

SOCIAL SCIENCE RESEARCH

Gynuity designs and conducts research to inform and guide provision of reproductive and maternal health services. Our research in this area takes place both separate from and in conjunction with clinical research and the introduction of new reproductive technologies into health services. We also design research to help policymakers, program managers, and health service administrators understand factors that inhibit access to adequate, affordable reproductive health services, especially for vulnerable populations.

Research to Improve Abortion Services

Where access to abortion is limited, complications of unsafe abortions are major contributors to maternal mortality. In other places, women's options may be limited by health providers' unwillingness to address the issue as well as by a lack of proper training and resources. It is important to understand the extent to which health provider perceptions and experiences shape services available to women in various settings. A few highlights of research in this area are described below.

- **Armenia - Expanding Access to Medical Abortion and Vacuum Aspiration.** In collaboration with the Women's Rights Center based in Yerevan, Gynuity is working to improve access to both medical abortion and vacuum aspiration services. KAP surveys were conducted in 2007 with 400 women and 100 providers in 3 urban cities. Findings from these surveys will guide advocacy and information, education and communication (IEC) activities, as well as inform the clinical research component of the project.
- **Latin America and the Caribbean (LAC) – Knowledge, Attitudes and Practices of Reproductive Health Care Providers in Restrictive Legal Settings.** At the request of the International Planned Parenthood Federation/Western Hemisphere Region, Gynuity implemented a large-scale KAP survey with member associations from 2003-2006. Nearly 4,500 providers, staff and volunteers in 22 LAC countries participated in the research. The findings are intended to guide regional strategic planning for improving future interventions, including advocacy, IEC, training and other service-related activities.
- **Vietnam – Provider Knowledge and Perceptions of Abortion Methods.** In 2006, Gynuity collaborated with the Vietnam Family Planning Association (VINAFFPA) to develop a KAP survey completed by 900 nurses and doctors at 45 branch clinics throughout the country. This self-administered survey captures data on current surgical and medical abortion practices as well as providers' knowledge and perceptions of these methods to help shape future trainings and guidelines.

Research to Inform Other Reproductive Health Services

Assessing Provider and Policymakers' Knowledge and Attitudes towards Misoprostol for PPH
Complementary to ongoing clinical research conducted by Gynuity and colleagues on post-partum hemorrhage, qualitative research was conducted by Family Care International in collaboration with Gynuity in three project countries (Ecuador, Pakistan, and Vietnam) to assess health providers' and policymakers' knowledge and attitudes towards use of misoprostol for PPH. Results of qualitative interviews indicate that even policymakers with direct responsibility for maternal/ reproductive health have limited knowledge about misoprostol's role in gynecology and obstetrics and are generally unaware of its potential for prevention and/or treatment of PPH. However, almost all health providers interviewed were aware of misoprostol's reproductive health indications, though knowledge of its role in PPH is generally limited to ob/gyns.

Research to Understand Attitudes and Behaviors

Demystifying the Phenomenon of Self-induced Abortion with Misoprostol in the U.S.

Service providers, community-based organizations and women's health and rights advocates in the U.S. have become increasingly aware of the use of misoprostol to self-induce abortion. While little research exists about this practice, anecdotal reports suggest that immigrant and U.S.-born Latinas and other marginalized communities are using misoprostol in this way. In several recent cases, serious legal charges were brought against women who self-induced their abortions. Gynuity is part of a multidisciplinary research and education initiative formed with the Abortion Access Project, Ibis Reproductive Health and the National Latina Institute for Reproductive Health to examine this issue.

Gynuity is collaborating with Ibis Reproductive Health on a research project to understand better the phenomenon of abortion self-induction in three U.S. cities with large immigrant populations: the San Francisco Bay Area, Boston and New York. Women attending primary care clinic services in each city will be recruited to participate in a survey in which we will measure the prevalence of attempted self-induction and the agents used, and assess knowledge about self-induction and about abortion laws and services. In-depth interviews will be conducted with a smaller group of women that report personal experience with misoprostol. Our goals are to understand better and address the needs of Latina immigrants and prepare providers and advocates to respond.

A Qualitative Study of Women's Experience with Medical Abortion in Tunisia

Mifepristone-misoprostol abortion was approved in Tunisia in 2001. Where offered, it is selected by 60% of women seeking abortions. To assess women's satisfaction, ways to improve service delivery and acceptable provision of post-abortion contraception, Gynuity and local colleagues conducted a qualitative study of married and unmarried women who opted for medical abortion in four public family planning clinics. Findings offer great insight into women's appreciation of the method for its discreet, natural almost "maktub" or fate-like nature, which is important in the predominantly Muslim Tunisian context. For unmarried women and providers, the method's ability to preserve what is defined as "virginity" by avoiding invasive surgery was tremendously important and the reason it was commonly used by young women. Results also highlighted some quality of care issues, including provider misconceptions about medical abortion, barriers to quality counseling and confidentiality and lack of use of post-abortion contraception.

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