Under the Eastern and Southern African (ESA) Ministerial Commitments to which Zambia is signatory, all adolescents and young people require safe, effective, acceptable and affordable access to a range of commodities and services, regardless of gender. These services include but are not limited to condoms, contraception, vaccinations, pregnancy prevention, ante-natal care, safe delivery and post-partum care, diagnostic testing, treatment and care for STIs including HIV, safe abortion (where legal), post-abortion care and treatment, care and support in response to sexual violence.
LIST OF ACRONYMS

ACKNOWLEDGEMENTS 1
EXECUTIVE SUMMARY 2
ABOUT THE NATIONAL ALLIANCE 3
RESEARCH METHODOLOGY 4
FINDINGS 5
METHODS 6
BARRIERS 7
YOUNG PEOPLE’S OPINIONS ON LEGAL AND SAFE ABORTION 8
RECOMMENDATION BASED ON THE RESEARCH FINDINGS 9

LIST OF ACRONYMS

AIDS Acquired Immune Deficiency Syndrome
CSE Comprehensive Sexuality Education
ESA Eastern and Southern Africa
HPCZ Health Professions Council of Zambia
NGOs Non-Governmental Organizations
PAC Post Abortion Care
PTA Parents Teachers Association
SPSS Statistical Package for Social Sciences
YP Young People
YWCA Young Women Christian Association
ZAMRA Zambia Medicines Regulatory Authority
RESTLESS DEVELOPMENT gladly expresses gratitude for the assistance and support of the following individuals and partners who have contributed to the Youth Led Research assessment of legal and safe abortion in Zambia. Amplify Change: Special thanks go to Amplify Change for their subsequent grant support which made this study possible.

Stakeholders: Staff from all the participating Civil Society Organizations under the National Alliance committed to building momentum and inspiring action on youth priorities in national post-2015 frameworks and AIDS responses.

Youth Advisors: We are grateful to you all for your relentless contribution to the success of this assessment through committing your time and experience to this cause that responds to the needs of young people. You are a great resource and your meaningful engagement with young people in various communities to collect data for the research, will go a long way in building momentum and inspiring action on youth priorities in national post-2015 frameworks and AIDS responses.

EXECUTIVE SUMMARY

Zambia has one of the most liberal laws on abortion in Sub-Saharan Africa. The Termination of Pregnancy Act of 1972 legalizes provision of safe and legal abortions in Zambia. The Government of the Republic of Zambia has also put in place Standards and Guidelines for Comprehensive Abortion Care in Zambia. On the other hand, the Penal Code clearly states the circumstances through which abortion may be criminalized in the case of illegal practices.

Government further provides regulations and guidelines for the supplies of essential lifesaving medicines such as misoprostol in public and private health facilities through the Zambia Standard Treatment Guidelines. Through the various health regulatory bodies such as the Health Professions Council of Zambia (HPCZ) and the Zambia Medicines Regulatory Authority (ZAMRA), Government has also provided a conducive environment for private sector participation in maternal health interventions including safe and legal abortions. Despite having a liberal law on abortions, implementation challenges pose as a huge barrier to access of abortion services by adolescents and young people.

Restless Development on behalf of the National Alliance on Monitoring ESA undertook a Youth-Led Research to assess legal and safe abortion services in Zambia. Led by the alliances Youth Advisors, the exercise was meant to look at the gaps and opportunities in Zambias national response to the Eastern and Southern Africa (ESA) Ministerial Commitments. The research focused on the Legal and Safe abortion and the national strategies in place meant to aid mitigation.

To have a deeper understanding of the research topic, we used our Youth-Led Research Methodology. Youth Advisors from within the National alliance on Monitoring the Implementation of ESA communities were recruited and trained in Research. After their capacity being built, the Youth Advisors with close supervision from staff led the process of data collection tools development, data collection and analysis of the findings. At Restless Development, we are committed to facilitating young people to conduct research on the issues that matter to them. Much of professional and academic research provides rich and rigorous insight into youth issues but can miss key dimensions in how young people experience and respond to these contexts. This gap in understanding comes when young people are not meaningfully engaged in the process of investigating the issues that affect them.

Our methodology empowers young people to drive the inquiry process, where they are uniquely able to capture the perspectives of young people like themselves. We believe that young people can and should provide vital voices and evidence-based recommendations in on-going discussions on youth-issues. Our youth led research methodology is unique because each step has a clearly defined role for both staff and young researchers, designed to maximize young people’s leadership, supported by the technical expertise of staff. The 6 step methodology builds the capacity of young people to design the needed questions, collect data, analyse the collected data and catalyse discussion and action on the findings.
This assessment was conducted in 3 phases using a mixed methods approach: Phase 1, employed a survey to assess young people’s knowledge levels on legal and safe abortion. Phase 2, used focus group discussions with young people to ascertain young people’s perceptions and views on legal and safe abortion. Phase 3, used interviews with young people that have abortion experience.

From the assessment, we learned that young people resort to abortion for various reasons. Some young people will abort due to economic reasons, young people who come from not so well to do families will often think of abortion as they feel it will be costly and a burden for the family to look after the baby if left to be born.

We also learnt that young people will resort to abortion due to educational, social and health issues. Socially, the shame that comes with unplanned pregnancy both on the young person and the family is likely to entice a young person to think of abortion. As a result of indulgence in sexual activities resulting in unplanned pregnancies, young people will engage in abortion for fear of the pregnancy affecting their education. We also learnt that young people will resort to abortion due to lack of support or rejection of the pregnancy by the man responsible. This situation is likely to be compounded by rejection or disapproval of the pregnancy by the family.

In terms of methods-abortion services, we learned that slightly more young people are aware of legal and safe abortion access points, we further learnt that age has an influence on the knowledge of legal and safe abortion access points in the communities. Older young people are more likely to know where one can access legal and safe abortion services within their communities.

Despite there being slightly more young people that are likely to be aware of legal and safe abortion access points in the communities, access to the services still remains low. We learned that they are several traditional/home based methods against legal and safe abortion. This means that young people have a wide range of traditional/homebased methods options to choose from within the communities and limited legal and safe abortion service options.

However, we learned that young people would seek post abortion care services once they develop complications from the use of traditional or home based methods. While others will be treated and cured, others develop long-term effects such as loss of ability to give birth while others will lose their lives, as it will be too late by the time PAC services are sought.

The assessment revealed a vast array of traditional/home based methods and options at young people’s disposal. Among these methods include; drinking of unrelated medicines mixed with either soft or energy drinks. We also learnt that young people are misusing pills either procured from the chemists or got from the clinics under false pretense. Young people will visit the chemist or clinics to buy or collect medicine for other ailments such as headaches but use the pills to induce abortion.

We learned that they are several barriers that prevent young people from accessing legal and safe abortion services. In the survey, young people expressed that lack of information on legal and safe abortion is a barrier to their access of the services; we also learnt that young people do not know where to access legal and safe abortion services.

We learned that young people feel the cost of legal and safe abortion services is a barrier to their access to the services. Given the many traditional/home based methods, young people will choose to use the traditional or home based methods, in their explanations, young people feel these services are very affordable and easily accessible as opposed to legal and safe abortion services.

We also learned that background data that is collected by the clinics before access to legal and safe abortion services is likely to make young people feel uncomfortable and resort to the use of unconventional methods. Young people are afraid of being arrested or their privacy being compromised through this data that is recorded at the clinics.

In terms of barriers, we further learnt that stigma in the community has a bearing on young people’s access to legal and safe abortion services. Young people are afraid of how others will judge them, the fear not only affects whether young people want to have an abortion but also were to access the service from, young people will thus resort to traditional or home based methods as a result.

Connected to stigma, we also learned that traditional and religious beliefs have an impact on young people’s access to legal and safe abortion services. While tradition in some cases is rigid and flexible in other circumstances, religion is very strict on abortion because that it is a sin; this therefore affects where young people choose to access abortion services.

Young people emphasized the strengthening of sexuality education, in their explanations, most young people resort to abortion due to unplanned pregnancies from their engagement in sexual activities. Therefore, reduction of unplanned pregnancies will result in reduced abortion related issues.

Young people recommended the need to create awareness on legal and safe abortion services to encourage access to the services. Young people further recommended that the awareness raising should strongly focus on the access points for the services. However, the key to raising awareness will be the use of various awareness raising activities which will enable reaching out to young people simultaneously.

Young people further recommended the inclusion of legal and safe abortion information in the school curriculum. Young people however had different views on the level at which legal and safe abortion information should be included in the curriculum, while others suggested including the information at junior secondary level so that young people grow up with the knowledge of legal and safe abortion, young people further felt this will also help young people to stay away from promiscuous behavior as they will know the disadvantages that come with abortion whether legal and safe or traditional. Other young people however recommended the inclusion of the information at secondary level.
Assess the availability, accessibility and affordability of Legal and Safe Abortion Services in Zambia.

•

Analyze and identify the main challenges which hinder the implementation of the abortion policy

Main objectives of the research:

overall improvement of the implementation of the ESA Commitment at national and regional level – thus put in place to facilitate the smooth administering of the mitigation measures could more effectively improve

The assessment of legal and safe abortion was meant to look in detail at how the strategies that have been implemented to facilitate the smooth administering of the mitigation measures could more effectively improve

The Coalition on Monitoring the Implementation of ESA, a coalition of like-minded, youth-focused civil society organizations.

