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Client-reported quality of in-facility medication abortion compared with pharmacy-based self-managed abortion in Bangladesh

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Client-Reported Quality of Facility-Managed Medication Abortion Compared with Pharmacy-Sourced Self-Managed Medication Abortion in Bangladesh

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School of Public Health Annual Conference

April 4, 2023



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Acknowledgments

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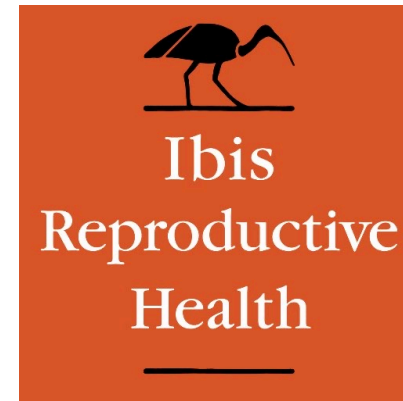
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Background

Background

- Abortion is safe (NASEM, 2018)
- Inequitable access to high quality abortion persists (Cohen & Joffe, 2020; Ganatra et al., 2017; Singh et al., 2018)
- Legal restrictions have implications on public health (Benson et al., 2011; Kost & Lindberg, 2015; Bernstein & Jones, 2019; Harries et al., 2015; Foster, 2020)
- Abortion is common worldwide (Ganatra et al., 2017; Bearak et al., 2020)
- Medication Abortion: misoprostol + mifepristone or misoprostol alone



Self-Managed Medication Abortion (SMA)

World Health Organization

human reproduction programme **hrp.**
research for impact
UNDP · UNFPA · UNICEF · WHO · WORLD BANK

Abortion care guideline



Bangladesh

- Abortion is permitted up to 12 weeks.
- The government of Bangladesh included abortion services in the National Family Planning program.
- Abortion is available in government facilities and private NGO clinics.
- Abortion medications available directly from pharmacies or retail drug shops.



Quality of Care Domains



(WHO, 2018)

Donabedian Model for Quality



(Donabedian, 1988)



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Study Purpose

To compare client-reported quality of abortion care by modality (facility-managed medication abortion vs. pharmacy-sourced SMA) in Bangladesh.

Methods

Methods

- **Data:** Surveys of medication abortion clients in Bangladesh
- **Key Independent variable:** abortion care modality (facility vs. pharmacy)
- **Variables:**
 - 18 ACQTool client-reported quality indicators
 - 8 abortion outcomes at 30-day follow-up
 - Socio-demographics
- **Statistics:**
 - Descriptive, bivariate, multivariable logistic regression models
- **Ethics:** PSU IRB: board review not required

