

## Post abortion care utilization and associated factors among women of reproductive age in Lira city. A cross-sectional study.

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### Abstract

#### Background

PAC is an effective intervention for decreasing maternal mortality and morbidity owing to abortion. PAC Services are services offered by the healthcare professionals to women who have had an abortion to prevent complications related to Abortion. This study aimed to assess the level of PAC service utilization among women of reproductive age in Lira City.

#### Methods

This was a quantitative cross-sectional study done among women of reproductive age in Lira City. A total of 335 women were recruited by multistage sampling. The data was collected using a pre-tested structured questionnaire. Ethical approval was obtained. Data was analyzed using SPSS version 23.

#### Results

(66%) had attained basic education, and about 61.5% of the participants were single. The majority (62.6%) of the participants were employed in various types of jobs with average monthly income ranging from 5,000 to 50000 (Ugx). The prevalence of abortion among participants was 31.3%. Out of 31.3% (105) participants who had an abortion, 60% (63) sought PAC, while 40% (42) did not think of seeking any care. About those who sought help, most 31(9.3%) sought professional help from the hospital, and most 29(8.7%) sought help from a nurse. The majority, 67 (20%), sought help only once.

#### Conclusion

Utilization of PAC was found to be high among women of reproductive age in Lira City. This was most likely to be done by married women as a result of support from husbands and the community.

#### Recommendations

Communities should be sensitized about PAC services and their importance in reducing complications of abortion, such as infections, infertility, severe bleeding, and mortality as a result of unsafe abortion.

**Keywords:** Abortion care service utilization, Women of reproductive age, Lira City, Lira University.

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### Background

An estimated 21.9 million unsafe abortions are performed in the world annually, and 97% of these occur in low-income countries (Paul et al., 2014). Abortion laws in many countries are restrictive, leaving women no choice other than to procure unsafe abortion (Faúndes & Miranda, 2017). The capacity of health facilities to provide Abortion Care is low, evidenced by only 66% of PHC facilities providing basic PAC services (Nsemo et al., 2021). General access to and use of contraceptive methods are limited, and the low status of women prevents them from making independent decisions on their own sexual and reproductive health (SRH) (Paul et al, 2014). Abortion, Family planning, and linking PAC clients to other SRH services are not done in most facilities (Nazziwa, 2018). Teenagers and the least privileged (low income, uneducated, and unmarried) of the

society are less likely to access family planning services due to factors such as multiparty, marital status, and having a history of Abortion (Bizuneh & Azeze, 2021)

Approximately two-thirds of maternal deaths worldwide occur in countries affected by fragility and crises (Tran et al., 2021). Unsafe abortion is one of the leading causes of maternal mortality and morbidity (Gebremedhin et al., 2018). Africa reports one of the largest proportions of unsafe abortions (44%) with the highest rates globally at 18–39 per 1,000 women (Paul et al., 2014). To avert this, emergency care for women with abortion complications (PAC) and safe termination of pregnancy (SAC) are lifesaving (Tran et al., 2021). PAC is currently offered in many facilities in Sub-Saharan Africa (Izugbara et al., 2020). However, a study in Zimbabwe shows that only 30% of the population received PAC services (Campbell et al., 2016). Lack of knowledge

about some PAC components among service providers is one of the factors that contribute to the low level of utilization of PAC services (Nsemo et al., 2021). Adolescents and poor or rural women often obtain abortion services from unskilled persons or induce the abortion by themselves due to restrictive laws on abortion (Pebalo et al., 2020). PAC is an effective intervention for decreasing maternal mortality and morbidity owing to abortion; Notably, PAC has been identified as a priority intervention to improve women's well-being and to advance Agenda 2030 (Cleeve et al, 2019). The concept of PAC was first articulated in 1991 by Ipas (Amanda Cleeve, 2019). Three years later, in 1994, the first PAC model was developed, comprising three components, which include treatment of complications owing to spontaneous or induced abortion, post abortion contraceptive counseling and provision, and counseling in response to women's emotional and physical needs (Ngalame et al., 2020). Following the ICPD in 1994, the model was developed further to comprise five elements by the addition of two elements, such as linkage to reproductive or other health services and community and service provider partnership, due to a perceived need for a more prevention-oriented model (Cleeve et al., 2019). Not much is known about how well the PAC services are utilized by the clients who need them (Mcharo, 2016). This study aimed to assess the level of PAC service utilization among women of reproductive age in Lira City.

