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Quality of Post Abortion Care and Service Satisfaction among Women who Received the Post Abortion Care Service in Dilla University Referral Hospital, SNNPR, Ethiopia

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Abstract

Background: Post abortion care encompasses a set of interventions to respond to the needs of women who have miscarried or induced an abortion. Over time, the view among medical and public health experts has evolved to define post abortion care services to include a comprehensive package of public health interventions beyond those oriented primarily around emergency medical treatment.

Objective: To assess quality of post abortion care and service satisfaction among women who received a post abortion care service in Dilla University Referral Hospital, Ethiopia.

Methods: Facility based cross-sectional study design was conducted among 78 participants purposively selected May, 2018. Patients and services providers interviewed and *via* observation inventory of equipments and supplies were carried out for the assessment. The source of population of this study was all women within the age range of (15-49) and who has already received an abortion service in Dilla University Referral Hospital during data collection period. Finally data was presented in frequency tables and graph and computed for significant association with overall satisfaction of clients.

Results: The age of the respondents of post abortion client ranged from 15 to 45 years and the majority 48(61.6%) of the respondents receiving post abortion care were found to be married at the time of the study. The respondents expressed that overall their satisfaction was 21(26.9%) whereas around three-fourth 57(73.1%) of respondents were not satisfied compared with the services they were received. Variable such as long waiting time and age of respondent ranged 31-35years were found to be associated with level of satisfaction of patients consumed relatively low quality of services.

Conclusion: The findings of this study was indicated that the overall satisfaction of patients toward post abortion care service was low and the health facility had inadequate medical equipment and supplies required for provision of quality services. Therefore; Health facility should be equipped with adequate and appropriate all inventories are required for provision of quality service of post abortion care and unique attention should be given to patients from trained service providers are recommended.

Keywords: Quality • Post abortion care • Satisfaction • Dilla University Referral Hospital

Introduction

Background

Worldwide complications of unsafe abortion account for 13% of pregnancy related deaths of those with 95% of the deaths occurring in low-income countries [1]. Unsafe abortion continues to be a major cause of maternal mortality and disability. Every year, 47,000 women die because of unsafe abortion and millions more face injuries [2]. Of the 38 million abortions performed annually in developing countries, more than half are unsafe (56%); in Africa and Latin America, virtually all abortions are unsafe (97% and 95%, respectively) [2]. Hospital records from developing countries suggest that 38-68% of women treated for complications of abortion are younger than 20 years old [3]. The World Health Organization (WHO) estimates that 10-50% of women who have an unsafe abortion need medical care [4] some women who experience spontaneous abortion also need treatment.

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An Ethiopian woman's lifetime risk of dying of maternal causes is high 1 in 14, compared with 1 in 2566 among women living in North America [5]. Abortions is known to cause serious short term and long-term negative health consequences including death. A major cause of maternal death in Ethiopia is complications of unsafe abortion because of the treatment requires accessible and high-quality medical services. Left untreated, complications of unsafe abortion can progress to life-threatening infection or hemorrhage. According to Ministry of Health statistics, abortion complications are the Fifth leading cause of hospital admissions among Ethiopian women [6]. A baseline facility assessment in 2008 identified a number of gaps and barriers. Only 47% of health centers in South Nation Nationality People Region (SNNPR) provided post abortion contraception the rest of them provided no abortion care at all [7] due to restrictive laws, lack of access to safe abortion and lack of quality post-abortion care.

Although there are no reliable data on national incidence of unsafe abortion in Ethiopia, some older household and hospital-based studies found that unsafe abortion accounts for as much as 25%-50% of maternal deaths in some regions and that poor post abortion management was among the main avoidable factors contributing to these deaths [3,4,8,9]. In 1996 National Safe Motherhood Needs Assessment found serious deficiencies in the availability and quality of post abortion care (PAC) in Ethiopia [7]. The three elements of PAC are, Emergency treatment services for complications of spontaneous or unsafely induced abortion, Post abortion family planning counseling and services, Links between emergency abortion treatment services and comprehensive reproductive health care. These are said to reduce abortion related maternal mortality, morbidity and disability are widely mentioned, but there are few experiences from different countries on how these elements are

delivered separately or being integrated. If well integrated the three elements are believed to address several aspects of care including those who need beyond emergency care [8,9].