The Alliance generates evidence to address the underlying causes of the challenges in the effective implementation of the Eastern and Southern Africa (ESA) Commitment and SRHR for young people. It seeks to improve access to SRHR information for young people and promotes genuine youth-led development through meaningful consultation young people to bring their voices, perspectives and needs to policymakers.

Our highest priority is to ensure that young people are able to have their voices heard on the implementation of provisions under the ESA commitment. The ultimate goal is to contribute to the realization of an SRHR implementation framework that is not only responsive to the needs and rights of young people, but also recognizes all stakeholders as being important to aiding the availability of these provisions.

Rationale for the study

The assessment of legal and safe abortion was meant to look in detail at how the strategies that have been put in place to facilitate the smooth administering of the mitigation measures could more effectively improve the situation for all young people in Zambia. The report provides options and recommendations for policy and strategy improvement for duty bearers, policy makers and interested stakeholders. This, in turn, is expected to reinforce the efforts employed by the National Alliance on Monitoring Implementation of ESA as part of its evidence based advocacy strategy meant to contribute towards the overall improvement of the implementation of the ESA Commitment at national and regional level – thus fulfilling the rights of young people and improving their wellbeing

Main objectives of the research:

• Analyze and identify the main challenges which hinder the implementation of the abortion policy in Zambia especially considering that Abortion is a major public health challenge that could be a contributory factor to the high maternal mortality rate in the country.

• Assess young people’s Knowledge level on Legal and Safe Abortion.

• Assess the availability, accessibility and affordability of Legal and Safe Abortion Services in Zambia. Despite abortion being legal, access to the service is still difficult for some women in need of the services

• Eliminating Gender-based violence

• Access to comprehensive reproductive health services

• Sexual health of young people and girls

• Challenging stigma, discrimination, attitudes and laws

• Ending Teenage Pregnancies and Child Marriages

To help meet the above-listed aims, one of the activities that the project employs is the coordinating of The National Alliance on Monitoring the Implementation of ESA, a national coalition of youth-focused civil society organizations supporting government’s efforts on championing the rights of young people on SRHR and HIV with a gender component. Part of the work of the Alliance is to advocate, facilitate dialogue with decision makers and provide an amplified, coordinated voice on youth priorities in the areas identified above.

The research employed a mixed methods approach so as to have a deeper understanding of young people’s knowledge levels on legal and safe abortion in Zambia, understand community’s perceptions and views on legal and safe abortion as well as explore young people’s experiences on legal and safe abortion.

The research used a 3 phased approach: Phase 1 was quantitative with one on one interviews with young people to understand their knowledge levels on legal and safe abortion.

Phase 2 was purely qualitative and employed focus group discussions, the discussions provided a better platform to solicit young people’s perceptions, opinions and views on legal and safe abortion in Zambia.

Phase 3 of the research involved follow up with young people that have had abortion related experiences, young people that have direct abortion experience, and young people that have indirect abortion experience either through a relative, friend or neighbor were interviewed to gain a deeper understanding of the community’s experiences on abortion.

The data collection process is as shown below.

In order to have a better understanding of the research topic, we used our Youth Led Research methodology. We worked with young researchers from the communities; the young researchers were recruited from the implementation areas/communities of the Alliance on monitoring ESA CES member organizations. Therefore, the research had representation from Southern, Northern, Muchinga, Lusaka, Eastern and North-western provinces of Zambia.

The young researchers were first taken through foundation training before commencement of the research. The foundation training built the capacity of the young people in research methods; research ethics, data collection techniques as well as our youth led research methodology.

From the foundation training, the young researchers proceeded to draft the research questions using the findings and recommendations from the desk review on legal and safe abortion that was commissioned by the National Alliance on monitoring the implementation of ESA CSE commitments and carried out by an external consultant.

From the research questions, the young researchers drafted the three data collection tools, that is, the survey tool to assess the community’s knowledge levels on legal and safe abortion in Zambia, focus group discussion guide to understand young people’s perceptions, views and opinions on safe and legal abortion and the questionnaire for assessing community’s experiences in accessing legal and safe abortion services. Following data collection, young researchers came back together for an analysis workshop. In this workshop, they led the process of identifying key themes in the data through a deductive thematic analysis approach. Young researchers coded the data using pre-specified codes of interest, identified emerging themes, and then re-verified these against the original dataset to ensure that every emerging theme had a strong basis in the data. Finally, they mapped evidence based on themes against each other and built them out in detail, which became the basis for this report.
FINDINGS

DEMOGRAPHICS OF THE RESPONDENTS

In phase 1 of the research, 431 young people were surveyed from Lusaka, Central, northern, North western, Muchinga, Eastern and Southern province of Zambia. From the 431 sample, majority 65.7% were female while males accounted for 32.7% of the respondents. 1.2% were other while the remaining 0.5% opted not to disclose their gender.

In terms of age of the respondents, majority 40.8% of the respondents were aged 21–25 years, followed by 26.5% aged 18–20. Respondents aged 26–30 accounted for 19.3% of the respondents with 12.1% of the respondents being aged 31–35 years.

The survey also looked at the level of education of the respondents. Majority 47.1% of the respondents have completed secondary level education, 38.5% have completed tertiary level education, 10.9% have completed primary level education with only 2.3% recording no formal education and 1.2% opting not to disclose their level of education. Of the 431 respondents, majority 74% were single, 21.8% were married, only 2.6% were divorced while 1.2% opted not to disclose their marital status. Table 1 below shows the background characteristics of the respondents.

Table 1: Phase 1 respondents background characteristics

<table>
<thead>
<tr>
<th>Sex of the respondent</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>141</td>
<td>32.7</td>
</tr>
<tr>
<td>Female</td>
<td>283</td>
<td>65.7</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>1.2</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>2</td>
<td>0.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of the respondents</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–20 years</td>
<td>114</td>
<td>26.5</td>
</tr>
<tr>
<td>21–25 years</td>
<td>176</td>
<td>40.8</td>
</tr>
<tr>
<td>26–30 years</td>
<td>83</td>
<td>19.3</td>
</tr>
<tr>
<td>31–35 years</td>
<td>52</td>
<td>12.1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>0.7</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>3</td>
<td>0.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of education of the respondents</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>47</td>
<td>10.9</td>
</tr>
<tr>
<td>Secondary</td>
<td>203</td>
<td>47.1</td>
</tr>
<tr>
<td>Tertiary</td>
<td>166</td>
<td>38.5</td>
</tr>
<tr>
<td>No formal education</td>
<td>10</td>
<td>2.3</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>5</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Knowledge of safe and legal abortion

During the survey, we asked the respondents if they have heard of legal and safe abortion. Findings show that there are as many young people that have heard of safe and legal abortion as those that have not heard of legal and safe. From a sample of 431 young people, 48.7% of the respondents have heard of legal and safe abortion while 49.7% have not, 1.6% did not respondent.

In comparison with age, findings show that there is no relationship between the gender and the likelihood of a young person having heard of legal and safe abortion. From 431 respondents, just slightly more males at 51.1% have heard of legal and safe abortion as compared to 48.4% of the females that have heard of legal and safe abortion.

Legal and safe abortion information access points

In ascertaining the information access points of legal and safe abortion among young people in the communities, we asked the respondents that have heard of legal and safe abortion for their information access points. Findings show that young people are likely to hear of legal and safe abortion from their friends (33%), of the respondents that have heard of legal and safe abortion, 21% are likely to have heard of legal and safe abortion from social media, 23% stated that they heard of legal and safe abortion from other sources. The findings show that young people are unlikely to hear of safe and legal abortion from parents (3%), TV (13%) radio (6%) and only 1% of the young people have heard of legal and safe abortion from the newspaper. The findings are shown in the figure below.

**Table 2: Phase 3 respondent’s background characteristics**

<table>
<thead>
<tr>
<th>Sex of the respondent</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21</td>
<td>21.2</td>
</tr>
<tr>
<td>Female</td>
<td>77</td>
<td>77.8</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of the respondents</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–23 years</td>
<td>39</td>
<td>39.4</td>
</tr>
<tr>
<td>24–35 years</td>
<td>56</td>
<td>56.6</td>
</tr>
<tr>
<td>Other 35 years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of education of the respondents</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>18</td>
<td>18.2</td>
</tr>
<tr>
<td>Secondary</td>
<td>69</td>
<td>69.7</td>
</tr>
<tr>
<td>Tertiary</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No formal education</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>9</td>
<td>9.1</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure 1: Where did you hear of legal and safe abortion from?
The survey further assessed young people’s knowledge of Zambian abortion law/policy/guideline. The survey findings show that very few (29%) of young people know Zambian law/policy/guidelines on legal and safe abortion, over 60% of the people interviewed have not heard of any Zambian abortion policy/law/guidelines. The figure below shows the findings.

![Figure 2: have you heard of any Zambian abortion law/policy/guideline](image)

**Knowledge of Zambian abortion policy/law/guidelines**

The survey further assessed young people’s knowledge of Zambian abortion law/policy/guideline. The survey findings show that very few (29%) of young people know Zambian law/policy/guidelines on legal and safe abortion, over 60% of the people interviewed have not heard of any Zambian abortion policy/law/guidelines. The figure below shows the findings.

![Figure 2: have you heard of any Zambian abortion law/policy/guideline](image)

When the findings were disaggregated by the sex of the respondent, they showed that gender does not determine young people’s knowledge of Zambian abortion law/policy/guideline. 29.8% of the males have heard of Zambian abortion law/policy/guideline while 27.2% of the females stated having heard of Zambian abortion law/policy/guideline.

