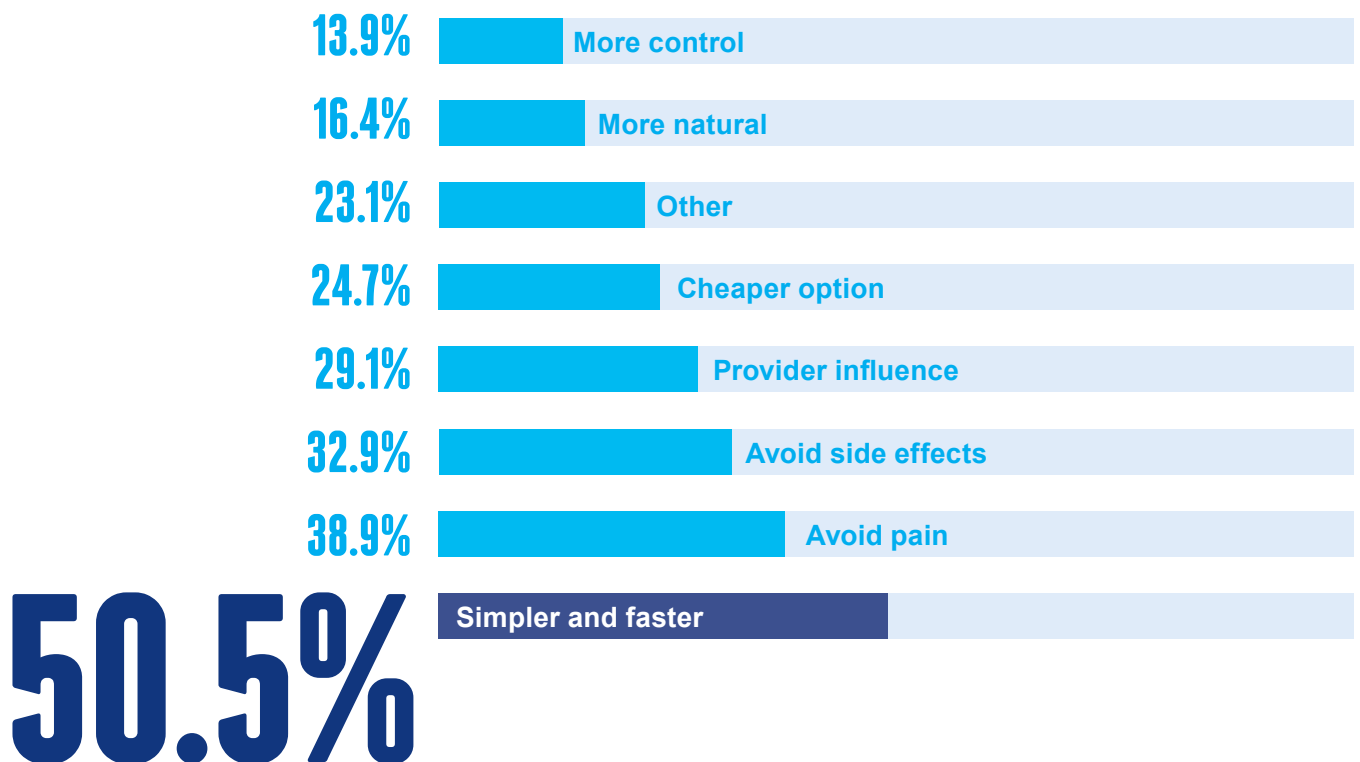
side effects are most concerning to them, and where and how they would prefer to manage any expected pain.

These priorities for abortion methods reiterate the importance of offering women true choice. 91.4% of interviewed clients reported being counselled on both medical abortion and surgical abortion.

Despite the growing trend towards medical abortion, several studies have found high satisfaction and efficacy rates for both methods. If a client is medically eligible for both types of abortion method,

the best person to make the decision is the woman herself and we need to ensure clients are fully informed about both methods and what can be expected of each.

REASON FOR CHOOSING A METHOD OF ABORTION



EASE OF ACCESS. INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH CARE

We know that, due to abortion stigma, women will often want their safe abortion services to be discreet. Clinics that offer a range of sexual and reproductive health or primary care services can offer a more confidential experience. In addition, safe abortion clients who have travelled for their service might be interested in receiving another service during the same visit. Women might choose to also receive a cervical cancer or sexual health screening, or counselling on contraceptive options.

We found that 50% of women who attended our centres for a safe abortion service had planned to access a contraceptive method before arriving at the centre. Most (93%) women received information about their future contraceptive options while at the centre and 65% went on to select a contraceptive method during their visit.