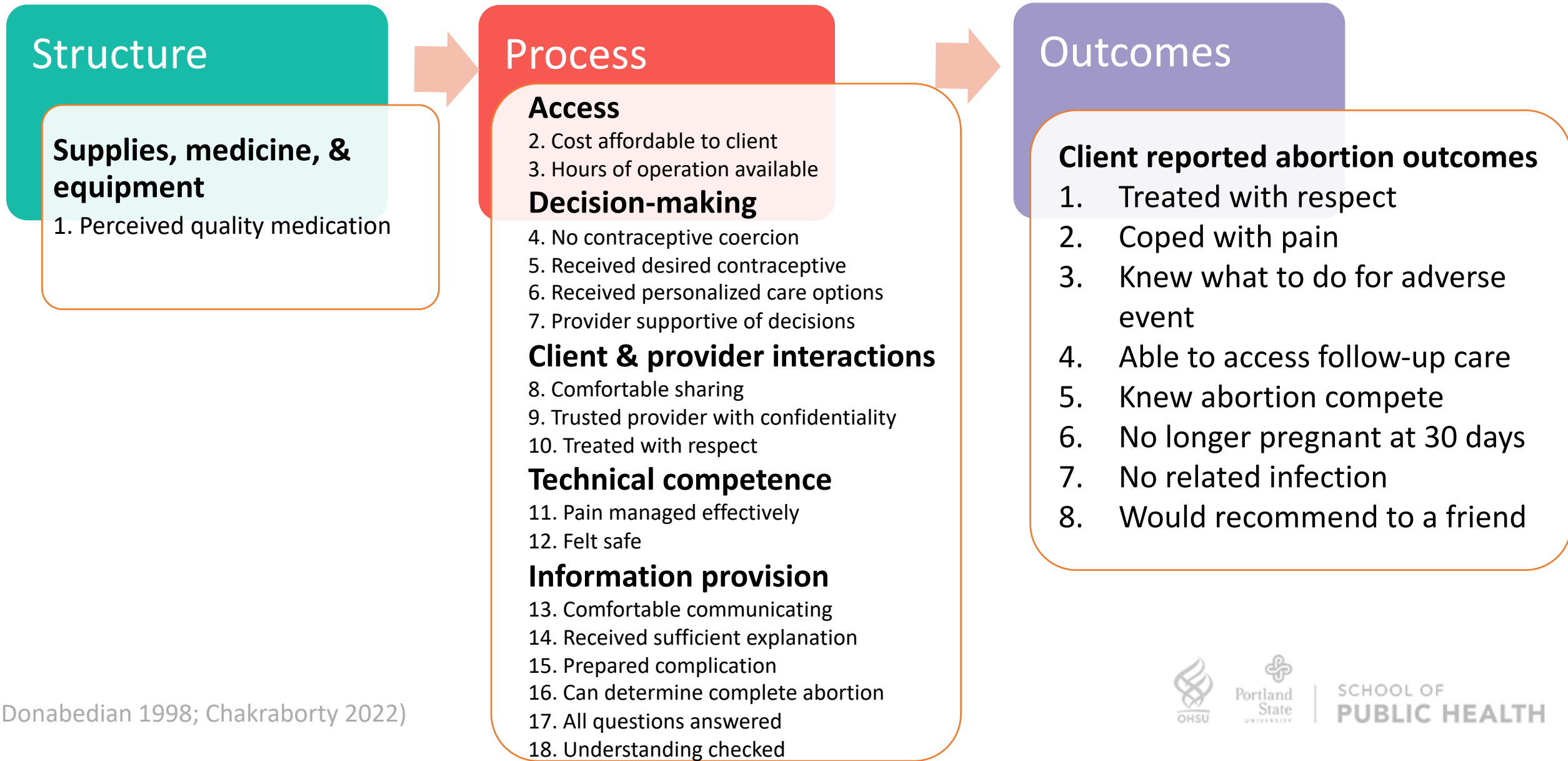


(Acqtool.org)



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Donabedian Model with ACQ Indicators & Outcomes



(Donabedian 1998; Chakraborty 2022)

Results

Client Characteristics



vs.



- 550 medication abortion clients: 146 (26.5%) facility-managed and 404 (73.5%) had a pharmacy-sourced SMA.
- Pharmacy clients:
 - from urban areas ($p < 0.001$)
 - often wealthier ($p = 0.02$)
- Facility clients:
 - slightly higher levels of education ($p = 0.01$)
 - more often people of Hindu faith ($p = 0.03$)
- The majority of all clients (96%) obtained an abortion at less than 13 weeks of gestation.

Bivariate Results: Quality Indicators



Facility-managed
abortion

vs.



Pharmacy-sourced
SMA

Access

1. Cost Affordable (60% vs 82%, <0.001)

Decision-making

2. Received desired contraceptive (86% vs 97%, <0.001)

3. Provider supportive of decisions (97% vs 78%, <0.001)

Information provision

4. Received sufficient explanation (79% vs 52%, <0.001)

5. Prepared if complication occurred (100% vs 84%, <0.001)

6. Can determine complete abortion (99% vs 43%, <0.001)

7. All questions answered (75% vs 59%, 0.02)

Bivariate Results: Abortion Outcomes at 30-day follow up



vs.