Further examination of the findings indicates that there is a slight relationship between level of education and knowledge of Zambian abortion law/policy/guideline on legal. The findings show 21%, 28.1% and 31.3% of the respondents that have completed primary, secondary and tertiary level of education respectively have heard of Zambian abortion law/policy/guideline.

The findings are not different from the interviews with young people that have abortion experience. From a sample of 99, majority 67.7% of the respondents do not know any Zambian abortion law/policy/guideline.

**LEADING CAUSES OF ABORTION AMONG YOUNG PEOPLE**

In assessing reasons for abortion, we asked young people in the survey if a pregnant woman can choose not to or to abort a pregnancy. Of the 431 respondents, majority 70.8% of the respondents believe that a pregnant woman can choose not to or to abort a pregnancy, while 4.6% expressed that they do not know if a pregnant woman can choose not to or to abort a pregnancy. Figure 3 below shows the findings.

![Figure 3: can a pregnant woman choose not to or to abort](image)

Further analysis of the survey findings show that they are more females (74.6%) who believe that a pregnant woman can choose not to or to abort a pregnancy as opposed to only 64.5% of the males that said a pregnant woman can choose not to or to abort a pregnancy.

**SOME YOUNG PEOPLE ABORT BECAUSE OF ECONOMIC REASONS**

Young people interacted with during the focus group discussions expressed that economic reasons such as poverty, lack of financial support as well as illiteracy are among the reasons causing abortions in the communities.

Young people interacted with during the focus group discussions explained that they are a number of economic reasons that lead to abortion among young people. Young people expressed that poverty is one of the reasons they are forced to abort, when one is from a poor background, they tend to think about how they are going to raise the child, this is worse when this is a young person. “It depends on how their situation is if instance she come from poor family and she can’t she is not, if she is really young she can’t be able to rise up a child I think abortion would be the best thing then making her family suffer” explained focus group discussion respondent from Chipata.

Another focus group discussion respondent from Lusaka explained “For other people it’s because of problem [sic] like for example they cannot manage to keep the child because of poverty”.

However, it is not only poverty that will make a young person think about abortion, the thought of coming from a poor family and making the family suffer more as result of adding to the family also leads to people resorting to abortion. “It depend on how their situation is if instance she come from poor family and she can’t she is not(sic), if she is really young she can’t be able to rise up a child I think abortion would be the best thing then making her family suffer”.- Focus group discussion respondent from Chipata.

Lack of financial support is another factor that contributes to abortion. Below are examples of how people feel lack of financial support makes other young people resort to abortion.
Young people narrated during the focus group discussions that there is lack of information in the communities on legal and safe abortion.

For others, the number of children in the family is also a cause for abortion as it may be difficult to look after a larger family when they get older. A focus group discussion respondent explained that “For other it’s because they have huge family maybe let’s say I have seven children and I can’t afford to take care of them when I get old. If am pregnant I decide to have an abortion because I feel it’s not fair on that child so I decide to take an abortion”

Some young people interacted with during the focus group discussions also feel that poverty and illiteracy are also leading causes of abortion in the communities. Illiteracy in the sense that school going young people feel that once she gets pregnant, then that is the end of her education.

As a focus group discussion respondent from Lusaka pointed out “I would go for poverty and most girls are afraid of being laughed at in their communities where they are leaving this is due to ignorance and lack of information about the same abortion information meaning if a girl get pregnant then that would be the end of their education they are not aware that they can still go back to school while they are pregnant can still go back to school when have baby”.

Lack of financial support from the general family as well as rejection of the pregnancy by the people responsible also has a bearing on whether a young girl aborts or not. In their explanation, young people stated that once the person responsible refuses to take responsibility of the pregnancy, it is better to have an abortion – “I think some people abort pregnancy due to financial support were by I can’t be pregnant then my boyfriend reject [sic] me while am poor I can’t manage to buy anything for the baby and some it just because low self –esteem” – focus group discussion respondent, Lusaka.

**YOUNG PEOPLE ARE NOT AWARE THAT THEY CAN FREELY ACCESS LEGAL AND SAFE ABORTION SERVICES**

Lack of information in the communities on legal and safe abortion is a barrier to young people’s access to the service. Young people narrated during the focus group discussions that there is lack of information in the communities regarding legal and safe abortion, this therefore has limited their access to legal and safe abortion services.

A focus group discussion responded expressed “People don’t access the legal abortion services because of lack of knowledge and may be the issue of confidentiality so most people many be don’t know that they can abort the legal way so they prefer the traditional way”.

For others, the number of children in the family is also a cause for abortion as it may be difficult to look after a larger family when they get older. A focus group discussion respondent explained that “For other it’s because they have huge family maybe let’s say I have seven children and I can’t afford to take care of them when I get old. If am pregnant I decide to have an abortion because I feel it’s not fair on that child so I decide to take an abortion”

Another respondent from Lusaka explained “Yes they do access illegal abortions the reason why they don’t go to the hospital is because they know that it is not allowed to (abort)”. From Mpika, a focus group discussion respondent also added “The idea [sic] but where people are ignorant how are people going to access it, it is impossible.”

Young people consulted during the focus group discussion further explained that it is not only lack of information on legal and safe abortion that is a barrier but there is also lack of information on general abortion in the communities that will allow young people to make informed decisions on abortion – a respondent from Mpika explained – “The society also adds a huge value to play the role on abortion also they have no much knowledge about abortion. The advantages and disadvantages [sic] it causes and effects in the near future”.

Young people further mentioned that they also do not know where within their communities they can access legal and safe abortion services and as such, people will resort to the use of unconventional abortion methods. The respondents also acknowledged the misleading nature of the information young people will get from their friends. A focus group discussion respondent from Lusaka explained “Some people they don’t have information where [sic] to go if they want to abort or remove the pregnancy they go and ask their friend too who don’t know anything and mislead them to go to people like witch doctors” another responded from Lusaka mentioned “No knowledge of where legal services are offered”.

**YOUNG PEOPLE FAIL TO ACCESS ABORTION SERVICES DUE TO LACK OF HEALTH FACILITIES**

Lack of health facilities prevent young people from accessing legal and safe abortions services. During the focus group discussions, young people expressed that even where people are have information and are aware of safe and legal abortion services, they are still barriers which make young people resort to unconventional abortion services from within their communities.

Young people asserted that in some communities there are no hospitals or clinics, this then creates a barrier to their access to legal and safe abortion services – A focus group discussion respondent from Lusaka explained “Lack of hospitals are also some of the barriers”.

However, some communities have health centers; the barrier is that these health centers are far from some young people. A focus group discussion responded explained “Also some hospitals are far” another focus group discussion responded from Lusaka added “The distance people live causes people not to access legal and safe abortion services”.

**EDUCATION, SOCIAL AND HEALTH ISSUES ARE AMONG THE REASONS AS TO WHY YOUNG PEOPLE OPT TO GO FOR ABORTION**

During the focus group discussions, young people interacted with explained that social reasons due to unplanned pregnancies are among the leading causes of abortion among young people in the communities.

Young people expressed that shame is the reason most people in the communities choose to go for abortion. A respondent from Lusaka explained “Shame causes people to have an abortion” another focus group discussion respondent added “causes [sic] of abortion in my community is shame, shame for the fact that it’s unplanned”.
Young people further narrated that there is more shame and reason to abort when the pregnancy is from within the family – “Sometimes what would lead[sic] to people getting rid of pregnancies is that it is within the family and keeping pregnancy from an uncle is very difficult” – Focus group discussion respondent from Lusaka. Another focus group discussion respondent from Lusaka specified “also maybe because an uncle is the one that impregnate the girl and she feel[sic] shy about it she removes the pregnancy”.

Rejection of the pregnancy by the man responsible further plays a role in young people choosing to abort the pregnancy, this is regardless of the fact that they can support the baby or not. “Some abort when the person who pregnant her say it not his pregnancy so it forces them to remove the pregnancy” - Focus group discussion respondent from Chipata.

Other young people will resort to abortion when the man responsible denies the pregnancy and leads to thoughts of how they will support the baby on their own, as focus group discussion respondent from Lusaka mentioned “other it’s because the one responsible denies and they tend to think of how they will support the child hence they end up aborting”.

More so, young people expressed that parental disapproval is also one of the reasons young people will choose to abort. In their explanations, young people stated that at times the parents will themselves look for medicine to help the child to abort when they do not approve of the pregnancy. “You might want to keep the pregnancy but then your parent might not be in agreement your parent even because the ones to go and look for the medicine for you to terminate or they take you to people like your grandmother when you wanted to keep the pregnancy” Focus group discussion respondent – Lusaka. Another respondent from Chipata added, “Sometimes it’s not their fault sometimes parent forces to abort [sic]”.

However, it is not only parental disapproval or –parents forcing young people to abort, young people during the focus group discussion explained that there is also fear of being disowned and chased from their parent’s homes that will lead them to abort, a focus group discussion respondent from Lusaka expressed “some when you don’t know impregnated you and you are scared that you will be chased from home”. Another focus group discussion respondent from Mipka added “what causes a person to abort is [sic] for example you because pregnant and you only 15 years your parents begin to tell you that you are going [sic]”.

Interestingly, young people would also choose to abort as they feel having a child while they still want to play around will be a burden, therefore, they choose to abort do that they are free, as a focus group discussion respondent explained “I think they have already answered because some why they do abort they want to play thinking that child will be just wasting her time because they still want to play. Mostly it happens to the youth because they want to play”. Another focus group discussion respondent added “They are other who would want to continue with their bad behavior so in order to do so they result into abortion”.