In addition, 10.9% of clients shared that they chose Marie Stopes International over an alternative provider because our centres offer additional general health services.

Research has highlighted the varied reasons why women might not want to start using contraception following a safe abortion, including not feeling ready on the day of their service.

Although integrated health services should be available, including contraceptive counselling and methods, we must also ensure that client choices are respected, and that contraceptive counselling does not leave clients feeling further stigmatised.



50%

WOMEN PLANNED

to access contraception as part of their safe abortion service



93%

WOMEN WERE COUNSELLED

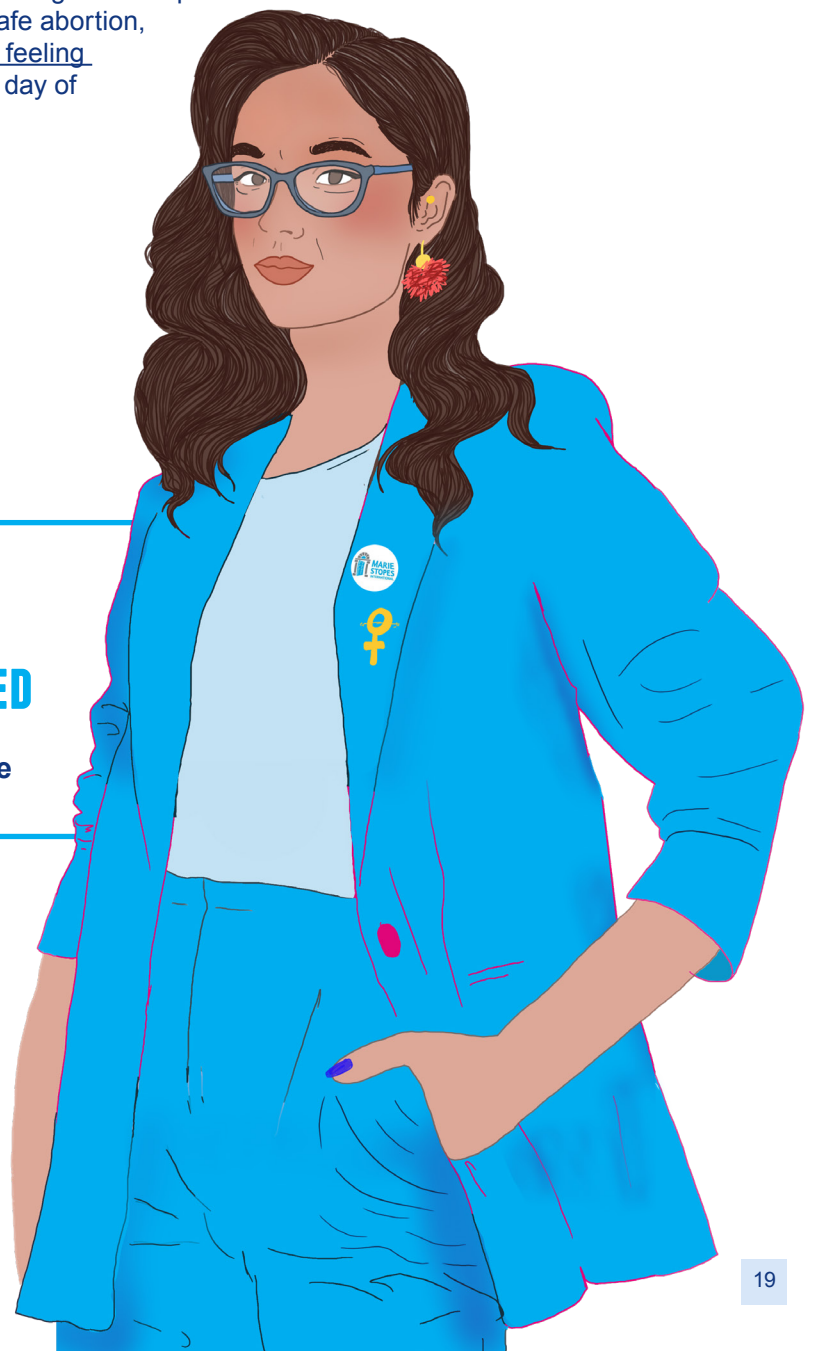
about contraceptive options as part of their safe abortion service



65%

WOMEN CHOSE

a contraceptive method



“ Due to abortion stigma, some providers tend to establish their own eligibility criteria (e.g. their allowable gestational age, require partner or parental consent, or socioeconomic status) to deny or provide services... Providers share workshops are conducted with abortion providers, trainers, and policymakers to mitigate the effects of abortion stigma, by improving knowledge, attitudes, and behavioural intentions related to abortion care.

