



**SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**ASSESSING THE KNOWLEDGE AND ATTITUDES ASSOCIATED TO ABORTION  
AMONG FEMALE STUDENTS AT THE UNIVERSITY OF LUSAKA**

**BY**

**TEMWA NAMBEYE**

**BSPH19217019**

**BSc PUBLIC HEALTH**


**SUPERVISOR: Ms B. Kabamba**

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requirements of a Degree in Bachelor of Science in Public Health**

**DECLARATION**

**Name of student and ID: TEMWA NAMBEYE BSPH19217019**

I declare that this proposal is my creative work and to the best of my acquaintance has not been presented for a degree in any other institution.

Signature:  \_\_\_\_\_

Date: 06/06/23

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**Supervisor Name:**

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

**School of Medicine and Health Sciences, Department of Public Health**

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_ 07/06/23

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## DEDICATION

To my dear parents Peter Simbeye and Elizabeth Sichembe for their prayers and support throughout my journey. I honestly could not have come this far without their support.

## ACKNOWLEDGEMENT

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## **List of Acronyms**

CAC- Comprehensive Abortion Care

TOP- Termination of Pregnancy

UNILUS- University of Lusaka

WHO- World Health Organization

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## **ABSTRACT SUMMARY**

**Introduction:** Abortion is an issue of public health concern as there are millions of induced abortions being recorded each year globally. The biggest problem about abortion is that most of them are unsafe and they contribute to 13% of maternal related deaths worldwide. There have been efforts to address unsafe abortion such as the introduction of comprehensive abortion care by the World Health organization, however, there is still a large number of women who resort to unsafe abortion due to different factors. In Zambia, abortion was legalized under the termination of pregnancy (TOP) act but despite this intervention, comprehensive abortion care remains inaccessible to most women in Zambia.

**Objective:** To assess the knowledge and attitudes associated to abortion among female students at the University of Lusaka.

**Methodology:** This was a qualitative study conducted at the University of Lusaka, Leopards hill campus and convenience sampling was used to select the sample. Data collection was done by carrying out in-depth interviews and thematic analysis was used to analyze the data.

**Results:** Results of the study indicate that female students the University of Lusaka have sufficient and good knowledge on the causes of abortion and the consequences of unsafe abortion. The results revealed that most of the female students had adequate knowledge on the legality of abortion in Zambia and that they have a positive attitude towards safe abortion.

**Conclusion:** The factors in the conceptual framework that were associated to the knowledge and attitudes that one would have towards abortion were discussed and they include age, level of education and religion. The results of the study indicate that knowledge and attitudes towards abortion were related to age, level of education and religion.

## **CHAPTER ONE**

### **1.0 Background/ Introduction**

Abortion is a process that involves a pregnancy being ended before the baby is born. Abortion can be classified as either spontaneous or induced depending on how the abortion has occurred. Spontaneous abortions are also referred to as miscarriages and they may occur due to different reasons such as injury, trauma, genetic defects, diseases, etc. Induced abortions on the other hand refer to the purposeful termination of a pregnancy by medical or surgical interventions (WHO, 2021). Additionally, according to Bearak and others, around 73 million induced abortions take place worldwide each year. Six out of 10 unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion (Bearak, 2020). Induced abortions can either be classified as safe or unsafe. Safe abortions are defined as “Abortion procedures carried out using a method recommended by the World Health Organization, appropriate to the pregnancy duration and by someone with the necessary skills.” Unsafe abortions on the other hand are defined as “Abortions carried out by untrained individuals or those that are carried out in an environment with poor medical standards.” (Ganatra B, 2017).

Unsafe abortions remain one of the main factors associated with maternal mortality and morbidity all around the globe. It contributes to 13% of maternal deaths worldwide (Gebremedhin, 2018). According to a report in 2020 by Bankole and others, Sub-Saharan Africa recorded the highest abortion case-fatality rate of any world region, standing at roughly 185 deaths per 100,000 abortions, for a total of 15,000 preventable deaths every year (Akinrinola Bankole, 2020).

In an attempt to address maternal mortality due to unsafe abortion, the World Health Organization (WHO) decided to include comprehensive abortion care (CAC) to the list of essential health services to be provided to females around the world. Comprehensive abortion care includes the provision of information, abortion management and post-abortion care. However, people with unintended pregnancies often resort to unsafe abortion when they face barriers to attaining safe, timely, affordable and non-discriminatory abortion services (WHO, 2021).

This study aims to assess the knowledge and attitudes associated with abortion among female students at the University of Lusaka. The results of this study will establish the attitudes that female students at the University of Lusaka have on the topic of abortion, their knowledge on its legality in Zambia and their knowledge on the causes of abortion and consequences of unsafe abortions.

