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Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



CLINICAL ARTICLE

Client–pharmacy worker interactions regarding medical abortion in Zambia in 2009 and 2011

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ARTICLE INFO

Article history:

Received 23 July 2014

Received in revised form 29 June 2015

Accepted 2 October 2015

Keywords:

Abortion

Medical abortion

Misoprostol

Pharmacists

Pharmacy workers

Zambia

ABSTRACT

Objective: To examine sales practices, knowledge, and behavior of pharmacy workers regarding medical abortion in 2009 and 2011 in Zambia, where hostile and stigmatizing attitudes still result in high rates of unsafe abortion. **Methods:** Four mystery clients visited pharmacies during 2009 and 2011, and recorded their experiences following their interactions using a standardized form. Bivariate analysis examined pharmacy workers' attitudes, behavior, and medical abortion-dispensing practices. **Results:** Mystery clients visited 76 pharmacies in 2009 and 80 pharmacies in 2011. In 2011, mystery clients reported hostile interactions with pharmacy workers at 8 (10%) pharmacy visits, a relative decrease from 7 (22%) in 2009 ($P = 0.0353$). In 2009, less than half (35 [46%]) of clients received information or had the opportunity to purchase medical abortion drugs in comparison with 53 (66%) in 2011 ($P = 0.0110$). In 2011, more pharmacy workers mentioned a valid medical abortion drug in comparison with 2009 (42 [53%] vs 31 [41%], respectively); however, guidance for women on misoprostol use was minimal. **Conclusion:** Pharmacy workers exhibited increased awareness of misoprostol, less hostility, and a willingness to sell medical abortion drugs; however, they continued to provide inadequate information on misoprostol for medical abortion. Effective training of pharmacy employees is vital in increasing access to safe induced-abortion care.

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1. Introduction

Globally, the World Health Organization (WHO) estimates that 22 million unsafe abortions occur each year, resulting in the death of nearly 47 000 women [1]. In East Africa alone, the annual number of unsafe abortions was almost 2.5 million in 2008 [2], which were associated with almost 17% of the region's maternal deaths [3]. Even as countries continue to decrease legal restrictions that penalize women and providers [4], unsafe abortion remains a daunting problem, causing disproportionate suffering in the poorest countries and among the poorest families in the world [5].

Despite having one of the least restrictive induced abortion laws in Sub-Saharan Africa, regulations in Zambia's 1972 Termination of Pregnancy Act [6] still result in substantial barriers to safe induced abortion, especially in rural areas where access to safe termination providers are limited [7]. Maternal mortality, at 591 maternal deaths per 100 000 live births, remains high [8] and one study in Zambia estimated unsafe

abortion complications could account for 30% of maternal deaths [9]. The number of women admitted for post-abortion care to five major Zambian hospitals from 2003–2008 was almost 53 000; more than half of these complications were attributed to unsafe abortion [10].

Medical abortion, provided in health facilities or accessed by women themselves in pharmacies, has been shown to contribute to a decline in the number and severity of complications from unsafe abortions [11–13]. Medical abortion, using mifepristone and misoprostol, was introduced into Zambia in 25 public health facilities in 2009. Although 78% of eligible women seeking induced abortions chose medical abortion between January 2010 and September 2011 [14], roll-out to additional health facilities has been slow, being hindered by policy hurdles that continue to impede progress in expanding access to safe and legal induced abortions. In 2009, there were at least six products derived from the drugs mifepristone (two) or misoprostol (four) that were registered and permitted for sale in Zambia. Despite mifepristone's limited use in public health facilities in 2009, misoprostol variants and their abortifacient qualities were quite widely known by women, as well pharmacy and healthcare workers. However, these misoprostol products were registered for uses other than medical abortion (including other gynecological uses) so information related to their abortifacient

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properties was limited. Pharmacy workers in Zambia are only allowed to sell these products to women with a prescription; however, as the package inserts for these products do not contain information on the drug's abortifacient properties, it is unclear whether pharmacy workers know what advice to give women about using these products to terminate a pregnancy. This is in spite of scientific information about the efficacy and safety of these drugs, including endorsements from WHO, which continues to grow [15]. However, medical abortion with misoprostol alone is up to 85% effective until 10 weeks of pregnancy, and up to 85% effective at 9–13 weeks of pregnancy when the proper dosage and regimen is followed [16,17].

Pharmacists and more informal drug sellers have long been the primary sources of information and medication for the treatment and prevention of illness [18]. They are often a convenient, anonymous and inexpensive source of information, particularly when physicians are in short supply [18]. In one national study conducted in Cambodia, 37% of women seeking post-abortion care reported having attempted to terminate the pregnancy prior to visiting the clinic; 80% of these women sought advice or assistance from someone who sold drugs [19]. The role that pharmacy workers have in the provision of medical abortion drugs, and their contribution to either assist women in having a safe abortion, with adequate and correct information, or to perpetuate unsafe abortion with a lack of information or even misinformation, is largely unknown. In Zambia, pharmacists must study to become licensed pharmacists; they are degree holders and are able to own and manage a pharmacy. Additionally, they are able to supervise pharmacy assistants, or technologists, who do not have a degree. Pharmacists are required to request a prescription based on the schedule of the drug being sought. Misoprostol is a schedule II drug, which requires a prescription, regardless of desired use. The aim of the present study was to examine the sales practices, knowledge, and behavior of pharmacy workers around medical abortion in Zambia in 2009 and 2011, a dynamic environment for induced-abortion care. To our knowledge, the findings of the present study offer the first data regarding pharmacy practices related to the sale and use of drugs for medical abortion in Zambia, where hostile and stigmatizing attitudes about induced abortion still result in a high rate of unsafe abortions [20].