Tewodros Bogale and Teshager Mersha, Marie Stopes Ethiopia

COMBATING ABORTION STIGMA

Globally, Marie Stopes International and partners continue to affirm that safe abortion care is essential healthcare. However, prevailing abortion stigma continues to prevent women from accessing safe care. Women and healthcare providers in some countries are experiencing a roll-back on women’s rights, and we sadly see this every day in our work. Within this report, we have aimed to share the challenging journey that many women face when seeking abortion services, and how access can be impacted by stigma.

As shared, nearly one in four women (23.4%) reported experiencing some form of stigma, either from their community, from their partner, and in some cases from their provider. To counter the negative impact of abortion stigma in service delivery, we invest in critical support and

training for our providers, including Providers Share Workshops and Values Clarification and Attitudes Transformation training. The aim of these workshops is to support providers in delivering destigmatising, empathetic support to women, regardless of their reasons for seeking care.

OFFERING A CONTINUUM OF CARE

Marie Stopes International runs a network of contact centres across 22 countries, offering advice and information on sexual and reproductive health via phone calls, SMS, WhatsApp and social media. 31.9% of the women we surveyed had engaged with our contact centres before they visited our service and these women were more likely to be very satisfied with the quality of their service than those who had no contact with the contact centre before (57% vs 49.8%).

Contact centres can support clients and providers in a range of ways:

1. Support clients to find and access safe services available.
2. Provide support ahead of a woman’s visit to a centre, ensuring the client is well-informed before their appointment.
3. Provide information on safe self-administration, where accessible.
4. Provide follow-up care and advice on wider sexual and reproductive health services available.

ENGAGING WITH CONTACT CENTRES MADE CLIENTS MORE LIKELY TO BE ‘VERY SATISFIED’

57%

of women who had engaged were ‘very satisfied’

49.8%

of women who had not engaged were ‘very satisfied’

SECTION 5

RECOMMENDATIONS: HOW WE CAN IMPROVE ACCESS TO SAFE ABORTION TOGETHER

Based on our findings, we recommend the following approaches, for fellow providers, policymakers, partners and donors, on how we can work together to eliminate unsafe abortion by 2030.

1 BUILD AWARENESS AND CREATE A KNOWLEDGE REVOLUTION

Abortion stigma continues to hold women back from accessing safe abortion care. Many women are unaware of safe services available, leading them to unsafe providers. Others are unsure of national legislation, which can be compounded if providers are not clear on policies and procedures themselves, or choose to interpret policies negatively, due to personal stigma.

To ensure women have access to the safe care they would like and deserve, we recommend the following approaches towards building awareness and delivering a knowledge revolution.



22 MILLION 25 MILLION



2008

2014

2030

UNSAFE ABORTIONS

A.

Support direct awareness-building efforts, through campaigns that encourage women to use a contact centre for free, impartial advice, or through pro-choice community-based mobilisers, which open conversations about pregnancy options, even in stigmatised environments, building safe pathways to care.

B.

Ensure safe services deliver quality, women-centred care to ensure that women share information on safe services, with their friends and community. Services should also strive to meet the reasons that women seek unsafe services, such as by ensuring that services are private and confidential.

C.

Create referral networks that encourage women to know where to go, safely.

2 ENSURE SAFE ACCESS FOR ALL WOMEN AND GIRLS

We must ensure that unnecessary barriers to access are removed, and that safe services are accessible to all women and girls, by:

- A. Removing the legal restrictions that prevent women from accessing safe care, as well as clinical and policy regulations that prevent safe services from being implemented, while actively campaigning for inclusion in universal health coverage mechanisms.
- B. Irrespective of where a woman lives, she should have access to a safe provider. Tailoring services to meet the needs of marginalised women, including young women, people living with disabilities, internally displaced people and refugees, and people living in poverty. For this, we should also develop and increase access to safe abortion services via channels that can reach rural and remote areas, such as on outreach, or via community-based midwives such as [Marie Stopes Ladies](#).
- C. Working in partnership with governments to build public sector capacity in delivering quality services for sustainable access to safe abortion care, while supporting lower level health providers to deliver services in underserved communities, via task-sharing.

3 DELIVER TRUE REPRODUCTIVE CHOICE WITH QUALITY SERVICES

Finally, we must ensure that women and girls who access our services are provided with true choice over their reproductive options, via:

- A. Challenging abortion stigma in facilities and among providers too, with values clarification and providers share workshops, ensuring that staff are trained to support all women, regardless of age, ability, ethnicity, or marital status.
- B. Offering a choice of both surgical and medical abortion, with quality, tailored counselling on both methods, including information on the side effects of each.
- C. Working in ways that meet the diverse needs of women – supporting self-management of medical abortion, while continuing to offer clinic-based care for those who want or need it.
- D. Developing programmes that offer integrated safe abortion care, including access to information before, during and after the procedure, and to a wider range of sexual and reproductive health services, as desired by women.