### **1.1 Statement of the problem**

Unsafe abortion is a global public health issue whose magnitude and determinants vary from region to region due to unmet need for contraceptives and low availability and accessibility of comprehensive abortion care services from health facilities as well as fear of social stigma. Many adolescents all over the world engage in sexual activities with many of their sexual encounters being unprotected which put them at risk of sexually transmitted diseases, unwanted pregnancies and unsafe abortions. Despite interventions to ensure that every person has access to sexual reproductive health care services which include family planning, comprehensive sexuality education and national strategies and programmes that aim at promoting reproductive health there is still a high rate of unsafe abortion cases being recorded. Although abortion is legal in Zambia under the termination of pregnancy (TOP) act, women still undergo unsafe abortions. According to the Zambian Ministry of Health, it is estimated that 30% of pregnancy-related deaths may be caused by unsafe abortion and hospital based studies show that 30-50% of acute gynecological admissions are caused by complications from unsafe abortions (Fetters, 2017). Lusaka province was recorded to have the highest abortion-related-near-miss rate at 88 per 100000 women of reproductive age compared to Copper belt and Central provinces in 2017 indicating the clear magnitude and severity of abortion-related complications in health facilities (Onikepei, 2017). Access to safe abortion services is influenced by a host of factors including knowledge and attitudes. Hence, these high rates may be partly attributed to poor knowledge of the legal framework on abortion services and conservative social attitudes towards abortion among females in Zambia. Little is known on the kind of knowledge and attitudes among female students in Lusaka towards abortion. Hence this research is aimed at assessing the knowledge and attitudes associated to abortion among female students at the University of Lusaka.

## **1.2 Justification of the study**

This study is significant in assessing the awareness of females on the topic of abortion in terms of its legality in Zambia and the consequences of unsafe abortions. This study might bring new information about knowledge, perceptions and misconceptions that women in Zambia might have on the topic of abortion and thereby add to existing literature. This study will generate data that might help policy makers strengthen interventions that allow women and girls to make good reproductive choices by addressing legal and policy barriers to comprehensive abortion care services in Zambia. This study is significant to university students because they are at risk of unprotected and unintentional sexual encounters that may lead to unwanted pregnancies causing some of them to seek for unsafe induced abortions that may make them victims of abortion complications. Furthermore, the results of this study may lead to the implementation of programs that will provide information, education and communication on reproductive health that might help to reduce unwanted pregnancies, induced abortions and maternal mortality in the long run.

## **1.3 General objective**

To assess the knowledge and attitudes associated to abortion among female students at University of Lusaka.

## **1.4 Specific objectives**

1. To determine the knowledge on causes of abortion and consequences of unsafe abortion among female students at University of Lusaka.
2. To establish the knowledge on legality of abortion among female students at the University of Lusaka.
3. To identify the attitudes of female students at the University of Lusaka towards abortion.

### **1.5 Research questions**

1. What knowledge do female students at the University of Lusaka have on the causes of abortion and consequences of unsafe abortion?
2. What knowledge do female students have on the legality of abortion at the University of Lusaka?
3. What beliefs and attitudes do female students at university of Lusaka have towards abortion?

## **CHAPTER TWO**

### **2.0 Literature review**

This section presents published scholarly works relevant to this study on exploring the knowledge and attitudes attributed towards abortion

#### **Global Perspective**

An estimated 73 million abortions occur globally each year and nearly 45% of them are unsafe. Globally, unsafe abortion accounts for up to 13% of deaths related to pregnancy and childbirth. Worldwide, at least 7 million women are treated for complications from unsafe abortion each year. (Ganatra B, 2017)

Espinoza, Samandari and Andersen articulated that although adolescents are cognizant of abortion as a service, their knowledge of legality, methods of termination and access points for abortion are low. The study followed a quantitative approach to review literature from online

sources, selecting peer-reviewed publications of either quantitative or qualitative nature that was related to abortion attitudes, knowledge or experience of adolescents aged 10 -19 from low and middle-income countries. The conclusions made from the study were that knowledge and attitudes towards abortion were related to age and experience and that different age groups of females have to be catered for according to their specific needs (Espinoza Cecilia, 2020). This study did not however investigate the sources of knowledge and attitudes towards abortion among the female adolescents.

A study conducted in Spain at the University of Oviedo among undergraduate students to assess their knowledge and attitudes about abortion showed that the attitudes towards abortion differed among students based on their sexual experience, religion and academic paths (David, 2017). This study was able to highlight how social factors such as religiosity, political affiliation and knowing someone who has experienced abortion have a direct impact on the kind of attitude that one has towards abortion. This study however did not specify whether the knowledge of abortion was its legality, its causes or its consequences but instead generalized the aspect of knowledge.

Vongxay and others conducted a study in Lao PDR, an Asian country in order to investigate awareness and attitudes towards abortion and associated factors among the adolescents in the country (Viengnakhone Vongxay, 2020). They articulated that adolescents are less likely to have unsafe abortion if they have accurate knowledge about abortion and hold positive attitudes towards abortion. The cross-sectional study that involved questionnaires and face to face interviews produced results that indicated only few of the participants had knowledge on abortion and substances that could induce abortion and most of those who were knowledgeable had a negative attitude towards abortion with the religious view that abortion is sin. The low knowledge on abortion was partly attributed to age because a wide range of participants were between the ages of 10-19. This study emphasized the need for increased information to be given to adolescents because they are at risk of getting wrong information from their peers and social media.

### **Regional Perspective**

In Africa, the issue of abortion starts when adolescents that are not well informed about their sexual and reproductive health end up with unwanted pregnancies from practicing unprotected sexual intercourse. Most of these adolescents resort to crude methods of pregnancy termination, some of them delay in seeking medical attention when and if there is a problem, and due to poor

quality of post abortion care, a significant proportion of these victims end up with complications that result in either disability or death in the worst case scenario.

Debela and others conducted a cross-sectional study in Arba Minch town in Ethiopia to assess the knowledge and attitude of women towards the legalization of abortion (Mekuria, 2018). They articulated that educational status, marital status and having knowledge about the legalization of abortion were statistically associated significantly to the kind of attitude they have towards abortion. The results of this study highlighted that even when safe, legal abortion services are available, women may seek unsafe abortion if they lack proper knowledge or correct information on safe abortion services. Attitude was also identified as a determinant in the decision one would take towards abortion.