Post abortion care encompasses a set of interventions to respond to the needs of women who have miscarried or induced an abortion. Over time, the view among medical and public health experts has evolved to define post abortion care services to include a comprehensive package of public health interventions beyond those oriented primarily around emergency medical treatment. Indeed, in 2002, the Post abortion Care (PAC) Consortium updated its model of post abortion care to include five essential, interrelated elements: treatment, family planning services, counseling, other reproductive and related health services, and community and service provider partnerships [10]. As a result the findings of this study are believed to be useful to find best ways to design and deliver PAC services to solve problems on the delivery of post abortion care particularly the delivery of post abortion family planning and emergency treatment of incomplete or unsafe abortion through assessing quality of post abortion care and its associated factors among women who received a post abortion care service.

Materials and Methods

The study was conducted in Dilla University Referral Hospital (DURH) in Dilla town which is the capital city of Gedio zone. Dill town is found at a distance of 365 kms from Addis Ababa the capital city of Ethiopia. It has one main road that passes through the town from Addis Ababa to Moyale. The hospital is providing the services, such as medical, Gynecology and Obstetrics, Pediatric and surgical and neonatal and adult intensive care units. DURH provides its medical services to around five million populations in its catchment areas of Gedio, Oromo, Sidama, Amaro and Burji. It has 26 beds in obstetrics and gynecology ward and two examination coaches at gynecologic OPD and procedure room. A facility based cross-sectional study was conducted by using quantitative methods May, 2018.

Study population

Purposively selected women within the age range of (15-49) and who are already received an abortion service at Dilla university referral Hospital during data collection period. A women who couldn't respond for the interview due to their sever illness at the time of data collection like women who couldn't hear and speech, mentally disabled, severely ill, patients who left against medical advice excluded from the study.

Sample determination and sampling technique

The sample size was calculated using previous study was conducted at Gurage zone, Ethiopia 50% [11] of proportion of women satisfied with PAC service (p=0.5) (Level of significance of the population was taken to be 95%, Z α/2=1.96). A 5% level of precision (d=0.05). Since the population <10,000, it needed adjustment the following formula was used n/(1+n/N) ~ 384/(1+(384/122). Finally the total maximum sample size considering of 10% of non-response was 100. A quota sampling technique was carried out those all post abortion patients consecutively served at facility was included in the study until the required number of cases reached.

Data collection procedures

Data were collected by the assigned clinical nurses by applying client exit interviewing with the protested structured questionnaires which were closed ended questions and was prepared in English version then translated into Amharic to keep its consistency. All the data collectors were females and trained for two days by the principal investigator on the objectives of the study and how to carry out the interview. The trained observer was remained inconspicuous and not to interfere with routine service provision rather than observe ring. The principal investigator was also assessed availability of equipment, supplies and medications for post abortion care service in the studied facility by using a standardized check list to record the existed situation. During data collection, (Figure 1) the collected data was cheeked for its completeness and the missing information at each point by trained supervisor that was assigned for this purpose.

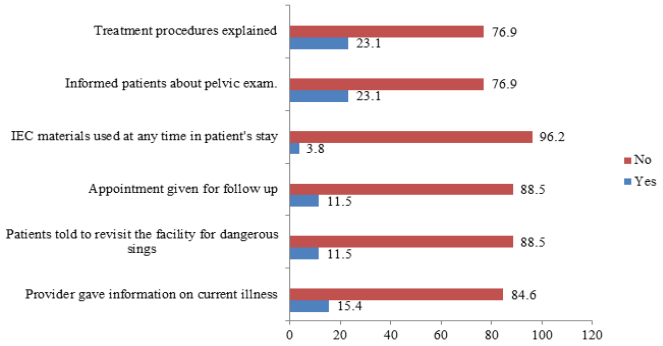

Figure 1. Information provision to post abortion patients in Dilla University Referral Hospital.