ABORTIONS IN RESTRICTIVE SETTINGS ARE LESS SAFE

LEAST RESTRICTIVE

1% Least safe

12% Less safe

87% Safe

MODERATELY RESTRICTIVE

17% Least safe

41% Less safe

42% Safe

MOST RESTRICTIVE

31% Least safe

44% Less safe

25% Safe

Guttmacher Institute, Abortion Worldwide Report 2017



1,929 CLIENTS

Across Latin America
Africa and Asia

EXPLAINING OUR DATA

This report highlights data from our 2018 client interviews, which we conduct at the end of every year amongst a representative sample of clients in each of the countries where we work.

Clients that have received a safe abortion or contraceptive service are invited to speak to a trained interviewer after their appointment, and clients who give informed consent are interviewed for 15-20 minutes using a standardised questionnaire. We ask questions about the client's experience of accessing care, their experiences of the service and their background characteristics, so that we can understand who is able to access care and their perspectives on the care they receive. In 2018, we interviewed a larger number of safe abortion clients with

an extended questionnaire, so that we could develop a greater understanding of the experiences of safe abortion clients, in addition to contraception clients.

The findings we present in this report are unique because they provide a snapshot of women and girls' experiences of abortion care across three continents, among over 1,900 individual clients in sub-Saharan Africa, South Asia, South-East Asia and Latin America.

In 2018, our safe abortion survey was completed with women receiving care in Marie Stopes

International's own clinics (centres). Services delivered through centres accounted for **10% of all services** delivered by Marie Stopes International in 2018, with the remainder delivered through other channels: for example, mobile outreach teams, community nurses/midwives, and public and private sector clinics that are supported by Marie Stopes International. As centres are primarily based in towns and cities, these data represent the experiences of a predominantly urban sample of the women we serve.

A NOTE ON LANGUAGE

Our use of safe and unsafe:

Abortions are very safe, simple and common medical processes or procedures. Historically, abortions were practiced unsafely due to legal restrictions that prevented their formal inclusion in health care.

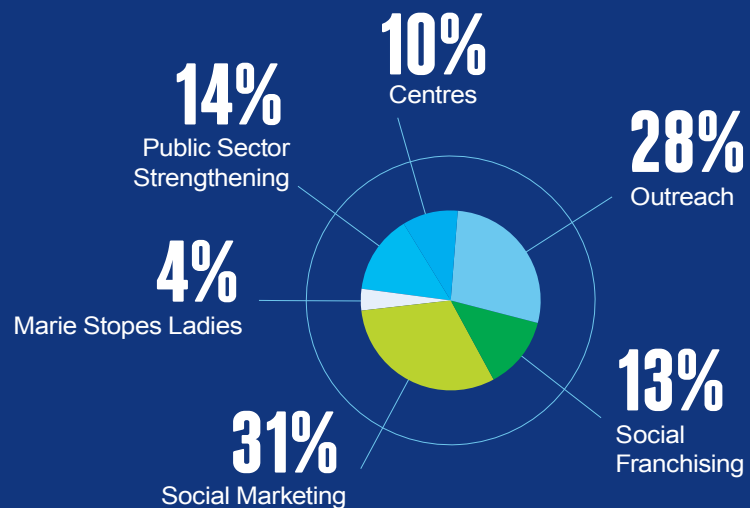
Recently, the increasing availability of medical abortion outside of clinic settings means that not all abortions taking place outside of legal frameworks are unsafe. However, [unsafe abortions do continue to take place](#), often in countries with legal and regulatory restrictions that prevent access to safe care.

Marie Stopes International provides safe, legal abortion care and in this report, we use unsafe abortion to refer to abortions that use dangerous or outdated methods, or take place without a trained person, in line with the World Health Organization's definitions.

Client, women, girls and pregnant people: In our work to de-medicalise abortion, we choose to use client to refer to people who have received services from Marie Stopes International. Client is a gender-neutral term, meaning it covers women and pregnant people, including trans men and non-binary people, who require access to safe abortion care.

Abortion or abortions: Our client exit interviews are undertaken after a client has received a safe abortion service. To that end, we often refer to that singular abortion experience within the report. However, we would like to recognise that many of the clients we spoke with will have multiple abortions in their lifetime. Therefore, where accurate, we use abortions (plural) to reflect those experiences.

HOW OUR SERVICES ARE DELIVERED



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