Facility-managed
abortion

Pharmacy-sourced
SMA

Client reported abortion outcomes

1. Treated with respect
2. Coped with pain
3. **Knew what to do for adverse event (90% vs 79%, p=0.03)**
4. Able to access follow-up care
5. Knew abortion compete
6. No longer pregnant at 30 days
7. No related infection
8. Would recommend to a friend

Multivariable Models

Key Independent variable:

Abortion modality (facility vs. pharmacy)

Model Outcomes:

- A. Cost was affordable to client
- B. High information provision
- C. Knew what to do for an adverse event at 30 day follow up

Covariates:

- Age
- Education
- Rural/urban residency
- Wealth

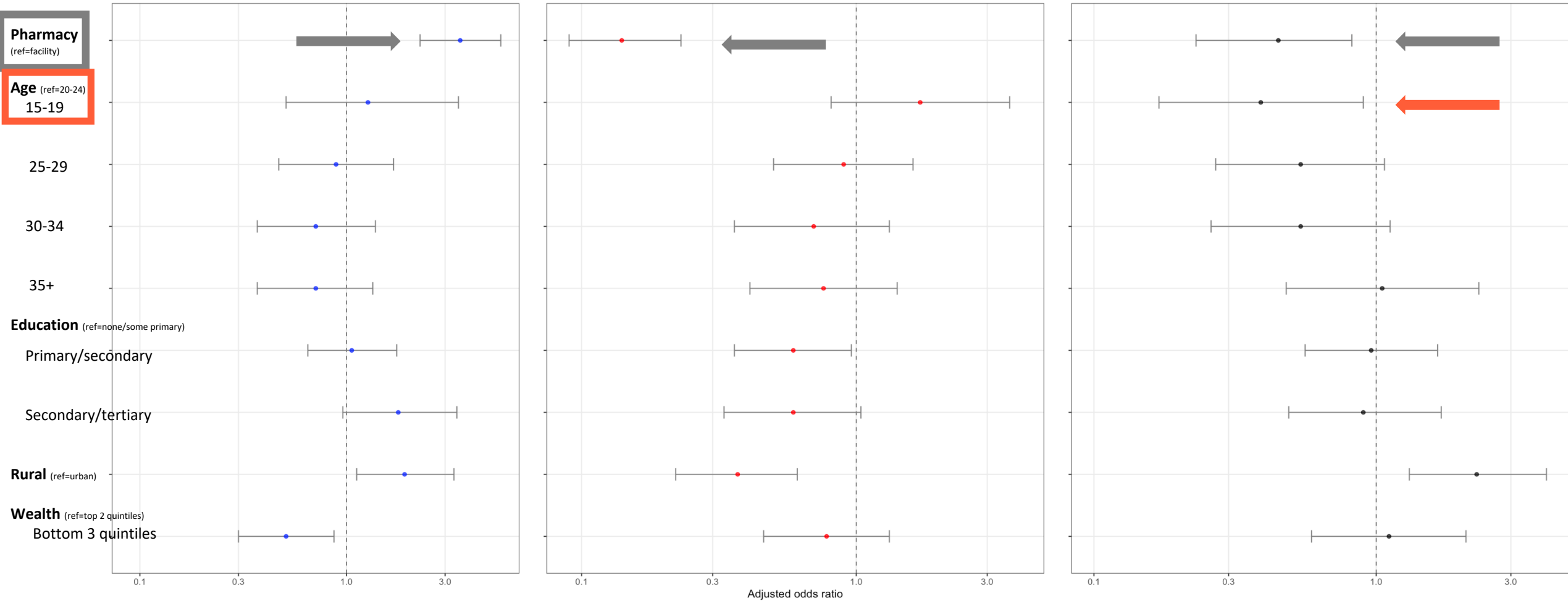


Multivariable Results, Adjusted Odds Ratios of:

A. Abortion is Affordable

B. High Information Provision

C. Knew what to do for AE



Conclusions & Implications

Conclusions & Implications

- Clients rate quality similarly and abortion outcomes nearly the same, but improvement is needed in affordability of facilities & information supplied by pharmacies.
- Attention needed towards informing pharmacy-SMA clients and adolescents of what to do if an adverse event occurs.
- Information provision can serve as a key point of intervention for quality of care.
- Greater need for SMA in US after increased legal restrictions



Thank You

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Graphics: mezclaostudio.com

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