Table 1. Socio-demographic characteristics of respondents in Dilla University Referral Hospital (DURH).

Variables	Frequency	Percent (%)
Age		
15-20	6	8
21-25	18	23
26-30	18	23
31-35	24	30
36-40	6	8
41-45	6	8
Marital status		
Married	48	61.6
Single	30	38.4
Educational status		
No formal education	2	3
1-6 grade	4	5
7-12 grade	54	69
12+	18	23
Occupational status		
Government employee	30	38
Private Organization	6	8
Self-employee	6	8
No employment	15	19.2
Student	21	26.8

Table 2. Reproductive history of post abortion patients in DURH.

Variables	Frequency	Percent(%)
Previous Pregnancy		
01-Feb	39	50
03-Apr	27	34.6
>4	12	15.4
Delivery		
0-1	48	61.5
02-Apr	27	34.6
05-Jul	3	4
Previous Abortion		
Yes	27	34.6
No	51	65.4
Current Pregnancy wanted		
Yes	24	30.8
NO	54	69.2

Data analysis

The collected data was checked for completeness and entered to EPi data

Table 3. Fertility awareness, pregnancy intentions and post abortion FP counseling and method provision in DURH.

Variables	Frequency	Percent(%)
Fertility return after abortion		
One month	24	30.8
Two -three months	36	46.2
Six months	18	23
Future pregnancy plan		
Never	3	3.8
Immediately	21	26.9
Within two years	18	23.1
More than two years	36	46.2
Information on FP provided		
yes	3	4
No	75	96
Family Planning Method provided		
Yes	6	7.7
No	72	92.3
Reasons of not provided		
No raised the issue	60	76.9
Referral	18	23.1

Table 4. Basic facilities for post abortion care in DURH.

Facilities	Emergency ward	Procedure room	OBY/GYN ward
Visual Privacy	Yes	Yes	Yes
Examination Table	Yes	Yes	No
Stretchers	No	No	No
Adequate lighting room	Yes	Yes	Yes
Toilet for patients	No	No	Yes
Running Water	Yes	Yes	Yes
Blood pressure cuff instruments	Yes	No	Yes
Vaginal speculum	Yes	No	Yes
Tenaculum	Yes	Yes	Yes
Sponge Forceps	Yes	Yes	Yes
MVA aspirator	Yes	Yes	Yes
Lubricant for aspiration	No	No	No
Mechanical dilator	Yes	No	Yes
10-20 cc syringe	No	No	No
Artificial Manual Breathing Unit (AMBU) bag	No	No	No
Suction machine	No	No	No
Oxygen	No	No	No
Medication			
Misoprostol	No	No	No
Analgesic and antipyretic	No	No	No
Contraceptive supplies	No	No	No
IV Fluid	No	No	No
IV antibiotic	No	No	No

version 3.0 then exported to SPSS version 20 statistical software for further analysis. Descriptive statistics and summary measures of the variables were calculated. Both bivariate and multi-variate analyses was used to measure association between dependent and independent variables based on a crude and adjusted odds ratio with 95% confidence interval at P-value less than 0.05. Variables those comprised the criteria of associated factors was stated as statistical significant of outcomes variable of the study (Tables 1- 4).

Ethical considerations

Before data collection, ethical clearance was obtained from the college of medical& health science and Dilla university referral hospital medical director office. Letter was written to, medical director, department heads, and head nurses of the DURH to obtain their consent. Verbal consent was received from each abortion patients and health providers. Those who are unwilling to participate in the study was omitted. Names and other identifying information were not included in the study.

Operational definitions

Post abortion patients: are any patient presenting with sign and symptom of abortion and declared by the provider in charge as having an abortion regardless of the cause and type.