YOUNG PEOPLE SAY RELIGIOUS BELIEFS KEEP THEM AWAY FROM ACCESSING LEGAL AND SAFE ABORTION SERVICES

Religious beliefs play a huge role in hindering young people from accessing legal and safe abortion services. Young people expressed that young people in the community are afraid to come out in the open due to religion, it is a sign to abort according to religion. Below are examples of how young people feel religion is
METHODS

In assessing young people’s access to legal and safe abortion services, we first asked young people during the survey if they know where one can access legal and safe abortion services in their communities. The findings show that majority 62% of the respondents know where one can access abortion services in their communities. Figure 4 below shows the findings.

Figure 4: Knowledge of abortion services access points in the communities

Further analysis of the findings by age of the respondents indicates that older young people are more likely to know where to access abortion services in their communities. Of the 431 respondents 43.9%, 69.9%, 68.7% and 65.4% of the young people in the age ranges 18-20years, 21-25years, 26-30years and 31-35 years know abortion access points in their communities.

The survey further enquired from the young people if young people in their communities’ access legal and safe abortion services. Findings indicate that young people in the communities are likely not to access legal and safe abortion services. From 431 survey respondents, majority 42.5% expressed that young people do not access legal and safe abortion services, 30.6% stated that they are not aware if people in the communities access the services while only 22.7% agreed that young people access legal and safe abortion services in their communities.

During interviews with young people with abortion experience, we enquired from the young people on the abortion services they used. More than half (52%) of the young people that have abortion experience used either private or home based methods for their abortion. Only 30% stated using government (legal and safe abortion services), 10% explained using other abortion methods while 8% opted not to mention the services they used.

Young people explained that among the unconventional/traditional methods include drinking of different pills mixed with drinks such as energy and soft drinks etc. Below are examples of explanations of the drinks mixed with pills that young people take for home based methods.

Figure 7: Abortion services used

"Drinking cafemol and Coca-Cola": - Focus group discussion respondent from Lusaka.
"A woman when [sic] she is pregnant, some they use medicine like they may take Panadol and Coca-Cola they mix it and then they drink to remove the pregnancy": - Focus group discussion respondent from Mpika.
"They know that when you are pregnant you are not supposed to take any drugs so some use Panadol and cafemol they mix with Coca-Cola which make a bomb and kill the baby and think [sic] the reason why it cheap because Panadol is one kwacha": - Focus group discussion respondent from Lusaka.
"A woman when she is pregnant, some they use medicine like they may take Panadol and Coca-Cola they mix it and then they drink to remove the pregnancy." - Focus group discussion respondent from Lusaka.
"Sometimes they will just tell you to buy Coca-Cola and when you mix with Panadol, maybe ten [10 pills] and that pregnancy will be destroyed". - Focus group discussion respondent from Lusaka.

Young people further take a mixture of drinks that contain caffeine with different pills. A focus group discussion respondent explained “They mix Panadol with drinks that contain caffeine”, another focus group discussion respondent added “They take energy drinks like wildcat and Panadol”.

The research did however not explore the reasons for the use of drinks containing caffeine.

Young people also take carbonated energy drinks mixed with pills as they believe that a pregnant woman is not supposed to take carbonated drinks, as explained by a focus group discussion respondent from Lusaka. “Because any pregnant woman is not supposed to take any drink which has gases and wildcat is very powerful that is the reason why people use it”.

Young people during the focus group discussions also stated that different herbs are used to induce abortion. In their own explanation, herbs are used because they are easily accessible. A focus group discussion respondent from Lusaka explained “The reason why they use traditional medicine is because people just go and look for the roots …Roots you take at night and in the morning you will find the pregnancy out”.

Below are examples of other herbs used by young people to induce abortion.

“Branches of mango; they get a knife and pill [sic]them and cut them then put in water”. - Focus group discussion respondent from Lusaka.
“The use of Cassava stems is the common method”. – Focus group discussion respondent.
“They use katapa leaves to access abortion services”: – Focus group discussion respondent.
“They drink medicine such as roots” – Focus group discussion respondent from Lusaka.
Despite the use of the herbs to induce abortion from home, young people acknowledged the herbs are not safe. A focus group discussion respondent from Lusaka explained “My wife wanted to remove but it didn’t come out, she used tea bags. It wasn’t safe”. Another focus group discussion respondent from Chipata narrated “The legal abortion is safe because of the medicine they use and the traditional is dangerous it can bring a negative impact on the stomach”.

Young people further narrated the use of sticks to induce abortion. Sticks are inserted into the vagina in an effort to damage the amniotic sack, this way abortion is induced. Below are examples of quotes from young people of how sticks are used to induce abortion.

“Some methods they use sometimes they take a stick from Matambula(cassava tree) and put it into the private part until it reaches where the baby is staying[sic] and remove the pregnancy.” – Focus group discussion respondent from Mpika.

“They get sticks maybe yeax and try to do into their private parts and the baby which is the umbilical cord and the pregnancy is not like 3 months and above they stick and put in their private parts until they destroy what’s this[sic]; the zygote yes”. – Focus group discussion respondent.

“Just to add on, according to what I heard there was a lady that was heard that she aborted and the method they use is something else, they used to insert a stick in the female private part until the baby comes out”. – Focus group discussion respondent from Mpika.

“They use mango stems then they remove those things outside and put in the vagina until it reaches where the baby is, until it is out”. – Focus group discussion respondent from Mpika.

Other young people use mixed methods so as to make sure that abortion is induced, pills as well as the use of herbs. A focus group discussion respondent from Mpika explains “I know someone and it was very bad because she used to get Panadol everyday 5 so, as we were young we did not know so she was just saying am having headache, she came back home just like that and some munikoyo tree she was taking the following day, she also took aloe-vera until the day she started bleeding and it happened the way she wanted it to happen”.

Apart from the used of pills mixed with soft drinks, herbs or inserting of sticks in the vagina, they are several other methods that are used by young people in the communities to induce abortion. Below are examples of some of these methods.

“Most people use match sticks to access abortion services[sic]”. – Focus group discussion respondent from Lusaka.

“Okay I heard that others they just punch like punching in their stomach and it works and at last they start bleeding”. – Focus group discussion respondent from Mpika.

“Some people just beat them serious in the stomach until they see that blood starts coming out but even then, they put themselves in danger of dying”. – Focus group discussion respondent from Mpika.

“Others they intentionally take poison and overdose of medicine and when abortion is done that is when they go for checkups at clinics”. – Focus group discussion respondent from Chipata.

“Mother used ash mixed with water”. – Focus group discussion respondent from Lusaka.

Young people consulted during focus group discussion expressed that people in the communities purchase drugs from the chemist for abortion. It is unknown whether young people getting pills in drug stores or health facilities are getting the right ones for abortion because some are intentionally getting pills in excess in order to abort or because some young people prefer using pills but it’s unclear whether they are getting the right pills.

They mentioned that they purchase drugs from the drug stores as these drugs are easily accessible. As a respondent from Lusaka explained “Over the counter medicines are the common ones that they use because they are easily accessible.” Another focus group discussion respondent from Chipata added “Ok I would say from what I have seen I have observed people, if they want to abort they ask a friend who did it like no me when I went to Chipata chemist I bought maybe medicine so they use may be those chemists”.

The ‘easy’ associated to procurement of medicine from the drug stores means that young people are more likely to buy abortion pills from the nearby drug store. A focus group discussion respondent noted “In the chemists, it is very easy for someone to go and just get the medication unlike just starting to explain it at the clinic”.

Young people further are not comfortable to be asked too many questions as such they will prefer to visit the chemists/drug stores as less questions are asked there. A focus group discussion respondent mentioned “They prefer to go to the chemists because they are not asked too many questions. In the private clinics, people are most likely to go”.

Interestingly, in their own words, young people also visit the hospital falsely to access pills either for a headache or other ailments in order to avoid explaining why they need the pills. A focus group discussion respondent from Mpika narrated “Just to add on though I don’t know if it is necessary to say this but some people use medicines from clinics, they would lie that they are sick of a certain disease and use that to abort but it is good that I will not say because some people may take advantage of it”.

However, it is not only the clinic that young people will visit falsely to purchase pills for abortion, young people also purchase pills from the chemists/drug stores. “Yes I have heard of someone who accessed abortion services, it was illegal and they used pills” – focus group discussion respondent from Lusaka.

Young people explained that they would prefer to access abortion and other pills from the chemists/drug stores as they are easy to access and these places will not ask young people a lot of questions. There is thus need to strengthen laws and policy enforcement on requisition of drugs from the chemist/drug stores.
AFTER UNDERGOING HOME BASED TRADITION AND UNCONVENTIONAL ABORTION A LOT OF YOUNG PEOPLE EXPERIENCED SOME COMPLICATIONS.

Illegal home based and unconventional abortion services contribute to the sexual health problems in the communities mostly due to lack of necessary information on legal and safe abortion services, however, some people do seek post abortion care services after illegal abortion services.

Young people consulted during the focus group discussions expressed that people usually experience complications after from the use of home based and unconventional abortion services. As a focus group discussion respondent from Mpika explains “And the service was illegal and not safe because she could have died the way she was just seen and what she was using was to many and even how she still complains of stomach pains”. Another focus group discussion respondent from Lusaka explained “Yes I have heard of someone who accessed abortion services it was illegal and it became very sick”. Another respondent from Lusaka stated that some almost die “Yes I have heard some who accessed illegal and services the used [sic]traditional medicine the lost weight and almost died”.