### **Local Perspective**

In Zambia, despite universal knowledge of contraception there is still a significant number of teenage pregnancies being recorded. Most of these adolescents do not get as much necessary information on sexual reproductive health issues due to most parents not discussing such topics with their children because society finds it to be abominable. Adolescents end up receiving information which may be misleading from their peers (Munakampe, Zulu, & Michelo, 2018).

A systematic review by Munakampe and others on contraception and abortion knowledge, attitudes and practices among adolescents from low and middle income countries revealed that many adolescents do not receive enough information from trusted sources such as health workers, parents and teachers (Munakampe, Zulu, & Michelo, 2018). The study highlighted that young girls had fear to confide in their parents and instead would rather confide in their peers increasing the chances of making bad decisions. They articulated that girls who were more educated had better knowledge on contraception and were more likely to avoid unwanted pregnancy. The study however did not investigate whether educated girls would not seek unsafe abortion methods. Knowledge on the legality of abortion was not investigated among the study participants.

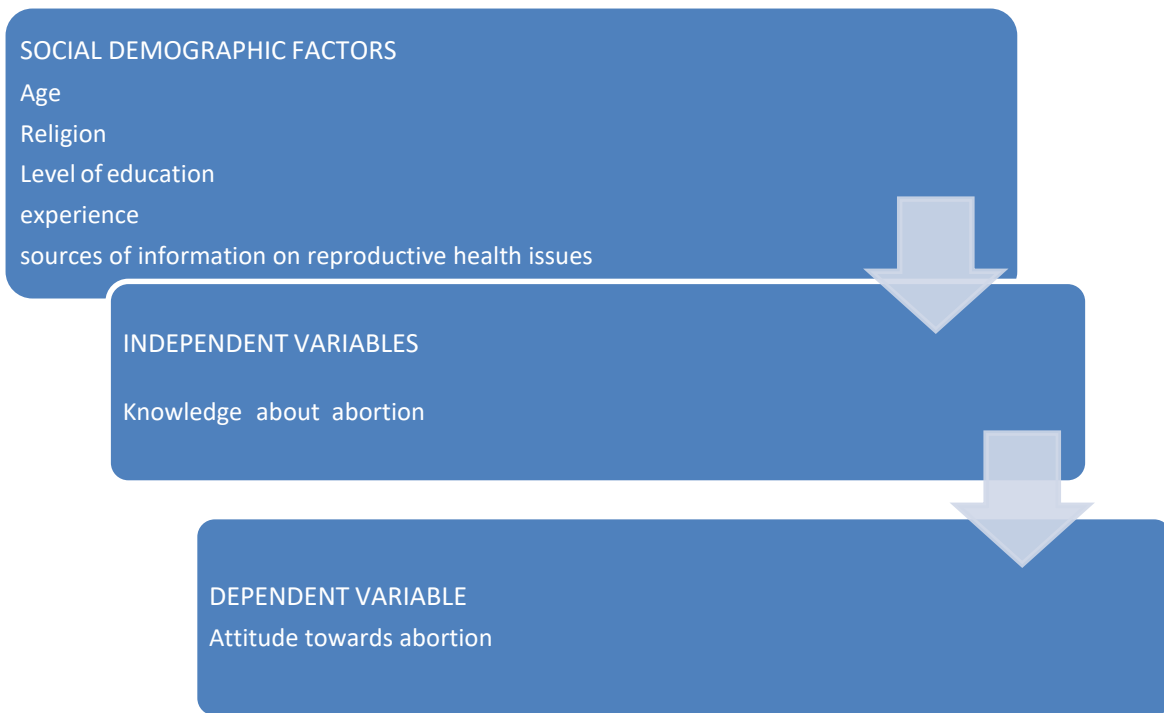
Bright Mukanga and others conducted a study using a mixed methods approach to assess the knowledge, attitudes and practices towards abortion among tertiary students in Kitwe (Bright Mukanga, 2020). This study produced results that indicated that adolescents had good

knowledge of abortion legality and complications and majority had negative attitude towards abortion with the main factor being the religious aspect of looking at abortion. It was articulated that the poor implementation of abortion policy and stigma from health workers prompted women to resort to unsafe abortion.

In conclusion, the literature review has shown that the kind of knowledge and attitudes that females have towards abortion determines the kind of decisions they would make about abortion. Factors affecting the knowledge and attitudes that females have towards abortion include age, religion, education, information from parents, peers, teachers, health workers and mass media. The main gaps identified in the review of literature include, identifying the main sources of information on abortion related issues for females and what kind of information or knowledge they have, investigating the awareness of abortion legality in Zambia and determining the attitudes of educated females towards seeking unsafe abortions which this study aims to fill.

## **2.1 Conceptual framework**

The conceptual framework shows factors associated with the knowledge and attitudes that females have towards abortion. The moderating variables heighten or diminish the relationship between the independent and dependent variables. In this case, the social demographic factors are some of the moderating variables that were identified after reviewing literature. These include; age, experience, religion, level of education and the source of information on sexual and reproductive issues. These variables will heighten or diminish the relationships between knowledge and abortion as well as attitude and abortion. These moderating variables can be linked with the knowledge and attitudes towards abortion which can be positive or negative. The knowledge one has towards abortion could come from different sources such as formal education, personal experience, media exposure religious and cultural beliefs as well as social networks. Attitude towards abortion are formed through the emotions and feelings that one has towards abortion and the beliefs and thoughts that are acquired from seeking information and discussing with others This should furthermore stipulate the explanation to why the knowledge and attitudes that females have can influence the choices they make about abortion.