Quality: "Quality of PAC" assessed based on client satisfaction, providers technical competency and set up or facility assessment.

Client satisfaction: overall client's perception toward the PAC services she received.

Technical competence: refers to qualification, training background, skills and experience of providers.

Satisfactory quality of post abortion Care: if >50% of the interviewed scored they are satisfied on PAC they received.

Unsatisfactory post abortions care: if ≤ 50% of the patient interviewed have received and satisfied by PAC service.

Results

Socio-demographic characteristics of participants

Seventy eight study subjects were involved in study with 78% of response rate. The age of the respondents of post abortion client ranged from 15 to 45 years and the majority 48(61.6%) of the respondents receiving PAC were found to be married at the time of the study. Regarding to educational status around three-fourth 54(69%) of the study subjects had attended 7-12 grades.

Reproductive history of post abortion patients

Among participants just 39(50%) of respondents were pregnant at least once before the current pregnancy ended in abortion. The number of children delivered by women had post abortion was no children to seven in count before faced abortion. Above one-third 27(34.6%) of respondents had history of pervious abortion. Of the total only 24(30.8%) of respondents wanted current pregnancy at all.

Information provision

According to the respondents were reported, more than five-sixth of the cases 66 (84.6%), were not given information by providers on current illness likewise above seven in eight of cases 69(88.5%) were not told about danger signs that might be needed revisiting the facilities. Those who received information, they were informed on danger signs and symptoms mentioned excessive vaginal bleeding, abdominal pain, and fever, abnormal discharge and amenorrhea. In the same way greater than three-fourth 60(76.9%) of the cases, providers had not informed about patients what would happen during pelvic examinations.

Post abortion family planning and other reproductive health care

With regard to using family planning at the time of post abortion, nearly one-third 24(30.8%) of respondents were become pregnant again within one month due to they didn't aware of fertility return. In terms of future pregnancy plan more than one-fourth 21(26.9) of clients reported that they want to become pregnant immediately after post abortion. The majority 75(96%) of respondent were not given information on family planning rather than left patients without the issues.

Level of satisfaction

Seventy five (96.2%) of the respondents were reported that the waiting time was 6-12hrs between arrival and treatment to receive the service. A little

more than one-third 30(38.5%) of the clients stated that they were not given pain medication though they had pain during their stay in the hospitals. Based on the situation of services were given, the respondents expressed that overall their satisfaction was 21(26.9%) whereas around three-fourth 57(73.1%) of respondents were not satisfied compared with the service they were received.

In logistic regression multivariate analysis was done to see associated factors with overall satisfaction *via* adjusted (age of respondents, educational status, marital status, occupational status and waiting time) revealed that statistically significant difference was observed on response to age of respondent and long waiting time. Those whose age the range between 31-35 years were more likely satisfied with service compared to their age between 15-20 years (AOR= 2.148, 95% CI=(1.124, 9.651)). On the other hand those who reported that waiting time was long were less satisfied (AOR= 0.105, 95% CI= (0.102, 0.451)) than their computed group.

Technical competence

Of the total of eight health professionals were observed and interviewed four (50%) were medical intern, one was general practitioner (12.5%), three were integrated emergency surgical officers (IESO) (37.5%) who were providing services during data collection period were successfully addressed in the study. The physicians, medical interns, IESOs handled pelvic examination, history taking and Operative procedures. All the providers reported that they were taken basic training included postnatal care, sexual transmitted disease (STD) counseling, diagnosis and treatment, abortion emergency management at all.

Inventories (Equipment, supplies and medication)

Under observation with standard checklists the report of assessment that addressed in emergency ward and procedure room as well as gynecologic and obstetric ward were stated as following. Sinks and running water were available in both wards and procedure room. Although the electricity was available in both wards and procedure room, there was no adjustable light at procedure room which helps to see the cervix rather than adequate light available.