For some young people that have used home based or unconventional abortion services, they have not only had complication but have since become barren – as a focus group discussion respondent from Lusaka mentioned “The abortion services was illegal but she has never gotten pregnant since then”. Another respondent from Lusaka knows a young person that died due to the use of home-based methods “I know someone who had been a victim of abortion the pills they drink they also bring about complication in related caused the woman become barren”.

Worse off, they are young people that have lost their lives as a result of using home based methods. A focus group discussion respondent from Mpika narrates “I have heard that when she did that she even lost her life and the services was [sic] not legal that is why she even lost he life, look they gave her some medicine to drink and when she went home she started drinking those [sic]medicine after some time she was found dead so that medicine [sic]she was take it was very dangerous to her health”. A focus group discussion respondent from Lusaka also express “Like one experience in this area long ago where the brother encourage the sister to do an abortion the sister indeed up dying”.

However, they are young people that have tried home based or unconventional abortion services and after developing complications have sought post abortion care after developing complications, have still died even after visiting the hospital as their condition were severe – “I know someone who died due the process who went to abort the pregnancy from witchdoctor but then she was not cleaned in the stomach and she was rushed to the hospital but it was too late to cover her life that how we lost her the pregnancy was almost five month old so I think the place was not safe that the reason why we lost her”.

BARRIERS TO YOUNG PEOPLE’S ACCESS TO LEGAL AND SAFE ABORTION SERVICES

In phase 1 of the research, we asked the respondents that mentioned that young people do not access legal and safe abortion services in their communities why this is the case. Majority 38% of the young people from the survey expressed lack of information on legal and safe abortion as a barrier to people’s access to the service. 18% stated that lack of information at the clinics is a barrier while 14% mentioned the costs associated with the services at the clinic as a barrier. The figure below shows the findings.

Figure 5: barriers to legal and safe abortion services

YOUNG PEOPLE FEEL IT IS VERY COSTLY TO ACCESS LEGAL AND SAFE ABORTION SERVICES

In the focus group discussion, young people explained that the costs associated with legal and safe abortion services have an impact on their access to the services. The young people expressed that, the unconventional methods in the communities are way cheaper as a result they would rather use the unconventional methods as opposed to going to the clinic.

The high costs associated with the services at the clinics lead to young people using unconventional methods. Below are examples of how young people feel high costs of legal and abortion services are a hindrance to their access to legal and safe abortion services.

“I know one at college level the experience was very bad that lady she tried with many traditional medicines and it reached at five mother to six then she was sick and she went to the clinic the lady could have died and it was not safe because she could have died”. – Focus group discussion respondent from Mpika.

“My young sister removed a pregnancy she removed it and almost died, she was taken to the hospital and she got better herbs were used”. – Focus group discussion respondent from Mpika.

“Yes I know someone who went to the chemistry and she was in a lot of pain then she was taken to Mwanawasa hospital”. – Focus group discussion respondent from Lusaka.

“Yes I know someone who aborted she was my neighbor and the condition was bad so he was taken to the hospital fast and this so she would be dead if she want taken to the hospital very fast”. – Focus group discussion respondent from Lusaka.
It is not only the high costs that are a hindrance to young people’s access to legal and safe abortion services, even were the costs were not high, some people do not have money to pay for safe and legal abortion services. A young focus group discussion respondent from Lusaka explained, “Some it [sic] is because of lack of money to use for them to go to the hospital”. Another focus group discussion respondent from Mpika explained, “Sometimes you find that you don’t have enough money to pay the clinic”.

Interestingly, they are young people that have tried to access legal and abortion services but after hearing of the high charges at the clinics, they have resorted to using informal/unconventional abortion methods. As explained by a focus group discussion respondent from Lusaka “To add on what she has said, that is a chain reaction if legally speaking say at UTH you are told to come with a k1000 for the termination of pregnancy then you are not able to afford that price then you resort to traditional means. I think most of the times that is what has led young people to resorting to traditional means of terminating pregnancy which do not take precautions and anything can happen”.

**YOUNG PEOPLE CHOOSE TO ACCESS ABORTION SERVICES OUTSIDE OF THE GOVERNMENT CLINIC ENVIRONMENT BECAUSE THE MANY QUESTION ASKED AT THE CLINIC MAKE THEM FEEL THAT THEY MUST JUSTIFY THEIR DECISION, FURTHER, THE DATA COLLECTED AT THE CLINIC MAKE THEM CONCERNED FOR THEIR PRIVACY**

Young people consulted during the focus group discussion conveyed that the questions they are asked at the clinic have an impact on whether they seek abortion services or not. Young people mentioned that the many questions that one will be asked at the clinic is a barrier to young people’s access to legal and safe abortion services and this disadvantages them. As a focus group discussion respondent from Lusaka pointed out “Personal choice, too many questions at the hospital which prevent people from going there. This disadvantages them from getting the services”. And other respondent added “People are scared of being asked why they are getting rid of the pregnancy you can’t just go to the hospital and say you want an abortion they are supposed to ask why you want it.”

Young people often mentioned that the many questions that are asked at the clinic make them feel as if they have to justify their decision – “I think as my friend has said mostly it’s fear because you know when you go to the clinic or hospital am sure they ask a lot of questions so there is that fear like what if I go to the clinic then they won’t accept my decisions so there is that fear.”

However, it is not only being asked questions that make young people uncomfortable at the clinics, fear of running into a person you know from the community is also a barrier to young people’s access to these services, this fear of running into a person you know brings the fear of the other people from the community finding out – “When you go at the[sic] hospital you will find most of the nurses are the people you know so sometimes we always have doubt to such people because nowadays you can’t trust anyone you can even find that some you worship with them meaning you have some thinking maybe they going to tell either your parents or friends so some people don’t want that they will prefer to use their money that been[sic] exposed by anyone”.

Confidentiality fears do not only stem from running into people they know at the clinic but also from some nurses at the clinic who are young and unprofessional – “When you go at the clinic you will find that the nurses are youths and you know youth are they go and tell the friend sometimes even posting you on Facebook, sometimes you go at the clinic then you find like your church mate meaning you are exposed by anyone”. Another focus group discussion respondent added “It a hard thing to do because when you go to the hospital the accessibility is their but lack of confidentiality”.

Another source of concern among the young regarding accessing legal and safe abortion services from the clinic is record keeping. Young people often mentioned that one can be tracked using the data and records that are collected at the clinic – “Traditionally they don’t keep the records but legal you can be tracked use they record for statistics so this makes people shy away from legal solution”. Another respondent added, “Most people in the community access illegal services than formal services because there is no paperwork.”

The above mentioned barriers make young people uncomfortable and they resort to home based or traditional unconventional abortion services – young people expressed that with unconventional abortion services, they will not ask many questions as long as there is money. – “ Abortions at the private clinics the workers make you feel at home and they will not ask you questions what matters is the money”. Another focus group discussion respondent from Lusaka added “They do not access legal abortion because they are scared of many question unlike access illegal methods were they just see money and they are willing to do the job of giving the medication”.

**YOUNG PEOPLE FEAR TO ACCESS LEGAL AND SAFE ABORTION SERVICES THAT THEY MAY BE ARRESTED.**

Young people are not aware that they can access legal and safe abortion services at the clinics without being arrested, the lack of awareness has created fear among young people. Fear of being arrested for accessing legal and safe abortion services from the clinic bars young people from accessing the services from the clinic.

The fear of being arrested because of accessing legal and safe abortion services from the clinic has made young people resort to home based or traditional unconventional services – “Most of the people are scared to go at the clinic to remove pregnancy because they will arrest you once you go with that story, you will find that people use cafemol which you can buy from a shop”. – Focus group discussion respondent from Lusaka. Another focus group discussion respondent from Lusaka specified “Others really want to go to the hospital but they are afraid of being arrested that is why they choose to buy Panadol and take or go elsewhere”.

Below are other examples of how young people feel accessing legal and safe abortion services from the

“Fear of being arrested” – Focus group discussion respondent – Lusaka

“Fear of being arrested kaili it is a crime yeah” – Focus group discussion respondent - Chipata.

“Most of the people are scared to go at the[sic] clinic to remove pregnancy because they will arrest you once you go with that story, you will find that people use cafemol which you can buy from a shop”. – Focus group discussion respondent from Lusaka.

The illegal method is the one people prefer the most reason being is simple when someone is doing that they deeply know inside to say that am committing a crime so them coming to the clinic or to the doctor or nurse they think I might be apprehended I guess I will just go to that uncle of mine it will just be a conversation between an uncle and a niece then from there it will just end like that” – Focus group discussion respondent – Mpika.

Young people often mentioned the fear of being arrested as a barrier to their access to legal and safe abortion services, in this regard, some young people have preferred to use home based or traditional unconventional methods and services. There is need to raise awareness on policies and guidelines around safe and legal abortion.
FEAR OF HOW OTHERS WILL JUDGE THEM KEEPS SOME YOUNG PEOPLE FROM SEEKING ABORTION SERVICES AND FROM TALKING ABOUT IT ONCE THEY HAVE.

Young people consulted during focus group discussions expressed that other people’s opinions have an impact on whether they seek abortion services or not.