*Figure 1: Conceptual framework*

## **CHAPTER THREE**

### **Introduction**

This section presents the methodology that will be used in this study. It explains how the data will be collected from study participants and how data will be analyzed.

### **3.1 Research Approach**

A qualitative study approach was used so as to gain deeper understanding and be able to assess the knowledge and attitudes that female students at university of Lusaka have on abortion and its legality and consequences.

### **3.2 Research Design**

In order to understand the phenomenon of unsafe induced abortions among females. A cross-sectional study design was used to carry out this research. This study design was helpful in describing, evaluating and understanding different aspects of the research problem in question from data collected from different study participants at a single point in time. This study design is inexpensive and allowed large amounts of data to be collected in a short amount of time.

### **3.3 Research Setting**

The research site was the University of Lusaka which is a private higher-education institution established in 2007. The university has three campuses all located in Lusaka Zambia. This study was conducted at the Leopards hill campus which is situated in Bauleni. Bauleni is a peri-urban area located east of Nyumba Yanga, and northeast of New Woodlands Extension. The Leopards hill campus was favorable due to its accessible location for the researcher to save time and costs. The UNILUS populace is made up of people from different socio-economic statuses and tribes, ethnicities and age groups who were able to provide useful information which is relevant to the study.

### **3.4 Study Population**

The study population was females who are students at the University of Lusaka. The study participants were those who 18 years old and above.

### **3.5 Sampling Procedures**

Purposive sampling was used to carry out this study so that detailed knowledge about the topic could be gained. The inclusion criteria were 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year full-time female students from the age of 18 and exclusion criteria was all 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year female students who were in distance and part-time and are below the age of 18 years. The rationale behind the inclusion criteria being that full-time students were more accessible as they are usually on campus site and students from different levels of study would be able to articulate things differently and provide a varied range of data on their experiences and the age range is suitable because those who are 18 years old and above are adults who are able to independently decide to participate in the study.

### **3.6 Sample size determination**

A sample size of 50 people with different characteristics was picked in order to ensure that explicit information was collected from the respondents and to manage the complexity of the analytic task (Creswell, 2018). The 50 participants were picked using convenience sampling and participants who fit the inclusion criteria were recruited as study participants.

### **3.7 Data Collection Methods**

Data was collected through in-depth semi-structured interviews to get information from study respondents. The interviews ensured that respondents gave answers to all questions asked and reduce incidences of incompleteness. An interview schedule with an exact list of questions was developed containing three sections namely, socio- demographic information of respondents, knowledge of respondents on abortion and attitudes of respondents towards abortion. Respondents were asked the questions by the researcher and their responses were written down by the researcher.

### **3.8 Data Analysis**

The data collected from using the interviews was organized into significant themes to reveal the essence of the data. The interview guide yielded qualitative responses which were analyzed using thematic analysis approach where each objective under study was described in relation to categories of responses given by respondents, thereafter conclusions were drawn according to the research objectives and questions with the aid of excel data sheets.

### **3.8 Ethical Considerations**

The research proposal was approved by the Research ethical committee of the University of Lusaka and the National Health Research Authority. While carrying out this study ethical principles were observed such autonomy in which informed consent was given to study participants to allow them to decide if they wanted to take part in the study and allowed them to withdraw from the study if they chose to with the help of a consent form. The information obtained from the participants such as their name was kept confidential as they were not required to provide their name to the researcher and no information was given to third parties without consent from the participants and the respondents were given assurance that all data collected was going to be used for academic purposes only.

## CHAPTER FOUR: PRESENTATION OF FINDINGS

### 4.0 Introduction

This section presents the findings of the study and responses provided by the participants to the research tool. The obtained data has been presented using frequency table. The presentation will focus on demographic characteristics and responses pertaining to the study's specific objectives

### 4.1 Social demographic information of respondents

*Table 1: Social Demographic information of respondents*

<b>Sex</b>	<b>Frequency</b>	<b>Percent (%)</b>
Female	50	100
Male	0	0

<b>Age</b>	<b>Frequency</b>	<b>Percent (%)</b>
21	3	6
22	10	20
23	14	28
24	19	38
25	4	8
Total	50	100

<b>Level of study</b>	<b>Frequency</b>	<b>Percent (%)</b>
Second year	10	20
Third year	18	36
Fourth	22	44
Total	50	100

<b>Marital status</b>	<b>Frequency</b>	<b>Percent (%)</b>
Single	50	100
Married	0	0

<b>Religion</b>	<b>Frequency</b>	<b>Percent (%)</b>
Christianity	48	96

All the respondents or study participants were female and the findings showed that 38% of the respondents were 24 years, 28% of the respondents were 23 years, 20% were 22 years, 8% were 25 years and 6% were 21 years old. This indicates that most of the respondents in this study were 24 years old and the mean age was found to be 21years old. The results indicated that all of the study respondents were single and 96% were Christians while 4% were of Islamic religion.

The results indicated that 20% of the respondents were in the second year of study, 36% were in their third year of study and 44% were in their fourth year of study, indicating that majority of the respondents were in the fourth year of study.

