# BEHAVIOR PROFILE: WOMEN VOLUNTARILY ADOPT POSTABORTION FAMILY PLANNING

**Health Goal:** Reduce repeated unintended pregnancy

**Behavior:** Women and adolescents voluntarily adopt a modern contraceptive method immediately after treatment for abortion complications

**Indicator:** Percent of postabortion care clients who left the facility with a contraceptive method

| BEHAVIOR AND STEPS | FACTORS | SUPPORTING ACTORS AND ACTIONS | POSSIBLE PROGRAM STRATEGIES |
|---|---|---|---|
| **Behavior Analysis**: What steps are needed to practice this behavior?<br><br>**Steps:**<br><br>1. Seek professional counseling or care within 48 hours following any induced or spontaneous pregnancy loss, or immediately in cases of severe bleeding or fever<br><br>2. Know about return to fertility postabortion<br><br>3. Discuss contraceptive methods options with a qualified provider, if desired<br><br>4. Share questions and concerns with a qualified provider, if desired, including discussion of experience, fears, emotions relating to abortion or pregnancy loss<br><br>5. Make an informed choice about contraception, including whether or not to use any and, if yes, which method to use | **Behavior Analysis:** What factors may prevent or support practice of this behavior?<br><br>**STRUCTURAL**<br><br>**Accessibility:** Women and adolescents do not use contraception following treatment for abortion complications because of the unavailability of a sufficiently wide range of contraceptives in emergency/maternal units, including long-acting reversible contraceptives (LARCs)<br><br>**Accessibility:** Although "comprehensive postabortion care" includes FP counseling, in practice, such counseling is not always delivered, which may be due to a physical separation of emergency/maternity units and FP units and/or difference personnel<br><br>**Accessibility:** Women and adolescents do not adopt modern contraception following treatment for an abortion because of a lack of clearly articulated policies specifying legality of various components of comprehensive PAC<br><br>**Accessibility:** Women who had an uncomplicated abortion outside of a facility, especially a medical abortion, often do not have immediate access to a provider to discuss FP or preventing a subsequent unintended pregnancy | **Behavior Analysis:** Who must support the practice of this behavior, and what actions must they take?<br><br>**INSTITUTIONAL**<br><br>**Policymakers:** Include client-centered FP counseling and delivery of all methods in guidelines for routine PAC for clients of fall ages and marital status<br><br>**Policymakers:** Ensure policy guaranteeing free PAFP is being followed and services are not being charged on the side<br><br>**Policymakers:** Strengthen referral networks between lower-level facilities and tertiary facilities that offer long acting and permanent methods<br><br>**Managers:** Facilitate creation of space within facilities, especially at lower levels, where privacy can be had for counseling and discussions on contraception<br><br>**Managers:** Strengthen referral networks in communities for FP providers who can do home follow-up for clients<br><br>**Providers:** Offer client-centered, complete, and correct contraceptive counseling to every PAC client, regardless of age, parity, or marital status, including offering information for consideration and a follow-up time for women who need more time<br><br>**Supervisors:** Include competencies related to comprehensive PAC and psychological and emotional support in supportive supervision and mentorship | **Strategy:** What strategies will best focus our efforts on analysis?<br><br>Strategy requires Communication Support<br><br>**ENABLING ENVIRONMENT**<br><br>**Policies and Governance:** : Monitor client satisfaction and reward facilities commensurately, including whether or not clients were inappropriately charged, received all services included in comprehensive PAC, and felt respected and protected within the facility<br><br>**Policies and Governance:** : Update, clarify, and effectively disseminate policies and legal framework ensuring explicit access to PAC for all women<br><br>**SYSTEMS, PRODUCTS AND SERVICES**<br><br>**Infrastructure:** Prioritize budget line for facility renovations to ensure audio and visual privacy and establish minimum standards of privacy for facilities<br><br>**Products and Technology:** Create or expand technology platforms to reach women with contraceptive counseling and prescriptions without the need for in-person services (See example at https://tinyurl.com/yzdggfas) |

