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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Acknowledgments

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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)
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

- Safe
- Equitable
- Person-Centered
- Efficient
- Timely
- Effective
- Integrated Services

Donabedian Model for Quality

1. Structure
2. Process
3. Outcomes

(WHO, 2018)

(Donabedian, 1988)
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
Donabedian Model with ACQ Indicators & Outcomes

**Structure**
- Supplies, medicine, & equipment
  1. Perceived quality medication

**Process**
- **Access**
  2. Cost affordable to client
  3. Hours of operation available
- **Decision-making**
  4. No contraceptive coercion
  5. Received desired contraceptive
  6. Received personalized care options
  7. Provider supportive of decisions
- **Client & provider interactions**
  8. Comfortable sharing
  9. Trusted provider with confidentiality
  10. Treated with respect
- **Technical competence**
  11. Pain managed effectively
  12. Felt safe
- **Information provision**
  13. Comfortable communicating
  14. Received sufficient explanation
  15. Prepared complication
  16. Can determine complete abortion
  17. All questions answered
  18. Understanding checked

**Outcomes**
- **Client reported abortion outcomes**
  1. Treated with respect
  2. Coped with pain
  3. Knew what to do for adverse event
  4. Able to access follow-up care
  5. Knew abortion competes
  6. No longer pregnant at 30 days
  7. No related infection
  8. Would recommend to a friend

(Donabedian 1998; Chakraborty 2022)
Results
Client Characteristics

• 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

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

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 complete
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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References

• Abortion Service Quality Initiative. Abortion Care Quality (ACQ) Tool. Https://Www.AcqtoolOrg/ 2022