#### **4.1.1 Knowledge on safe and unsafe abortion**

This study aimed at determining the knowledge of female students on the consequences of unsafe abortion. To do this the respondents were first asked if they understood the difference between safe and unsafe abortion. Several of the participants (96%) were able to explain the difference correctly while a few respondents (4%) said there was no difference.

The 4% that did not know the difference were Christian second year students aged 21 years old. The other respondents of the study from second, third year and fourth year were able to correctly describe the difference between safe and unsafe abortion.

One respondent gave this view:

*“Safe abortion is the type of abortion procedure that is carried out by a health professional while unsafe abortion is carried out by someone who is not a trained health worker through unsafe methods.”*

One other respondent said that, *“There is no difference between the two because even if you have an abortion from a hospital you may still experience complications because abortion is too risky.”*

#### 4.1.2 Knowledge on causes for women seeking abortion

The first objective of the study was to determine the knowledge of female students at the university of Lusaka on the causes of abortion. To achieve this, the respondents were asked to describe some reasons why females seek abortion.

Several of the participants (26%) stated that women decide to abort when the pregnancy is unwanted, 12% of participants stated that females abort due to health reasons, 8% stated that females may choose to have an abortion because they are scared that motherhood may disturb their education. 8% of the respondents stated that lack of support from the father of the baby causes females to seek abortion. Fear of stigmatization from society for being pregnant before marriage was mentioned as a cause for abortion by 10% of the respondents while 14% of the respondents stated that females choose to have an abortion because they are afraid of how their parents will react to them being pregnant. 12% of the respondents stated lack of finances to care for a baby as the reason for abortion and 10% stated that sometimes women are convinced to abort by people close to them.

All the study respondents had some knowledge on the causes of abortion

. One respondent gave this view:

*“In cases where a pregnancy is as a result of sexual abuse, the female may decide to have an abortion because they are not mentally or emotionally prepared to have a baby in that circumstance.”*

Another respondent said that, *“Women abort because they don’t have the finances to take care of a baby.”*

While another respondent said, *“Some girls are scared that they will be looked at negatively and laughed at by the people around them for getting pregnant before they get married.”*

Other respondents gave the following responses:

*“Someone may be more scared of their parents’ reaction than the risks that come with abortion especially if their parents are very strict.”*

*“Most females who get pregnant while they are still in school may get abortion because they don’t want their education to be disturbed*

### **4.1.3 Consequences of unsafe abortion**

The study participants were then asked to mention the consequences of unsafe abortion that they knew and 30% participants mentioned incomplete abortion, 8% said infection, 10% mentioned severe bleeding (haemorrhage) and 20% stated that abortion can lead to infertility due to complications. 16% of the respondents said unsafe abortion can lead to death and 16% of the respondents said psychosocial problems were consequences of unsafe abortion.

Some of the responses given by the respondents were as follows:

*“If the abortion goes wrong some people have complications that lead to them not having children in the future”*

*“In some cases parts of the foetus may remain in the womb and cause complications”*

*“Sometimes people insert things in the uterus to abort the baby which may be contaminated and cause infections”*

*“It’s possible for someone to lose too much blood because of abortion which can kill them”*

*“Some complications of abortion can lead to death especially if the woman does to go the hospital to get treatment because of the complications”*

*“unsafe abortion can cause someone to have psychosocial problems such as feeling guilty or depressed because of the abortion and anxiety because they think other people will find out about it”*

### **4.2 Knowledge on legality of abortion in Zambia**

The second specific objective of this study was to determine the knowledge of the female students at UNILUS on the legality of abortion in Zambia. To answer this question, the respondents were asked if they had heard about abortion laws in Zambia. Several participants (60%) said they had heard of abortion laws while 40% of the participants said they had not heard of abortion laws in Zambia.

The most common source of knowledge on abortion law was identified as personal research on the internet by 50%(15) of the of the participants while 33%(10) of the participants said their source of knowledge was school and 17%(5) of the participants said they acquired the knowledge from discussions with friends.

The study participants who said they had heard about abortion laws said that abortion was legal in Zambia under certain circumstances.

One participant said:

*“I read that abortion is legal in Zambia but it can only be done by a doctor and two other doctors have to co-sign the decision.”*

Another participant said that

*“Although abortion is legal in Zambia, there are too many conditions attached to it.”*

The study participants who said that abortion is legal in Zambia were asked what circumstances allowed abortion in Zambia. Several respondents (50%) said that abortion is allowed if the pregnancy endangers the life of the mother or if the pregnancy is a result of rape or incest. 17% said abortion is allowed if the risk of foetal abnormality is detected during pregnancy and 33% participants stated that abortion is allowed if the pregnancy may cause social/economic hardships to the mother.

Second year students proved to lack good knowledge on the legality of abortion as the second year participants thought abortion is illegal in Zambia while 28% of the third did not know the legal status of abortion in Zambia. The fourth year participants had good knowledge on the legality of abortion with only 23% not being aware of the legality of abortion in Zambia.

### **4.3 Attitudes towards abortion**

This study also aimed at determining the attitudes of female students at UNILUS have towards abortion. As such some of the questions that were asked were whether the respondent thinks abortion should be legal and whether the respondent thinks the topic of abortion should be discussed more with young people.

The results revealed that the prevalent feeling among the respondents was that abortion should be legal with 76% of the respondents stating that abortion should be legal and only 24% of participants that stated that abortion should not be legal. 26% of the respondents stated that abortion should be a free choice given to females while 50% stated that legal abortion would reduce cases of unsafe abortion.