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| 6. Adhere to the instructions of the provider<br><br>7. Manage side effects, including consulting a health provider if indicated<br><br>8. Consult a provider to select another method of contraception if not satisfied with the current method | **STRUCTURAL**<br><br>**Service Provider Competencies:** Quality of counseling, especially at what is sometimes a tender, raw moment in a woman's life, is often extremely poor and primarily focused on sharing information, rather than fostering discussions between the client and provider based on the client's needs, including emotional readiness, fear of stigma, and shame relating to the abortion itself, as well as broader support for contraception, and future family plans<br><br>**Service Provider Competencies:** Providers often bring their own attitudes and beliefs to counseling FP clients, including ideas of abortion in general, what a woman should/should not do following an abortion, contraceptive methods they should adopt, and even if they should be using contraception at all. This is exacerbated for adolescents<br><br>**Service Experience:** Women and adolescents do not choose to engage in discussion on contraception postabortion because of a lack of privacy at health facilities and a fear of accidental disclosure<br><br>**Service Experience:** If a procedure requires recovery time, women often prefer to wait to discuss contraception until the immediate issue has resolved, but then may not return<br><br>**Service Experience:** Poor linkages/referrals between contraceptive service providers in communities and PAC providers sometimes inhibit continuance of a method | **COMMUNITY**<br><br>**Community Leaders:** Promote and explain the link between abortion and maternal mortality and the importance of contraception in solving the challenge<br><br>**Community Leaders**: Incorporated discussions about gender norms and women's rights (including the right to make decisions about her own body) into larger health promotions and discussions<br><br>**Community Leaders**: Support families, including adolescents, to access voluntary contraceptive services to delay, space, or limit pregnancies<br><br>**HOUSEHOLD**<br><br>**Family Members:** Talk openly with youth about contraception from early adolescence to normalize decision-making<br><br>**Male Partners:** Actively participate with wives/partners in joint reproductive decision-making | **SYSTEMS, PRODUCTS AND SERVICES**<br><br>**Supply Chain:** Procure complete method mix of commodities for facilities that provide PAC and ensure availability in same space as service provision site<br><br>**Supply Chain:** Better link women to community or private sector providers of contraceptive products to ensure continuous access<br><br>**Quality Improvement:** Incorporate contraceptive training, inclusive of LARCs into clinical PAC training for all levels of provider<br><br>**Quality Improvement:** Incorporate technical training and values clarification and attitude transformation activities, for providers at all levels of PAC, into pre-service, in-service, and continuing professional training<br><br>**Quality Improvement:** Improve overall quality of contraceptive counseling for all women, including considering supporting a dedicated FP counselor at facilities, so that women are more aware of their options prior to needing to access PAC<br><br>**Quality Improvement:** Include mental health counseling and support services for women post pregnancy loss or abortion and provide ongoing follow-up<br><br>**DEMAND AND USE**<br><br>**Advocacy:** Promote inclusion of comprehensive sexuality education in schools so adolescents better understand fertility, modern contraception, etc. and are comfortable talking about traditionally "taboo" subjects |

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| | **SOCIAL**<br><br>**Family and Community Support:** Even when support for contraception in general is present, the stigma related to both spontaneous and induced abortion is frequently so strong, decision-making during the postabortion period is often shrouded in shame and guilt<br><br>**Gender:** Women do not adopt modern contraception following an abortion because of a refusal of spouse or lack of autonomy over decisions relating to her body<br><br>**Norms:** Adolescents do not always access contraception counseling because of norms that create shame and stigma for adolescents, especially girls, who are sexually active. This is often only heightened after an abortion when girls frequently fear disclosure<br><br>**INTERNAL**<br><br>**Attitudes and Beliefs:** Fear of side effects (infertility among others) inhibits use of contraception postabortion in the same way it inhibits contraception during other moments of a woman's life<br><br>**Attitudes and Beliefs:** Some clients fear that if they adopt a contraceptive method, they will be shamed for terminating a pregnancy, even if the abortion was spontaneous<br><br>**Self-Efficacy:** Some clients are embarrassed to discuss contraception after a spontaneous or induced abortion for fear that a provider will judge their decision because they are young woman continuing to have sex, or married women whom providers believe should try to get pregnant again, among other reasons | | **DEMAND AND USE**<br><br>**Communication:** Utilize social media platforms or collaborative gaming to engage adolescents in reproductive health topics like fertility, contraception, pregnancy loss, and PAC ahead of needing those services<br><br>**Collective Engagement:** Use/adapt values clarification and attitude transformation for use among community leaders/members to support women accessing care<br><br>**Collective Engagement:** Create hotlines or other anonymous avenues for women to access information on types of care available, emotional support, and counseling during pregnancy and following an induced or spontaneous abortion |

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| | **INTERNAL**<br>**Self-Efficacy:** The immediate period postabortion is potentially a gateway moment in a woman's life where a fundamental shift has happened, often leaving a woman more empowered, willing, and motivated to consider adopting new practices | | |

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