They often mentioned that shame and fear of other people’s judgement are barriers to them accessing these services. As a focus group respondent in Lusaka explained, “shame is a barrier that causes one not to access legal and safe abortion”. Another respondent stated that this would cause them to hesitate because “according to the society, that if [I get an] abortion [sic], they will be laughing at me”.

However, it is not just any person’s judgement in the community that they are concerned about. Young people expressed that it was those closest to them that could also judge them, such as their family and even their friends.

As a respondent in Lusaka specified “it’s the fear of how people at home” might perceive this choice. A respondent in Chipata explained that they felt “fear of even friends: You know, they can be saying, ‘No, this and that’”. Judgement from people closest to young people is likely to influence their decisions most.

This fear not only impacts whether young people choose to have an abortion but also where they seek the service from. Because health centers are public spaces, young people express that “they might find someone that they know” there, as a respondent in Lusaka explained.

However, in their explanations, it is not just anyone that they are nervous about running into. Young people mention concern about running into their family members and parents specifically—or that their parents could come to know through their own social networks. As a respondent in Mpika expressed, “sometimes [sic] you may find that the friend of your mother works at the clinic. So, you can’t go there, just fearing [sic] to be reported to your mother”.

The impact on their reputation of others knowing they have an abortion can cause young people to avoid seeking this service in clinics—where services are safe and legal, but public—and instead to seek other more hidden methods. As a young focus group discussion participant in Mpika explained, “some feel shy to abort at the clinic. So, unless here [sic] in the community”. A young respondent in Lusaka echoed this perception, saying that “many people would opt for unsafe abortion because they are scared of being seen at the hospitals”.

This fear of judgement also keeps young people from sharing their experiences of abortion. Below are some examples of how young people explained this hesitation to talk about such a sensitive issue:

“I’ll be everyone who has courage [sic] to say or talk about the experience.” – Young focus group respondent, Lusaka

“Even if one may go to the clinic or hospital to get those services, they cannot come and tell you. It is very rare that one would come and tell you they went to check the prices of abortion. This is because of fear of being looked down upon and becoming a public figure. Wherever they go, everyone will say they aborted.” – Young focus group respondent, Lusaka

“Some people are afraid to bring out such issues because people are afraid to be exposed. We only hear [sic], but people cannot come out just because of what other people think about them when they say the truth or come out about the issue of abortion.” – Young focus group respondent, Lusaka

Young people’s fear that others—especially their close friends and family members—will judge them for having an abortion means that it is not just their opinion of whether an abortion is acceptable or not that matters. What determines whether it is acceptable or not is also the opinions of others around them. Therefore, breaking down the stigma around abortion must not focus only on young people; it must target the communities they live in as well.

YOUNG PEOPLE FEEL LIKE SOME MEDICAL PERSONNEL DON’T TREAT THEM WELL

Young people interacted during the focus group discussions expressed that they are not comfortable with the treatment that they receive from the health personnel at the clinics, this therefore has a bearing of their access to the services.

Young people explained that the health personnel at the clinics are rude, stating that they know they will get paid at the end of the regardless of the picture portrayed to the people that come to seek abortion services, as one respondent narrated “Medical personnel are rude because they know they will get paid”. – Young focus group respondent from Lusaka.

Young people further expressed that it is not the bad attitude, some health personnel physically hurt young people that wish to access abortion services, a responded from Lusaka during a focus group discussion explained “Of aborting at 7 months [sic] and was later taken to UTH and was beaten by the medical personnel that were attending to her because of the trauma that she had put them through, the child did not die and stayed for 3 days”. Further, young people stated that some medical personnel are also judgmental, young people expressed that this is usually the case when a young people visits the clinics to access legal and safe abortion services; this also has a negative impact on young people’s access to legal and abortion services.

A respondent during a focus group discussion narrated “In most cases when you visit a hospital telling them to say i have come for an abortion the first thing they do is judge you especially when you are too young for the abortion sometimes in cases where you don’t even have money to bribe them they definitely will not attend to you in a good way. Also the medical personnel should consider that, what if I am judged. In most cases people are judged when they have abortions”.

As access to legal and abortion services is being negatively affected by the attitude and the judgmental behavior of some health personnel, the government and other stakeholders should promote a safe space where all people are well treated despite their age and the services they wish to access, this can be done by training health care givers in abortion services.
YOUNG PEOPLE’S PERCEPTIONS OF LEGAL AND SAFE ABORTION

DESPITE WHAT RELIGION AND TRADITION MIGHT DICTATE, SOME YOUNG PEOPLE SUPPORT ABORTION FOR SPECIFIC CASES UNDER THE RIGHT CONDITIONS

Young people interacted during the focus group discussions expressed that they can support abortion given specific conditions or reasons.

Young people will support abortion or allow a friend of relative to abort for health reasons were keeping the pregnancy has health implications on the mother. As a focus group discussion respondent from Lusaka mentioned “Yes I can allow a friend/relative to access abortion services if they have medical problems”, another respondent from Mpika specified “For me I would say I could, at the same time I cannot because there are two things here, there might be a reason why that person wants to abort. If the reason is good, I would allow because you find that the health status of that person is not good”.

Young people further mentioned that it is important to safeguard the life of the mother if the pregnancy possesses the risk of death it carried to term – “In certain circumstances like we said I think we all pointed to one thing, if the pregnancy causes a threat to the mother you can terminate it (under medical advice) because what is the point of holding on to a pregnancy if at the end of the day you will lose both the mother and the baby. So under such conditions then we can accept termination of pregnancy”. Another respondent from Lusaka added, “But if the(sic) pregnant woman dies will the person carry it, better you just remove it rather than losing a life of the person who is already life”.

Young people also pointed out the importance of it being a legal and safe abortion if it does pose health risks or death to the mother, as respondent from Mpika forwarded – “Basically here we are talking about someone who has health problem definitely as an individual I can allow that person to undergo abortion, the legal abortion not the one they go to the witchdoctor or these local guys that I want to abort no, but something which is legal”.

However, other sections of society agree to abortion provided all the medical conditions are followed and they are assured that the process is safe regardless of what religion dictates – “Definitely yes, in the sense that all the good conditions and equipment’s are there and they can clean the person. Because of our(sic) personal view, it is bad when you relate it to religion you can fall into different discussions”, focus group discussion respondent from Lusaka.

Young people will further support legal and safe abortions in circumstances were the pregnant person did not willingly get pregnant. These are case of rape, defilement etc., as explained by a focus group discussion respondent from Chipata “I feel it should be legal because not everyone gets pregnant willingly there are those who are raped, those who are defiled end up getting pregnant and by the end of the day even if the child was born, it will just bring back that memory whenever that person sees that. Others they even end up hating that child saying you are the reason as to why am here, so why let the innocent child suffer? Instead let it go and rest in peace because you will be tormented yourself and the child will equally be tormented because and will be asking themselves why does my mother hates me so much or what did I ever do that bring about suffering, again on the child, and mental instability because that child will not be stable mentally because of being hated by the parents”.

Interestingly, young people will also support abortion with the condition that the relative or friend will have no means to support the child if it is born – “Focus group discussion respondent from Mpika. Another respondent explained “I think it’s okay to abort if you have no plans for the baby or nowhere to depend on for how you are going to take care of that child”.

Further, young people will also support abortion if a pregnant relative or friend has no means of supporting the existing children. As respondent from Lusaka expressed “I think it’s okay to abort if you have no plans for the baby or nowhere to depend on for how you are going to take care of that child”.

Young people will support abortion if the necessary conditions either medical, legal and the right equipment is available to conduct safe and legal abortion. Government and other stakeholders should therefore make sure that all necessary equipment is available in health institutions, people are aware of the legal requirements/conditions necessary for accessing legal and safe abortion.

BASED ON RELIGIOUS AND TRADITIONAL BELIEFS, SPECIFIC HEALTH/ SOCIAL CONCERNS AND OTHER GENERAL REASONS, SOME YOUNG PEOPLE DO NOT AGREE WITH LEGAL AND SAFE ABORTION.

They are a number of reasons that include traditional, religious and other specific reasons that have a stronger impact on young people’s support of abortion whether legal and safe abortion or the use of unconventional methods.

Young people interacted during the focus group discussion expressed that for specific reasons, abortion deprives the world of tomorrow’s leaders – “On my view I wouldn’t access the service if I was given a chance I wouldn’t allow my partner to abort because the unborn child is a blessing to us because you may never know who that person may turn out to be in the future. I also went in the police cell because we had a quarrel with her parents”. Another focus group discussion respondent from Mpika explained “I think what they are saying is that abortion should not be allowed ever those people. They don’t know who they will become in future so it’s good that they put that thing of not allowing abortion”.

Below are examples of young people’s explanations of abortion depriving the word of future leaders

“I can’t allow maybe that child can become a president one day”. – Focus group discussion respondent from Muchinga.

“Like to me I don’t support abortion, abortion to me is murder, that’s murder, that’s killing. So like for me I don’t support in fact if the law is still there I don’t support because that’s murder that’s killing, you are preventing... you are killing a president, a minister and a musician like me”, – focus group discussion respondent.