One of the respondents said, *“Abortion should be legalised because women should be free to decide whether they want to keep a pregnancy or not”*

Other respondents said, *“Abortion should just be legal because it will stop people from doing it secretly and risking their lives”*

*“I think legal abortion will help young women avoid the use of traditional medicines to abort or buying pills from various sources which is dangerous.”*

The common themes that emerged from the responses given by the study participants regarding why abortion should not be legal were religion and morality.

#### **4.3.1 Religion**

The data showed that the rejection of abortion may be related to the religious culture that believes that to have an abortion is the same as ending a life which is murder. 20% of the participants who said abortion should be illegal gave reasons based on religion. One participant gave this view:

*“I think abortion is the same as murder so it should not be allowed because that is taking away a life created by God”*

Another respondent said, *“According to my religion, abortion is unacceptable”*

While another respondent said, *“Abortion is murder and is a sin before the eyes of God.”*

Out of the study participants, 4% who were those of Islamic religion said abortion should not be legal because it is a sinful act while the 16% were Christians.

#### **4.3.2 Morality**

The data also showed that abortion is not supported because abortion is believed to go against morals and cultural norms of society and may promote promiscuity. Out of the study participants, 4% said abortion should not be legal because it was the moral and cultural norms of Zambian society. One participant stated that,

*“I think legalizing abortion may bring about a lot of carelessness and recklessness among young people if they know that they can easily access abortion and they will not be afraid of indulging in unprotected sex”*

Another participant said, *“Legalizing abortion will be going against traditional values and norms of society”*

Out of the study participants, 86% stated that they thought abortion as a topic should be discussed more with young people in order for them to have knowledge on the consequences that come with unsafe abortion. The other 14% of the study participants One the study participants articulated that:

*“Some people abort due to lack of understanding and don’t know how to deal with the stress and consequences that come with it, Wider dissemination about abortion can lead to people understanding and handling the situation better”*

## **CHAPTER FIVE: DISCUSSION**

### **5.0 Introduction**

This section will discuss the findings of the study and answer each specific objective in relation to the literature review and other supporting literature.

### **5.1 Knowledge on the causes of abortion and consequences of unsafe abortion**

The interviews revealed that respondents had good knowledge on the various reasons or causes that lead to females seeking abortions.

#### **5.1.1 Causes**

The different causes or reasons for women seeking abortion were grouped into two themes, namely intrapersonal reasons and interpersonal reasons. The method of assigning themes was

adopted from an exploratory qualitative study that was conducted in Mozambique (Federico, Arnaldo, Capurchande, Decat, & Michielson, 2022)

### 1. Intrapersonal causes

Intrapersonal reasons are those reasons that come from the individual's mind or through someone communicating with their inner self. The decision to have an abortion may be because the pregnancy has come too early and one is not ready for motherhood. It may be because the adolescent female lacks the financial capability to care for the baby or because one believes pregnancy or motherhood will disturb their education. Females may also decide to abort a pregnancy to protect their physical, mental or emotional health.

The most prominent response given by a large number of respondents is that females choose to terminate pregnancies when the pregnancy is unwanted due to different reasons such as the pregnancy was not planned or the pregnancy being a result of sexual abuse making it unwanted. This is an example of an intrapersonal cause because it is a cause for abortion that arises from making a decision after communicating with the inner self. Another intrapersonal cause is lack of finances where a female decides to have an abortion because she believes she cannot afford to care for the child. The other reasons were fear of parents' reaction, lack of support from the father of the baby and fear of criticism from society for being pregnant before marriage which were classified as interpersonal reasons because they are based on relations and communications with other people.

### 2. Interpersonal reasons

The second theme that was created based on the information from the respondents was interpersonal reasons. Interpersonal relates to relationships or communications between people and the under this theme, Participants mentioned that some adolescent females are advised by their friends or peers to have an abortion, others are convinced by their boyfriends especially if they don't want to take responsibility for the pregnancy. Another interpersonal reason that was mentioned is the fear of being criticised by members of society for being pregnant before marriage. Most participants agreed that young adolescents decide to have an abortion out of fear of how their parents will react.

#### **5.1.2 Consequences of unsafe abortion**

The study participants were all able to list some complications that can arise from unsafe abortion such as incomplete abortion, where there is only partial loss of the products of

conception which can lead to moderate or severe vaginal bleeding (Redinger & Nguyen, 2023). The other consequences that were mentioned by the Participants were infection, severe bleeding, infertility and death. These results are similar to the findings from a study that was carried out to evaluate the morbidity and mortality burden of unsafe abortion before the covid-19 pandemic which found that the predominant complications of unsafe abortion included retained product of conception, haemorrhagic shock, sepsis and maternal death (Obidina et al., 2023). A few indicated that there are some psychosocial problems that can arise from unsafe abortion such as the feeling of guilt, depression and anxiety. The results showed that the study participants have good knowledge on the consequences of unsafe abortion. The good knowledge on abortion causes and consequences may be attributed to the age and education level of the participants as it was established in the formulation of the conceptual framework that age and level of education can influence the knowledge that one has on abortion.