2. Materials and methods

The present study was part of a pilot study to improve abortion care and to introduce medical abortion services in 25 public health facilities in Zambia. A descriptive cross-sectional design was used to explore pharmacy worker knowledge and practices in 2009 and 2011. In both years, a complete listing of government-certified pharmacies in the intervention areas of Lusaka, Kafue, and Copperbelt provinces was provided by the Pharmaceutical Society of Zambia. These pharmacies were located in a variety of settings, from urban shops in Lusaka to small town pharmacies in the more rural areas of the Kafue and Copperbelt provinces. Informed consent was not obtained from the pharmacy workers because the mystery-client methodology requires non-disclosure to the service provider; however, strict confidentiality measures were put in place to protect the pharmacy workers. Ethical approval for this study was provided by The University of Zambia Biomedical Research Ethics Committee and the USA-based Allendale Investigational Review Board.

The study design incorporated two single-sample surveys of non-independent groups; some, but not all, of the pharmacy workers who interacted with mystery clients in 2009 may also have been in the 2011 group. Some of the pharmacists may also have been a part of a training or technical update meeting, but the methodology does not allow this determination to be made with certainty.

Four research assistants (two young male and two young female mystery clients) with experience in reproductive health attempted to visit all the pharmacies listed. Each mystery client asked the pharmacy worker if they sold anything to induce an abortion, either for themselves

or for a girlfriend. Mystery clients were trained to explain at the start that their (or their girlfriend's) period was late and that it was 6 weeks ago. The mystery clients had a list of possible probe questions to ask depending on the pharmacy workers' responses. Each mystery client recorded key information from the pharmacy worker–client interaction, including behavior, on a standardized form upon leaving the pharmacy. If the pharmacy worker offered to let them purchase something to induce an abortion, mystery clients were instructed to ask to see the product, to ask for information about its use and cost, and were told to then say that they needed to return to purchase the product.

Data were entered in Epidata v3.1 (The EpiData Association, Odense, Denmark) and were analyzed with STATA v12 (Stata, College Station, TX, USA). A bivariate analysis was conducted to examine pharmacy workers' attitudes, behavior, and dispensing practices related to medical abortions and $P < 0.05$ was considered statistically significant. This study analyzed these interactions, comparing results of 76 mystery client visits in 2009 and 80 visits in 2011 (Fig. 1).

3. Results

Mystery clients were able to visit 76 pharmacies in November 2009 and 80 in November 2011. It was not possible to obtain specific information regarding the pharmacy attendants, the mystery clients estimated the pharmacy workers' ages as being either older or younger than 30 years (Table 1). A similar distribution was found in both years, with most attendants (approximately 57%) estimated to be older than 30 years of age. In 2011, mystery clients had at least one other customer in the store at the time they approached the pharmacy worker more frequently than in 2009 (63 [79%] vs 33 [43%]; $P < 0.001$).

Despite there being other customers in the pharmacies more often in 2011, there was an increase in the number of pharmacy workers who were sympathetic and interested in helping the client (Table 1). In 2011, fewer mystery clients reported that they would describe their interactions with pharmacy workers discussing medical abortion as hostile, decreasing from 17 (22%) to only 8 (10%) ($P = 0.0353$). Furthermore, in 2011 there was an observed increase in pharmacy workers' willingness to provide information about medical abortion. In 2009, 35 (46%) clients left pharmacies with more information or with the opportunity to purchase medical abortion drugs; however, in 2011, this proportion was higher with 53 (66%) mystery clients reporting this ($P = 0.0110$). Additionally, more pharmacy workers mentioned or recommended a valid medical abortion drug (defined as a known misoprostol or mifepristone product) in 2011 compared with 2009 (42 [53%] vs 31 [41%], respectively).

Among the pharmacy workers who explicitly offered a medical abortion drug or information on a medical abortion drug, 3 (9%) referred mystery clients to a health facility for medical abortion in 2009, compared with 14 (26%) in 2011 (Table 2). In both years of the study, most pharmacy workers (31 [89%] in 2009 and 42 [79%] in 2011)

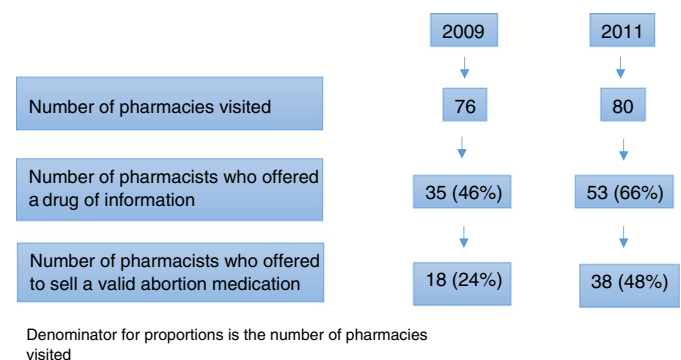


Fig. 1. Flow diagram showing number of pharmacies visited, those who offered a drug or information and those who offered to sell a valid abortion medication.

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