“The reason why I have said no because a child is a blessing you are not supposed to abort because you don’t know maybe that child can keep you in future or maybe he can be a future president so you are not supposed to abort”, – focus group discussion respondent.
Aside from depriving the world of future leaders, young people will not support legal and safe abortion due to the risk abortion poses to the health of the baby and the pregnant woman. Young people feel that abortion may lead to death or other health complications – “Other people die as a result of abortions, so it is not a good thing”. – focus group discussion respondent from Lusaka. “Some people die because of removing the pregnancy so why should you risk the life of someone to remove the pregnancy, why should I allow my friend to die in that manner or way?”. – focus group discussion respondent from Lusaka. “They will put their lives on a risk both hers and the baby’s. I can’t encourage anyone to abort their pregnancy”. – focus group discussion respondent from Lusaka. Young people believe that abortion with legal and safe is still dangerous, as focus group discussion respondent from Lusaka echoed “I can’t even encourage anyone to do legal and safe abortion because there is nothing safe about abortion”. It is not only that abortion is dangerous; religion also has an impact on young people’s opinion and support of legal and safe abortion. Young people believe that abortion should not be supported as it is a sign. Below are examples of young people’s views on abortion based on religion:

**“Religion is against abortion because God knew us before we were born so we just have to allow to every unborn child to have the right to live so it is illegal”**. – Focus group discussion respondent from Lusaka.

**“In our churches they don’t allow they say a child is a blessing from God and people they take a report to the police if they find that your pregnancy just disappear suddenly that means in our churches it is not allowed”**. – Focus group discussion respondent from Mpika.

**“We just have to put everything in God’s hands and not do the abortion”, focus group discussion respondent.**

**“To support their response in a Christian way I think like the bible says we shall not kill that is killing and you are destroying what the law says and you are taking away life. You are not supposed to kill anyone that is a sin”**. – Focus group discussion respondent from Lusaka.

Zambia being a Christian nation further also has a bearing on young people’s views and perceptions and support of legal and safe abortion. Young people whispered that as Zambian is a Christian nation, abortion should not be allowed despite the conditions. – “Me I can’t allow because we all know Zambia is a Christian nation so I can’t all”. focus group discussion respondent from Mpika. Another respondent from Chipata echoed “And also as Zambia we claim to be a Christian nation so now in the bible are there any verses which talk and say that abortion or rather abortion is allowed? So by virtue of claiming to be a Christian nation abortion should not be allowed, even the right to life is being taken away”. They are more quotes of young people referring to Zambia as a Christian nation; therefore they cannot support legal and safe abortion.

Aside from Christianity, tradition also plays a role in young people’s views, opinions and perceptions on legal and safe abortion – “The Bemba tribe does not advise to do an abortion because you might happen to have some problems in future. Maybe in having a baby you might find out that you are trying but things are not happening sometimes as a man maybe because you made someone have an abortion then you left that person then it comes back to be like you never had a child because you did an abortion and the girls stomach gets damaged when they have abortions. So you find that even when a man tries it doesn’t happen such cases lead people to go to the counselors who ask if they have ever done abortions. If they find that a girl has had an abortion before they say the reason they cannot have children because it is a result of tradition not allowing abortions”. – Focus group discussion respondent from Lusaka. More young people explained “Our tradition does not allow you such that you can even be punished”. “Our tradition doesn’t allow one to access abortion services”. They are further some young people that will not support abortion because of religion as well as traditional reasons - “That is a human life so it is a sin, the bible does not allow abortion and tradition too doesn’t allow abortion”, – focus group discussion respondent-Lusaka. Another focus group discussion respondent added “Both do not allow abortion. The Church says it is a big sin, I do not want anything to do with abortion”.

**IT IS COMPLICATED, TRADITION MIGHT ALLOW IT IN SOME CIRCUMSTANCES BUT RELIGION DOES NOT**

Whilst tradition will be flexible given certain conditions, religion does not allow abortion no matter the circumstance. Young people interacted with during focus group discussions explained that while religion does not allow abortion in any given circumstance, tradition maybe flexible with given conditions. Below are examples of young people explanations.

**“They are against abortion some traditions they support abortion but when it comes to religion they don’t allow”**. – Focus group discussion respondent– Chipata.

**“The main part is that every pregnancy is valued and when a woman is pregnant it means that she is fertile so traditionally it does not say much on abortion but when it comes to religion it is considered a sin and especially in our context”**. – Focus group discussion respondent–Lusaka.

**“I think under religion it is not advised to abort because it is like murdering and ‘do not murder’ so I think under religion it can’t be then. Under tradition it is a 50-50 situation others they will consider it others they will not using differently”**. – Focus group discussion respondent-Lusaka.

**“Following religion it is not allowed but as they say that science and with God things they don’t go together. Traditionally maybe they allow but people of God it is a sin because you are killing”**. – Focus group discussion respondent–Mpika.

However, despite tradition being flexible with abortion in some circumstances, the methods to be used will determine if tradition will allow abortion or not – “Under religion, they don’t have room to discuss abortion no matter the condition. Under tradition they allow except maybe the method used to terminate”, – focus group discussion respondent from Lusaka.

Another focus group discussion respondent from Lusaka explained “I think traditionally it is a 50-50 situation like she said, it depends on what you will go for, and the most questionable thing is the method you use to terminate the pregnancy. Religiously, it is murder, pro-activists believe life begins at conception and the bible says do not murder so it doesn’t matter whether it is a fetus or zygote so long as you terminate, it is murder, that is killing someone”.

**“Our tradition does not allow you such that you can even be punished”. “Our tradition doesn’t allow one to access abortion services”**. They are further some young people that will not support abortion because of religion as well as traditional reasons - “That is a human life so it is a sin, the bible does not allow abortion and tradition too doesn’t allow abortion”, – focus group discussion respondent-Lusaka. Another focus group discussion respondent added “Both do not allow abortion. The Church says it is a big sin, I do not want anything to do with abortion”.**
YOUNG PEOPLE’S RECOMMENDATIONS ON LEGAL AND SAFE ABORTION

1. THERE IS A NEED TO CREATE AWARENESS ON LEGAL AND SAFE SERVICES IN SCHOOLS AND COMMUNITIES.
Creating awareness among young people on legal and safe abortion will encourage access to the services.

Through the focus group discussions, young people stated that young people can be encouraged to access legal and safe abortion through creation of awareness on the services. As a respondent from Lusaka expressed “People need to be educated on legal and safe abortion; this will encourage people”. On the methods to be used, young people forwarded the use of door to door sensitization – “Have trained people to be moving door to door to educate us on legal and safe abortion services”, - focus group discussion respondent from Lusaka.

In their own explanation, focus group discussion respondents mentioned the need for people that have information on legal and safe abortion to sensitize their fellow young people within the communities – “With me, the view would be for me to start sensitizing people on safe and legal abortion so that people know the privilege of using legal and safe abortion and the consequences of an illegal abortion”, - focus group discussion respondent from Lusaka.

It is not enough to just sensitize people on legal and safe abortion, there is also need to sensitize the communities where to access the services and the advantages that come with access the services form the hospital or clinics – “In the condition when you mentioned the hospital it should be encouraged that people go to the hospital to access safe and legal abortion”, - focus group discussion respondent from Lusaka. Another focus group discussion respondent added “I think by telling people that at the clinic is best rather than doing it from home because at the clinic it is safer as they make sure they give you better treatment compared to home”.

Young people also stated that it will be important to further create awareness on legal and safe abortion in the schools, as a focus group discussion respondent from Mpika explained “It can be good if we can be learning that in schools because these days’ people are completing their schools at young ages”.

2. INCLUDE INFORMATION ABOUT PREVENTION OF PREGNANCY AND SEX AND ALSO TO ADD ON INFORMATION ON THE DISADVANTAGES OF ABORTION.
Abstinence and prevention of pregnancy should be the focus of activities aimed at curbing the use of home based and unconventional abortion methods among young people.

Young people consulted during focus group discussion narrated that it will be vital to include information on safe and legal abortion in the education curriculum. As a respondent from Lusaka narrated “I think yes the topic supposed to be included in the education system because people are ignorant. Us men and women share the knowledge and shade more light so that people may know more about legal and safe abortion to avoid mistakes made and for people to know the dangers and causes of abortion. What are the reasons and shading more light on abortion and also shading more light on abortion? And also pressure from our boyfriends they give us to abort because of financial unstable; it should be included because a lot of people fail victim”.

However, focus group discussion respondent emphasized on the need to strengthen for prevention of sex among young people so as to prevent pregnancies, they stressed that sex and pregnancies are the causes of abortion among young people. Below are examples of young people explanations on sex education to prevent pregnancies.

“I think the only information which is supposed to be included is sex because it is the causer of abortion so let’s discourage them about sex”. – Focus group discussion respondent, Lusaka.

“Maybe by trying to prevent pregnancy, sensitizing more about the information on abortion some people die because of unsafe abortion and also teaching or sensitizing on people having unprotected sex”. – Focus group discussion respondent, Lusaka.

“It should be inclusive in our curriculum because it will help us mostly girls understand the risks and the dangers of aborting illegally and we wouldn’t be engaging in sexual activities that much as we are now because if you were to see the rate of teens who are engaging in sex, they are just too many and young”, – focus group discussion respondent, Lusaka.

3. USE VARIOUS AWARENESS RAISING METHODOLOGIES
Government and stakeholders should use various means to reach the young people simultaneously. During the focus group discussions, young people suggested the use of various methods to sensitize and reach out to more young people on legal and safe abortion.

Young people explained that television and radio can be used to raise awareness on legal and safe abortion. Below are examples of young people’s explanation on the use of television.

“There is need(sic) to sensitize people, they should use adverts like on television e.g. the issue of circumcision they have advertised more hence people have changed their perceptions about it. The same has to be done with abortion they need to do more advertisements so that people know that they know that they can go to the hospital”, focus group discussion respondent- Lusaka.