## **5.2 Knowledge on the legality of abortion**

The study respondents were asked some questions on their knowledge of the legality of abortion and 60% of the participants said they have heard about abortion laws in Zambia and they said that according to the constitution, abortion is legalized in Zambia while 40% of the participants said they had not heard about abortion laws and that abortion is not legalized in Zambia. These results are similar to a study by Cresswell et al. that concluded that very few females in Zambia know about the legality of abortion in Zambia (Cresswell & al., 2016).

The study was able to achieve the objective of determining the knowledge of female students on the causes of abortion and the consequences of unsafe abortion and went further to investigate the knowledge of the participants on the legality of abortion which was not investigated in the study that was conducted by Munakampe, Zulu and Michelo on contraception and abortion knowledge, attitudes and practices of adolescents in low and middle-income countries which was reviewed in the literature review (Munakampe, Zulu, & Michelo, 2018)

The conceptual framework outlined that some social demographic factors influence the knowledge that one has on abortion. The conceptual framework also highlighted that age, level of education, sources of information on sexual reproductive information which could be media exposure, social networks or formal education can determine the knowledge one has on abortion. The study results showed that the participants were adults who have received formal education, have media exposure and discuss sexual reproductive issues with their friends. These

factors may be related to the good knowledge that they had on abortion in terms of causes, consequences and legality.

### **5.3 Attitudes towards Abortion**

Establishing the attitudes that female students at UNILUS have towards abortion was one of specific objectives and respondents were asked whether they think abortion should be legal and 38 respondents said it should be legal while 12 participants said abortion should be illegal.

#### **5.3.1 Religion**

The results indicate that majority (76%) of the respondents have a positive attitude towards abortion while 24% have a negative attitude towards abortion. The negative attitude is largely associated with the religious view that abortion is a sin. A study by Viengkhone Vongxay found that religiosity has a direct impact on the attitude one has towards abortion. (Viengkhone Vongxay, 2020). This is also in line with what was put in the conceptual framework that religion plays a role in the kind of attitude one has towards abortion.

#### **5.3.2 Morality**

Another major theme that was established in the study was morality. Abortion was viewed as an immoral act and as an act that can promote promiscuity making it difficult to accept in a country where most people are conservative in their thinking. This is similar to findings by Mark Brown who argued that abortion is immoral and deprives a human being of life (Brown, 2000).

The results showed that some people did not just think of abortion as a simple issue, instead it is regarded to be a little more complex and they stated that abortion should only be allowed under circumstances such as rape where the victim falls pregnant and does not want to keep the baby, then she should be supported to have an abortion.

The results of the study show that majority of the study participants think abortion should be legal. The results also show that majority of the study participants would encourage or promote the discussions of abortion in order to educate young people. This implies that most of the study respondents had a positive attitude towards abortion may be in line with the conclusion made in similar study that younger females who are single have a more positive attitude towards abortion than older females who are married (Cresswell & al., 2016).

### **5.3 Limitations of the study**

There may be some possible limitations in this study

1. It is very complex to measure knowledge and attitudes in a qualitative study and results. Using a mixed methods approach would balance the limitations from a qualitative and quantitative study.
2. It is possible for some respondents to have lied about their view on abortion to fit in with existing social norms that are against abortion and it is possible that some of the respondents may have been influenced to make more conservative responses through social desirability bias. Designing a method of data collection where respondents can respond to questions on their own may prompt them to be more honest.
3. Most of the study participants were busy with their personal activities and could only spare very little time in the interview which prolonged the data collection period.
4. The results of this study cannot be generalized to the other UNILUS campuses because it was only conducted at one campus. Future studies that may be similar to this one should include all three UNILUS campuses.

## **CHAPTER SIX**

### **6.1 Introduction**

This chapter will present the conclusions and recommendations of the study. The conclusion will be in line with the study objectives.

### **6.2 Conclusion**

The study was aimed at assessing the knowledge and attitudes associated with abortion among female students at the university of Lusaka which was done by determining the knowledge that female students have on the causes of abortion and the consequences of unsafe abortion. The aim of this study was also achieved by establishing the knowledge of female students on the

legality of abortion in Zambia and determining the attitudes that female students have towards abortion.

The findings of the study show that female students at the University of Lusaka have good knowledge on the causes of abortion and the consequences of unsafe abortion. Findings on the knowledge of the legal status of abortion show that most females at the University of Lusaka know that abortion is legal under certain circumstances. The findings from this study show that female students at UNILUS have a positive attitude towards safe abortion.

### **6.3 Recommendations**

1. The most prominent reason for abortion is unwanted or unplanned pregnancy, so the best way to curb unsafe abortion is by preventing unwanted pregnancy first and foremost. This would entail providing information and widespread access to a wide range of effective contraceptive methods to people of reproductive age who need them. Females should have easy access to comprehensive abortion care from health facilities especially in rural areas.
2. Policy makers need to strengthen interventions that allow women and girls to make good reproductive choices by addressing legal and policy barriers to comprehensive abortion care services in Zambia so that legality of abortion is not just on paper but is a reality.
3. Health educators should provide information on the legality of abortion in Zambia to prevent unsafe abortions due to ignorance from females.
4. Health professionals should be educated not to display a judgmental attitude towards adolescents who go to seek reproductive health services such as seeking counselling and emergency contraception.

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**APPENDICES**

**APPENDIX 1: Information sheet and Consent form**

UNIVERSITY OF LUSAKA

SCHOOL OF MEDICINE HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

LUSAKA, ZAMBIA.