The medical equipment like, blood pressure cuff, speculum, tenaculum, spongforceps, containers for sterilized equipment, MVA aspirator, annuals and mechanical dilators were available at emergency room which is used to any of gynecologic and obstetric or emergency ward. On the other hand the equipment which is important for emergency post abortion care like lubricant for MVA aspirator, 10-20cc syringe for par cervical block, lidocaine which is a local anesthesia and stretcher were not available. In the same way the medications which are very important for emergency management of abortion, like IV fluids, IV cannula, misoprostol, analgesic and antipyretic, contraceptive supplies and IV antibiotics were not available in the both wards and procedure room.

Discussion

The mean age of abortion patients of this study is similar to findings were conducted different part of Ethiopia [12-15]. Similarly range and mean parity of this study is also almost similar to the finding was done at Gondar University Hospital [16] but slightly higher when compared to the two studies from abroad. This may be explained by the difference between fertility and contraceptive prevalence rate between the countries.

In our study history of previous abortion appears to be higher when compared to other studies were conducted in Ethiopia and about 54(69.2%) reported that current pregnancy was unwanted, among them no one admitted that the pregnancy was interfered. WHO classification of abortion set as, the group who admitted interference in the certainly induced abortion category; whiles those who said current pregnancy was unwanted but denied interference in the category of possibly induced abortion [17]. As a result, the number of interference with current pregnancy may be higher than stated in the study. In general this is a sensitive area that respondents do not want to disclose. Due to this fact results from different studies show varying number of proportions between spontaneous and induced abortions.

Concerning of the post abortion FP counseling and method provision Post abortion care setting is one of the few important opportunities to provide contraceptive counseling to women in the developing world [18,19]. In fact that the Post abortion FP is not equivalent to providing FP method for every post abortion patient. Some Women may want to become pregnant immediately after having an abortion while the most of women don't want to be pregnant at this time [18]. For instance, post abortion family planning counseling and provision tends to be lower 8% in this study as compared to other study conducted in Guraghe Zone (56.5%) [20]. To make universal clarity giving temporary methods and appointing or referring to nearby facilities for counseling at later time may be appropriate in some cases and minimum information should be given on how soon fertility can return, about different contraceptives and how to obtain them [18]. In other way the findings of this study indicated that 18(23.1%) of the clients were referred and this is a little bite higher than as compared to a study in Tigray region(16.6%) of clients were referred [21]. This figure is alarming to take in to consideration due to the fact that abortion is accompanied by un protected sex and contraceptive failure makes referral vital component of PAC.

Unfortunately, this study revealed that neither the information and counseling nor method of provision to be sufficient. Almost the information and method of provision were limited to zero. Its finding is very low than the similar study conducted at southern part of Ethiopia [16]. The discrepancy might be study design, sample size and study period.

Although, the current study finding was showed that range for waiting time to get the actual treatment was found to 6-12 hrs whereas findings in other studies showed that the waiting time to be 1-7 days and which is statically significant associated with overall satisfaction of post abortion care. In addition it is disheartening that finding of this study indicated that client satisfaction on PAC service delivery was lower as compared to previous studies done in the country where the majority (79.6%) expressed their satisfaction with the services they received.

Limitation

The study was only focused on public health facility and doesn't show the image of post abortion care practices in private health facilities. In addition, since the study design used was cross sectional it is difficult to establish cause and effect.

Conclusion

The findings of this study was indicated that the overall satisfaction of patients toward post abortion care service was low and long waiting time and age of respondent were associated with level of clients' satisfaction. However, all of the service providers had taken the basic training that was not exercised by focusing on general management of PAC clients. Following this the health facility had inadequate appropriate medical equipment and supplies required for providing post abortion care services. Comprising the above idea quality of the services provision was relatively affected at all.

Recommendation

Health facility should be equipped with adequate and appropriate all inventories are required for provision of quality service of post abortion care. Techniques in reducing waiting time to get the service should be focused and unique attention should be given to patients from trained service providers on cases management practice associated with the care that need to be improved.

Competing Interests

The author would like to declare that I have no competing interest in this

study.

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