REPRODUCTIVE HEALTH matters

FEATURE

# Towards safe abortion access: an exploratory study of medical abortion in Cambodia

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**Abstract:** *In 2010, following its approval by the Ministry of Health, the medical abortion combination pack Medabon (containing mifepristone and misoprostol) was made available at pharmacies and in a restricted number of health facilities in Cambodia. The qualitative study presented in this paper was conducted in 2012 as a follow-up to longer-term ethnographical research related to reproductive health and fertility regulation between 2008 and 2012. Observations were carried out at several clinic and pharmacy sites and in-depth interviews were conducted with a purposive sample of 20 women who attended two MSI Cambodia centres and 10 women identified through social networks; six men (women's male partners); eight health care providers at the two MSI centres and four pill sellers at private or informal pharmacies (who also provided health care services in private clinics). Although the level of training among the drug sellers and providers varied, their knowledge about medical abortion regimens, correct usage and common side effects was good. Overall, women were satisfied with the services provided. Medical abortion was not always a women-only process in this study as some male partners were also involved in the care process. The study illustrates positive steps forward being taken in making abortion safe and preventing and reducing unsafe abortion practices in Cambodia.*


**Keywords:** medical abortion, misoprostol, mifepristone, abortion providers, Cambodia

In Cambodia, total fertility rates have decreased considerably over the last 30 years, from 6 in 1980, to 3.3 in 2004, and 2.9 in 2010, respectively.[1] Despite various improvements, however, there is still a lack of access to the range of contraceptive methods in public health facilities, particularly long-acting methods such as intra-uterine devices, implants and permanent methods. Many Cambodian women also perceive hormonal birth control methods, e.g. oral or injectable contraceptives, as the cause of a number of physical problems, which leads them to switch from one method to another, or to stop using a method altogether.[2,3] As a result, unintended pregnancies frequently occur and Cambodian women may seek medical or surgical termination of pregnancy, often under unsafe conditions.[4]

In Cambodia, the abortion law was reformed in 1997 to allow abortion on request up till the 12th week of pregnancy and in certain circumstances during the second trimester. This law was adopted to contribute to reducing the high maternal mortality ratio at the time, estimated at 900/100,000 live births. A significant number of maternal deaths were believed to be caused by complications of unsafe abortion.[4] After the reform of the abortion law, implementation of safe abortion services was slow and initiatives to improve access to safe abortion are only recent.[4] Lack of awareness of the law and lack of available safe abortion services means many women continue to induce their own abortions through non-registered abortion medications or seek unsafe services that result in complications requiring post-abortion care.[5]

Several public health studies have documented these problems in Cambodia[4,6,7] and advocated for improved access to safe abortion services.

A few studies have also documented Cambodian women's experiences in accessing "traditional" non-surgical abortifacient methods.[8–10] In rural areas, women would swallow herbal preparations such as a mixture of rice wine with pepper and garlic, while others consumed a concoction of rice wine and herbs sold by the *Grù Khmer* (traditional healer) and a pill called Tiger11.[2] More recently, research has highlighted that Cambodian women also use pharmaceutical products, typically unregistered combinations of mifepristone and misoprostol, described locally as "Chinese pills", as they are predominantly manufactured in China.[4,14]

Due to the Millennium Development Goals, Cambodia has taken a great deal of action in the area of maternal health, specifically to "reduce by three quarters the maternal mortality rate by 2015". As a result, this ratio fell from 472 per 100,000 live births in 2000–2005 to 206 in 2006–2010.[11] Contributing to this success was the introduction in 2007 of the national Comprehensive Abortion Care (CAC) training curriculum which, since 2009, following advocacy efforts highlighting high maternal mortality from unsafe abortions, has included medical abortion. Services were introduced at the main public hospitals in Phnom Penh, the capital city, as well as some provincial hospitals, international non-governmental organization (NGO) clinical centres, some registered private clinics and registered pharmacies.

Given these circumstances, we wondered why, how and to what extent cultural values, gender norms, social organization of health care as well as individual experiences and attitudes regarding unwanted pregnancies shaped medical abortion practices in Cambodia. An exploratory qualitative study was conducted to examine the implementation and the effects of the distribution of Medabon on women's reproductive choices and practices, on their partners, and on health care providers providing medical abortion in various health care settings in Cambodia.

## *Methods*

The qualitative study presented in this paper was conducted as a follow-up to longer term ethnographical research related to reproductive health and fertility regulation issues carried out between 2008 and 2012.[2,12,13] In this previous research, over 200 interviews and 20 focus group discussions were held with women, some of their male partners, health care providers working in private or public settings and at home, pharmacists working in registered and unregistered pharmacies, and social workers. In addition, observations of counselling sessions and reproductive health medical procedures were carried out. At the end of 2012, additional in-depth interviews and observations were conducted. We also completed our ongoing investigation of unregistered medical abortion products. These are commonly referred to in Cambodia as the "Chinese pill", and are popular but unregistered abortifacient pills. Our research found that women were resorting to unregistered medications to avoid unsafe and possibly ineffective surgical abortion practices, and also because they didn't have access to safe abortion services in public facilities and private clinics were too expensive.[2,3]

At the time of the follow-up research, Medabon was the only registered medical abortion product in Cambodia. This follow-up research, reported here, was conducted at one site in Takmao (Kandal province) and at seven sites in the capital city of Phnom Penh: two NGO clinical centres run by Marie Stopes International Cambodia (MSI Cambodia), one private clinic and four local pharmacies.

At the beginning of 2013, MSI Cambodia operated seven centres in seven provinces in Cambodia. All centres, including the two involved in this research, provide a comprehensive range of sexual and reproductive health services for set fees. In 2012, each of the centres served over 500 patients per month, with about 10% of them coming for abortion services, both medical abortion and manual vacuum aspiration (MVA).

In depth-interviews were conducted with a purposive sample of 30 women (ten at each of the two MSI Cambodia centres and ten women identified through social networks); six men (some of the women's male partners); eight health care providers at the two MSI Cambodia centres and four pill sellers at private or informal pharmacies (who also provide health care services in private clinics). Women were selected among patients attending reproductive health services at each of the health care facilities. A restricted number of male partners were identified by the women selected for interview. All available providers directly involved and dispensing Medabon at selected health care facilities were interviewed. Pill sellers were purposively selected in Phnom Penh.

In-depth interviews with pill sellers and Medabon providers and users were conducted at study sites.