“Just to add on what Mr. Honest has said, the sensitization should be done on radio and television”, – focus group discussion respondent- Chipata.

“People who can volunteer to reach the community it can be on radio so that those people who are not in school can have learn more about abortion” – focus group discussion respondent – Mpika.

“To have adverts on TV and radio about legal and safe abortion services”. – focus group discussion respondent
Young people further forwarded the use of billboards for sensitization—"Putting up billboards in our communities about the legal and safe abortion will encourage people", focus group discussion respondent—Lusaka.

Unlike leaving everything to the government, young people expressed the need for other stakeholders to join and lead community sensitizations of legal and safe abortion, this could be by way of having workshops in the communities etc. as expressed by a focus group discussion respondent from Lusaka—"Even more workshops e.g. your organization goes to areas at least twice a week and talk to teenagers because they are the ones doing these things".

4. INCLUDE LEGAL AND SAFE ABORTION INFORMATION IN THE CURRICULUM
Safe and legal Abortion information to be included in the school curriculum with a focus on primary, junior and secondary school levels. Young people interacted with during the focus group discussions expressed that it will be important to include legal and safe abortion information in the school curriculum, this will not only help learners with knowledge on safe and legal abortion but also bar learners from engaging in promiscuous behavior as they will know the dangers that come with abortion.

As a focus group discussion respondent from Lusaka expressed—"I think it could be helpful but it also not be helpful it two way thing because if it’s added to the school curriculum in grade 9 or what know I have that information and it is my right to have access to such solution it will encourage them going to[sic] be promiscuous because they have the solution at their feel but it could be helpful it is also a solution".

Another focus group discussion respondent from Mpika explained—"I think it can be nice the abortion service to be add in any subject in school it can be nice so that even those people that are still in school like primary secondary so that they can start learning those thing when they are grow up they have known the dangers and the good part of doing the legal abortion".

Interestingly, respondents from the focus group discussions also expressed different ideas on the level at which legal and safe abortion information should be included in the school curriculum. While others feel it will be important for this information to be included at the primary school level, others feel that this may encourage promiscuous behavior among learners; there it should be included at higher levels.

The following are examples of respondents that expressed that legal and safe abortion information be included in the school curriculum starting from primary level.

"So it should start from primary s that those move from primary to secondary they may have already learnt about the effect of abortion the problem is that the issues of unplanned pregnancy is that it starts from as early as grade 4 or so", – focus group discussion respondent – Chipata.

"Yes as is it that a situation like not only grade 8 you find a grade 6 going to have an abortion that person is already pregnant aborting what and what they are okay as it is think just be add as in grade 6 because even these days even someone who is 12 year old have you seen is already what this and that person can be able to prevent engaging herself in sexual activates because of the fear of come to or go abort you see so if you not ben told", – focus group discussion respondent – Chipata.

However, some of the respondents from the focus group discussion stated that including safe and legal abortion information in the curriculum at any level, may encourage young people to be promiscuous—"I think it could be helpful but it also not be helpful it two way thing because if it’s added to the school curriculum in grade 9 or what know I have that information and it my right to have access to such solution it will encourage them going to be promiscuous because they have the solution at their feel but it could be helpful it is also a solution", – focus group discussion respondent – Lusaka.
RECOMMENDATIONS BASED ON THE ASSESSMENT FINDINGS

We believe that young people are uniquely placed to provide vital voices and evidence-based recommendations in ongoing discussions on youth issues. Based on the evidence from the assessment findings, our youth advisors forwarded the following recommendations:

1. RAISE AWARENESS OF POLICIES SUPPORTING YOUNG PEOPLE WHO FALL PREGNANT TO COMPLETE SCHOOL: Lack of knowledge among school going young people on the re-entry policy creates fear among them when they get pregnant, they are therefore forced to resort to abortion so they can continue with their school. Government and other stakeholders should create more community wide awareness on policies and initiatives supporting young girls who fall pregnant to complete their school after delivering.

2. PROMOTE ENTREPRENEURIAL SKILL DEVELOPMENT AMONG YOUNG PEOPLE, MORE ESPECIALLY THE FEMALES: Poverty and lack of financial support was also cited by focus group discussion respondents as one of the reasons people will resort to abortion. Young people will resort to abortion when they think of their economic situation and the financial muscle that is required to raise a child. The research therefore recommends for promotion of economic empowerment/entrepreneurship activities within the communities among young people.

3. YOUNG PEOPLE NOT ONLY NEED INFORMATION ON PROVISIONS FOR LEGAL AND SAFE ABORTION BUT THE VARIOUS LEGAL AND SAFE ABORTION SERVICES ACCESS POINTS.: Young people expressed that there is lack of information on general abortion to help make informed decisions, there is lack of awareness of the access points for legal and safe abortion within the communities, and young people further asserted that people are not aware of abortion being legal given certain conditions and circumstances. The research recommends for a comprehensive dissemination of information in the communities on legal and safe abortion as well as creating of awareness on where young people can access these services.

4. BRING HEALTH SERVICES CLOSER TO THE COMMUNITIES: With Distance to health facilities and lack of health facilities in some communities being a barrier to young people’s access to legal and safe abortion services, the research recommends that government and other stakeholders work towards bringing health services closer to the young people and communities.

5. COMMUNITY WIDE SENSITIZATION TO BREAK DOWN STIGMA AGAINST ABORTION: Due to unplanned pregnancies in most cases, young people face a number of community fears/stigma that leads them to abortion. Stigma in the community not only affects young people’s decision to abort but also the abortion services they use. Breaking down the stigma around abortion must not focus only on young people; it must target the communities they live in as well.

6. STRENGTHEN AWARENESS ON THE MANY DANGERS OF THE UNCONVENTIONAL METHODS POPULAR IN THE COMMUNITIES: It is legal and safe abortion against a variety of traditional/home based abortion methods in the communities. Young people have a variety of unconventional methods to use in the communities, Policy makers and practitioners need to be aware that it is not just legal and safe abortion against 1 unconventional/traditional method but against many unconventional methods that young people feel are cheap and easy to access. There is a need to raise awareness in the communities on the many disadvantages that come with the many unconventional methods with the advantages of the 1 safe and legal method.

7. REINFORCE AND STRENGTHEN ACCESS OF DRUGS IN THE CLINICS AND DRUG STORES: Young people will access pills from the clinics under false pretense to use to inducing abortion. There is need to enforce and strengthen guidelines for accessing drugs from the clinics as well, systems should be strengthened to ensure that prescribed medication at the health centres is according to diagnosis.

8. COMMUNITY BASED AWARENESS ON LEGAL AND SAFE ABORTION SERVICES: After developing complication from the use of home based or unconventional services, some young people with the help of others are able to seek post abortion care services, while others are properly treated, others lose their lives. There is a need of community awareness on safe and legal abortion services. Ministry of health and ministry of general education should develop a system that will insure more information on legal and safe abortion services place in health centers, schools and churches.

9. MAKE LEGAL AND SAFE ABORTION SERVICES AFFORDABLE FOR YOUNG PEOPLE: As the costs of abortion services are deemed to be high young people would rather use traditional or home based methods that are cheaper and easily accessible. There is need for advocacy for free legal and safe abortion services in all health institutions.

10. PROMOTE YOUTH FRIENDLY HEALTH SERVICES IN ALL HEALTH INSTITUTIONS TO ENCOURAGE ACCESS TO LEGAL AND SAFE ABORTION: Young people expressed that the questions they are asked at the clinic before accessing legal and safe abortion services, background information collected from the, records kept as well as the unprofessionalism of some nurses make them uncomfortable and they prefer to access unconventional abortion services were no background information, or questions are asked. There is need for advocacy on youth friendly health services and spaces in health institutions and the training of health providers in ethics and professional conduct.

11. RELIGIOUS AND TRADITIONAL BELIEFS HAVE A NEGATIVE IMPACT ON ACCESS TO LEGAL AND SAFE ABORTION: Religious and traditional beliefs have a high impact on young people’s views, opinions and support on legal and safe abortion. There is need to scaling up awareness interventions targeting both religious and traditional leaders so as to change young people’s perceptions on legal and safe abortion.

12. CREATE AWARENESS ON LEGAL AND SAFE ABORTION SERVICES ACCESS POINTS: Young people feel that it is not only important to create awareness on legal and safe abortion, but rather also create awareness on the access points for the services and sensitize the communities on advantages that come with access legal and safe abortion services. This can be done through avenues such as road shows, use of clinic youth friendly spaces and in the schools.

13. THE BEST WAY TO FIGHT USE OF TRADITIONAL/HOME BASED ABORTION METHODS IS VIA PREVENTION OF SEXUAL ACTIVITIES AMONG YOUNG PEOPLE: Engagement in sexual activities leading to unplanned pregnancies is one of the main causes of abortion among young people. There is a need to strengthen the education on prevention of sexual activities among young people.

14. SIMULTANEOUSLY SENSITIZE COMMUNITIES ON LEGAL AND SAFE ABORTION: Young people expressed the need to use different methods that will allow simultaneous reach of young people with information on legal and safe abortion and other stakeholders to come on board. Government and other stakeholders should use media, door to door sensitization and workshops to simultaneously sensitize the communities on legal and safe abortion.

15. INCLUSION OF LEGAL AND SAFE ABORTION IN THE SCHOOL CURRICULUM: Young people expressed the need for the inclusion of legal and safe abortion in the school curriculum to allow learners grow up with knowledge on legal and safe abortion.