Dear Participant,

My Name is Temwa Nambeye, a 4th-year student at the University of Lusaka, Department of Public Health. I am conducting a research on “Assessment of knowledge, attitudes and practices towards abortion among female students at the University of Lusaka”.

I kindly request approval for your participation in the above-mentioned study.

**VOLUNTARY PARTICIPATION**

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

**CONSENT**

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX 2: Data Collection Tool**

### **PART A: Socio- demographic characteristics of respondents**

1. How old are you?
2. What is your marital status?
3. What is your religion?
4. What kind of residential area do you live in?
5. What is your year of study?

### **PART B: Knowledge on causes and consequences of abortion**

6. What is an abortion?
7. Do you think there is a difference between safe and unsafe abortion? If yes, describe the difference
8. Why do you think females seek abortion?
9. Where do you think women go to seek abortion?
10. What are some of the consequences of unsafe abortion that you know?

### **PART C: Knowledge on the legality of abortion**

11. Have you heard about abortion laws in Zambia?
12. If yes, describe what you know about the laws regarding abortion in Zambia
13. If yes, what are your sources of information on abortion legalization
14. Under what circumstances do you think abortion is legalized in Zambia?

### **PART C: Attitudes towards Abortion**

15. Do you think abortion should be legalized?
16. . Give your reason for your response to question 16

17. Do you think the topic of abortion should be discussed more with young people?
18. Give your reason for your response to question 18

### Appendix 3: Work Plan

Gantt Chart						
List of activities	Carried out by	January	February	March	April	May
Preparation and collection of data	Researcher					
Data entry and cleaning	Researcher					
Data analysis and write Up	Researcher					
Submission of Dissertation	Researcher					

### Appendix 4: Budget

1	Stationery and Supplies	K500
2	Transport	K200
3	Internet Connectivity	K200
4	Food	K100
5	Ethical Approval	K500
6	Total	K1500

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**NATIONAL HEALTH RESEARCH AUTHORITY**



**Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box  
30075, LUSAKA**

Tell: +260211 250309 | Email: [znhrasec@nhra.org.zm](mailto:znhrasec@nhra.org.zm) |  
[www.nhra.org.zm](http://www.nhra.org.zm)

**Ref No: NHRA0009/12/05/2023**

**Date: 12<sup>th</sup>**

**May 2023**

The Principal  
Investigator, Ms  
Temwa Nambeye,  
UNIVERSITY OF  
LUSAKA  
**Lusaka,  
Zambia.**

Dear Ms  
Nambeye

**Re: Request for Authority to Conduct Research**

The National Health Research Authority Is in Receipt of Your Request for Ethical

Clearance and Authority to Conduct Research Titled “**Assessing the Knowledge and Attitudes Associated with Abortion Among Female Students at The University of Lusaka.**”

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours faithfully,

**NATIONAL HEALTH RESEARCH AUTHORITY**



Ms. Sandra Chilengi-Sakala,

**ACTING DIRECTOR/CHIEF EXECUTIVE OFFICER**

**SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS HILL  
CAMPUS**

Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711,  
Lusaka.

Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,

E-mail:unilus@zamnet.zm,ictar@zamnet.zm

<p><b>SCHOOL OF MEDICINE AND HEALTH SCIENCES RESEARCH ETHICS COMMITTEE</b></p>
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Ref no: IORG0010092-2023/070

Date: 15<sup>th</sup> DECEMBER, 2022

TEMWA NAMBEYE - BSPH19217019

**Re: RESEARCH TITLE: ASSESSING THE KNOWLEDGE AND ATTITUDES  
ASSOCIATED TO ABORTION AMONG FEMALE STUDENTS AT THE  
UNIVERSITY OF LUSAKA**

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS Research ethics committee
2. Approval from the Lusaka District health Management or equivalent health authorities should be sought.
3. The study tools should be added.
4. An informed consent form should be attached and filled by all study participants (If dealing with primary data)
5. The risks and benefits should be included in the consent form.
6. Ensure before commencement that approval is sought from ZNHRA

Congratulations and the committee wishes you success in your work.



Prof

Kasonde

Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist

Executive Dean

University of Lusaka and University Teaching Hospital School of Medicine and Health Sciences.

**SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS  
HILL CAMPUS**

Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.

Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,

E-mail:unilus@zamnet.zm,ictar@zamnet.zm

Date: 15<sup>th</sup> DECEMBER, 2022

.....  
.....  
.....

**PERMISSION FOR TEMWA NAMBEYE - BSPH19217019 TO CONDUCT A  
RESEARCH STUDY AT YOUR FACILITY/ INSTITUTION/ORGANIZATION**

Reference is made to the above subject matter

The University of Lusaka, School of Medicine and Health Sciences here by requests for permission for **TEMWA NAMBEYE** Public Health Student to conduct research at your facility/ institution/ organization, entitled; **ASSESSING THE KNOWLEDGE AND ATTITUDES ASSOCIATED TO ABORTION AMONG FEMALE STUDENTS AT THE UNIVERSITY OF LUSAKA**. The research is in partial fulfillment of the requirements for the degree of Bachelor of Science Public Health. This is purely for academic purposes and information gained in such a way will not be used in the public domain without prior authorization from the institutions/ organizations involved.

The research topic has been cleared by the University of Lusaka, School of Medicine and Health Sciences Research Ethics Committee as per the attached copy. Data collection is expected to be done from **1<sup>st</sup> January, 2023 to 31<sup>st</sup> March, 2023**.

The University of Lusaka avails itself of this opportunity to review to your office the assurances of

