

Objectives: An evaluation of Zambian pharmacists who participated in training sessions on knowledge, referrals and values clarification on medication abortion (MA) was used to document the efficacy of the intervention within a model of harm reduction to prevent unsafe abortion.

Methods: Fifty-five of 80 trained pharmacists completed anonymous surveys in 2010; 53 pharmacists were interviewed 1 year later to measure the retention and effectiveness of the intervention. Unlinked questionnaires were analyzed for changes over time.

Results: Questions were categorized into the three harm-reduction principles: neutrality, humanism and pragmatism. The principle of neutrality, refraining from judgment, was demonstrated with results showing improved attitudes, willingness to share information about abortion and a decreased likelihood of providing misinformation. The principle of humanism was measured by changes in abortion referrals. Finally, pragmatism, the view that women will engage in unsafe abortion and that eradication is likely impossible, led some pharmacists to become direct providers of medication.

The percentage of pharmacists dispensing ineffective drugs decreased from 30% to 25%; $p < 0.001$. Conversely, stocking of misoprostol (NS), referral to an abortion-providing facility ($p = .02$), giving information about pregnancy termination (NS) and the sale of MA drugs to clients (0.02) all increased from baseline to endline.

Conclusions: A follow-up survey provided an opportunity to examine effectiveness and retention. Studying these results in a harm-reduction framework contributes further evidence to promote this work in its relationship to the prevention of unsafe abortion.

P10

A LONG-TERM EVALUATION OF A REQUIRED REPRODUCTIVE HEALTH TRAINING ROTATION WITH OPT-OUT PROVISIONS FOR FAMILY MEDICINE RESIDENTS

Goodman S

UC San Francisco, Department of Family and Community Medicine, San Francisco, CA, USA

Shih G, Hawkins M, Feierabend S, Lossy P, Waxman N, Gold M, Dehlendorf C

Objectives: Family physicians are critical to reproductive health care provision. Previous studies have evaluated the immediate impact of training family physicians in abortion but have not conducted long-term follow-up of those trained.

Methods: All 2003–2008 graduates from four family medicine residency programs with a required opt-out abortion training rotation were asked to complete a confidential online follow-up survey, later linked to rotation evaluations. Surveys addressed current reproductive health practice, desired services in ideal practice, perceived barriers and desired support.

Results: Of 183 eligible graduates, 173 had contact information, and 116 completed the survey. The majority had provided a range of reproductive health services since residency. Many full participants had performed intrauterine device insertions (72%), endometrial biopsies (55%), miscarriage management (52%) and abortions (27%), compared with 39%, 22%, 17% and 0% of opt-out training participants, respectively. Of residents intending future abortion provision, 40% had done so. In multivariate analysis among full participants, procedural volume was correlated with future abortion provision after intention to provide, gender and residency program were controlled (adjusted OR 1.42, 95% CI 1.03–1.94; $p = .03$). While most considered comprehensive reproductive services as important to include in their ideal practice, many faced barriers to providing the services they desired.

Conclusions: The proportion of family medicine graduates who reported provision of most reproductive health services was greater among those who had fully participated in abortion training than among those who had not. Many intending to provide abortions reported a variety of barriers to provision. Training programs that provide assistance to overcome obstacles to practice may improve provision among graduates.

P11

POST-ABORTION COUNSELING AND CONTRACEPTIVE CHOICES IN NEPAL

Rocca C

University of California, San Francisco, Bixby Center for Global Reproductive Health, San Francisco, CA, USA

Puri M, Harper C, Blum M, Lamichhane P, Henderson J

Objectives: Abortion has been legal in Nepal since 2002. Research on post-abortion contraceptive counseling and method adoption is needed to inform efforts to improve reproductive health services.

Methods: We examined contraceptive counseling and choices through in-person interviews with 838 women, aged 16–35, obtaining abortion at four clinics in 2011 (77% participation). We used multivariable regression models to assess factors associated with receipt of counseling on effective contraceptives and method uptake, by parity.

Results: More than half (55%) of participants had two or more children, and a majority (59%) wanted no more children. Overall, 58% received counseling on an effective method. In multivariable analyses, odds of receiving counseling did not differ by parity or pregnancy intentions but varied significantly by clinic, and women not living with a husband were less likely to receive counseling. Most women (62%) selected a method: the injectable (31%), the pill (15%), intrauterine devices (6%), the implant (4%) and sterilization (6%). Counseling was strongly associated with selecting an effective method among women with 0–1 children; younger age and living with their husband were significant among women with children. Only 25% of nulliparous women selected an effective method. Among women choosing no method (23%), the husband being away and infrequent sex were the most common reasons.

Conclusions: Improvements in post-abortion contraceptive counseling and provision are needed. Variations in practices across sites call for targeted clinic-based interventions. Efforts to increase method adoption among low-parity women also are needed. Finally, post-abortion counseling may need to address potential cultural barriers to selecting contraceptives for women whose husband is away.

P12

PROVISION OF POST-ABORTION CONTRACEPTION IN UTTAR PRADESH, INDIA

Andersen K

Ipas, Chapel Hill, NC, USA

Banerjee S, Manning V

Objectives: The purpose of this study was to identify characteristics, practices, barriers and incentives related to the provision of post-abortion family planning (PAFP) services in approved and unapproved abortion facilities in Uttar Pradesh, India.

Methods: A structured facility assessment tool was administered in 13 abortion facilities (5 district hospitals, 8 private clinics, 2 NGO clinics, and 10 informal/illegal clinics) in five cities. Semi-structured guides were used to conduct in-depth interviews with 28 providers, and exit interviews were conducted with six women who received abortion services.

Results: Private clinics and NGOs primarily served women from urban regions, while district hospitals served rural regions. NGO clinics and one district hospital had established effective pathways to the provision of PAFP services. Barriers to the provision of PAFP services included lack of accountability and financial incentives, biases in contraceptive choices and misunderstanding regarding the risks of immediate post-abortion contraception. Women seemed willing to accept PAFP services if a greater choice of methods was offered immediately after abortion and in the same location.