Providers’ Knowledge, Attitudes and competencies for the provision of Post-Abortion Services and contraception in six districts in Uganda: Baseline findings during training

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Background of the problem

- Safe abortion for unplanned pregnancy is unacceptable in Uganda, yet unsafe (induced) abortion is responsible for at least 30% of all maternal deaths.

- Most induced abortions carried out in Uganda take place in secrecy under unhygienic conditions.

- Each year, an estimated 300,000 induced abortions are performed in Uganda

- 85,000 women are treated for complications as a result of unsafe abortion
What is the practice?

- Post Abortion Care is known to be the work of doctors who are very few or sometimes not there and they commonly use instruments for D&C.

- In most health systems, women treated for abortion complications rarely receive any counseling or services to prevent subsequent unplanned pregnancies.

- According to the Post Abortion Care protocol, the provision of family planning counseling and uptake of method is one of the requirements for the complete continuum of Post Abortion Care, unfortunately this is not being done in the many of our settings.
What is the situation?

Whereas induced abortion contributes to about 30% of maternal death;

- Lack of access to adequate family planning services is a major contributor to the global problem of unsafe abortion; conversely, unsafe abortion is a prime indicator of the unmet need for safe and effective contraceptive methods.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uganda</th>
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<tbody>
<tr>
<td>MMR</td>
<td>435</td>
</tr>
<tr>
<td>CPR</td>
<td>24%</td>
</tr>
<tr>
<td>Unmet need –FP</td>
<td>41%</td>
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</table>
Study Areas – six districts in Uganda

Map of Uganda
Purpose of the study

- Assess the providers’ knowledge, attitudes and competencies in providing post-abortion care services and counseling for FP method uptake for mothers after abortion.
Objectives:

- To assess the Health Providers knowledge and experience with the case management of Post-abortion complications

- Assess knowledge and skills of counseling for a family planning method after abortion

- Establish the factors that hinder the provision of quality Post-abortion care family planning
Methodology:

Qualitative study and used the in-depth interview

- Administered pretest questionnaire to participants at the start of the training to obtain baseline information.

- A focus group discussion was used to draw common knowledge from the health workers on post-abortion care services and family planning counseling.

- Thematic and content analysis was used to analyze the data.
Key Findings

Situation per district

- **3** districts had one trained Provider each.

- **1** district had four trained midwives but two had left the district, two who remained acknowledged being trained for only three days by some NGO and were not provided with equipment, so they were not able to provide any services.

- **2** districts had one provider each who learnt on the job through Doctors.
Key findings Con’t

Of the 109 health workers who subjected to the pretest to determine their baseline knowledge:

- Inadequate knowledge to provide PAC services among providers; scores <50%
- Many question were left blank by providers
Many of the health workers displayed punitive attitudes towards providing PAC. These attitudes are driven by community bias and they cannot make a difference between inducing abortion and providing PAC. This is what some had to say:

- "We don’t know what to do, that is doctors work...”. It is a new procedure, how shall we start explaining to the community about it”, One midwife responded during the interview.

- My dear, here it is difficult to discuss Abortion related issues to the community because you will be mistaken to be advocating or promoting abortions..., the culture here condemns abortion and it is like an act of killing”. Health provider, Rukungiri district

- We fear to expose ourselves helping women with such complications of abortion because the communities have a negative attitude towards the procedure. They will say the provider is does abortions.”
“Do you think this procedure of MVA is really going to work? Is it practical with these midwives/clinical officers of ours? Some of them went and brought those MVA sets and they are only lying expired in the cupboards..., Ok, good lack”. The Medical Superintendent of one Hospital responds.
FP knowledge and practice

- Inadequate knowledge among providers on both PAC and FP
- Inadequate supplies of FP methods in the health facilities.
- Attended some training but practicing with difficulty – No, supply, high workload.

Knowledge by percentage

- Lacked information on both PAC and FP: 50%
- Some training and practices with difficulties: 27%
- No methods available in the facility: 23%
Hindrance to providing PAC/FP services

- Lack of knowledge and counseling skills among providers for the various FP methods

- Lack of awareness on resumption of fertility in mothers after abortion

- Negative attitudes and bias among providers on abortion related problems
Con’t

- Lack or inadequate supply of FP methods in the facilities

- Some health workers also share myths and misconception about FP like the community

- Lack of motivation among H/W
What did it mean?

The findings in this study therefore justifies the need to focus on:

- Task shifting by effective training of mid-level service providers in order to increase provider numbers, improve their skills and change provider attitudes to PAC and FP services

- Increase knowledge of counseling for FP after PAC services

- Increase the supply of different contraceptive methods to facilities with trained providers
Con't

- Increase sensitization to communities, mothers, opinion leaders and H/W for PAC and FP services

- Establish strong functional links between emergency post abortion care and FP services

- Make clear the protocols for post abortion contraception in all facilities

- More research to identify strategies to be used/support evidence for improving the quality of post abortion care and FP among providers
Conclusion

Whereas there is an assumption that there are some providers trained to provide PAC and FP services, the fact on the ground is quite alarming in many of the districts tagged as hard to reach.

Quality training, equipping facilities with PAC equipments and FP methods will go along way to improve the care given to women after abortion and help them avoid unplanned pregnancy – hence unsafe abortions
Acknowledgment

- IPPF who sponsored the project of Post Abortion Care and Education in those districts
- MSI and MSU - M/E team
- MoH Uganda – provided some MVA sets
- DHOs and DHTs of the six districts
- Participants who turned up for the training on PAC and FP
The End

Thank You for listening to me
References


2. Uganda Demographic Health Survey (2006)