DEDICATION

To my wife, Debra Kamanga whose high achieving spirit gave me the resolve to complete this work and to all women who have died or have suffered complications of unsafe abortions because they have no access to a safe abortion.

ACKNOWLEDGEMENTS

I would like to thank the following:

STATEMENT

I HEREBY STATE THAT THIS DISSERTATION IS ENTIRELY THE RESULT OF MY OWN PERSONAL EFFORT. THE VARIOUS SOURCES TO WHICH I AM INDEBTED HAVE BEEN CLEARLY INDICATED IN THE BIBLIOGRAPHY AND ACKNOWLEDGEMENTS.

SIGNED:…………………….

DR. AMECK ARIEL KAMANGA

DECLARATION

I DECLARE THAT THIS DISSERTATION HEREIN PRESENTED FOR THE DEGREE OF MASTER OF MEDICINE IN OBSTETRICS AND GYNAECOLOGY HAS NOT BEEN PREVIOUSLY SUBMITTED EITHER WHOLLY OR IN PART FOR ANY OTHER DEGREE AT THIS OR ANY OTHER UNIVERSITY NOR IS IT BEING CURRENTLY SUBMITTED FOR ANY OTHER DEGREE.

SIGNED:………………………………

DR. AMECK ARIEL KAMANGA

APPROVED BY:……………………….

DR. LACKSON KASONKA (SUPERVISOR)

APPROVAL

THIS DISSERTATION OF DR AMECK ARIEL KAMANGA IS APPROVED AS

FULFILLING PART OF THE REQUIREMENTS FOR THE AWARD OF

THE DEGREE OF MASTER OF MEDICINE IN OBSTETRICS AND

GYNAECOLOGY BY THE UNIVERSITY OF ZAMBIA.

SIGNATURE

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ABSTRACT

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BACKGROUND
Unsafe abortions contribute about one third to the maternal mortality in Zambia. The maternal mortality ratio in Zambia stands at 729/100000 live births. The millennium target for Zambia is 162/100000 live births. There are a high number of referrals to UTH for incomplete abortions which previously have been demonstrated to be mostly induced. Health workers in peripheral clinics were implicated as part of the barriers in part, due to their negative attitude and as providers of illegal and unsafe abortion services to these clients. This study assessed the knowledge of the law, the attitudes towards and the extent to which health workers in Lusaka provide abortion services.

METHODS
A pre tested self administered questionnaire with both open and closed ended questions was used to collect data from a conveniently sampled group of health workers from Lusaka DHMT facilities and in five established private clinics.

RESULTS
Of the 141 responses included for analysis, 4% were from doctors, 9% from clinical officers, 32% from midwives, 46% from general nurses, 2% from pharmacists and 5% from other heath staff such as laboratory technicians, radiographers and environmental health technicians. Fifty five percent demonstrated good knowledge of the Zambian abortion law while twenty nine percent had no knowledge of its existence. Fifty nine percent did not support laws that allowed abortions at all while 9% supported only in certain circumstances and 32% supported these laws in most circumstances. Religion was the basis for not supporting laws that allowed abortions in about 90% of those that were against abortions. 70% of respondents had had contact with a client seeking an abortion and only 3% admitted to have provided an abortion to such a client. 25% referred the client to a doctor, 4% referred her to another colleague but 70% turned the client away after some form of counseling.

CONCLUSION
There are gaps in the knowledge and understanding of the Zambian abortion law among health workers in both Lusaka DHMT and private institutions. Provision of an elective abortion for reasons other than that of saving a woman's life is generally not accepted. Fewer health workers provide abortion service than literature suggests.

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ABBREVIATIONS

CSO   Central Statistical Office

DHMT   District Health Management Team

MVA   Manual Vacuum Aspiration

MDG   Millennium Development Goal

PAC   Post Abortion Care

QA/QC   Quality Control/Quality Assurance

RCZ   Reformed Church in Zambia

SDA   Seventh Day Adventist

TOP   Termination Of Pregnancy

UTH   University Teaching Hospital

UNICEF   United Nations International Children's Education Fund

UCZ   United Church of Zambia

ZDHS   Zambia Demographic and Health Survey

ZMA   Zambia Medical Association