## Methodology

### Study design

The study was a cross-sectional study, which employed quantitative data collection because both the outcome of interest (utilization of PAC services) and exposure (factors associated) were studied simultaneously.

### Study site

This study was conducted in Lira City, which is located approximately 337kilometers by road north of the city of Kampala, the capital and largest city in the country. The coordinates of Lira city are 2°14'50.0" N, 32°54'00" E (Latitude: 02.2472; Longitude: 32.9000), at an average elevation of 1063m (3488ft) above sea level. Lira district is bordered by: Pader to the north, Otuke to the northeast, Alebtong to the east, Dokolo to the southeast, Apac to the southwest, and Kole to the west. Administratively, Lira district is divided into three constituencies, which are equivalent to three health sub-districts, one being urban (Lira city council), further subdivided into lower administrative units, namely 13 sub-counties and 83 parishes (22 in urban) and 717 villages (64 in urban). It has a population of about 478500 Persons, of which the majority are subsistence farmers, who speak and understand the Lango language.

### Study setting

The study setting was Lira city west division, which has eight sub-counties, including Adyel, Ojwina A, Barapwo, Amuca, Lira, Adyel A, Adyel B, and Adyel C.

### Study populations

Target population: Women of reproductive age (15 to 45) residing in Lira City West, Lira City.

Accessible population: Women of reproductive age in Lira city, who consented to participate in the study. They were accessed during daytime, through walking to their homes, the streets, and at business points such as kiosks, shades, and shops.

### Eligibility criteria (inclusion & exclusion)

#### Inclusion criteria

All women of reproductive age, 15 to 45, living in Lira City, the west division.

#### Exclusion criteria:

All women of reproductive age within Lira City west division who are mentally incapacitated, unwilling, or are too ill to participate.

### Sample size determination

This study benefited from Kish Leslie's (1965) formula of sample size determination.

Number (n) = Where;

n= the estimated sample size.

Z = is a 95% confidence interval, on a standard normal distribution.

p= the percentage of the population that received quality PAC, 32.5%(Nazziwa, 2018)

q= the proportion of the population that has not received quality PAC, 67.5%

δ = the percentage error to be committed, which is 5%.

Z=1.96, p=0.325, q=0.675, δ=0.05

$$n = \frac{(1.96)^2 \times (0.325) \times (0.675)}{(0.05)^2}$$

= 337.1004, which is approximately 337 women

### Sampling procedure

A multistage sampling technique was used in data collection, where the population is divided into stages for primary data collection. During this sampling method, the significant people are split into sub-groups at various stages to make it simpler for primary data collection. For this study, the City West Division will be divided into sub-counties, Parishes, Villages, and households. Data was collected using a random sampling technique at the household level.

### Study variables

The outcome variable of this study is the utilization of abortion care services.

### Dependent variables

The dependent variable is the utilization of PAC services among women of reproductive health in Lira City. A yes response signifies that they have ever utilized PAC services, while a NO response signifies that they have not utilized PAC services. Therefore, a 60% affirmative response signifies high utilization, while a response below 60% shows low utilization.

### Independent variables

These include the different factors like Individual (lack of knowledge, marital, etc.), system (limited resources, health workers' attitude, etc.), and socio-economic (stigma, inaccessibility, etc.). They will be measured depending on the responses from the questionnaires on the individual, socio-economic, and system factors associated with the utilization of post abortion care services. More than 60% of affirmative responses signify Knowledgeable, aware, and utilizing the post abortion care services, and vice versa. A home more than 5km away is far from the hospital.

### Data collection tool

This study used questionnaires structured in the English language, which were verbally translated into Lango to cater to non-English speaking and illiterate participants. The researcher asked individual participants the closed-ended questions from a questionnaire, and ticked according to the responses given by that participant. Most of the participants were unable to read, comprehend, or write. Closed-ended questionnaires were used so that the responses of participants were guided.

### Data collection procedure

Written permission to carry out the study within Lira City was obtained from the city medical officer, Lira City. Permission to participate in the study was sought from the individual respondents who provided informed consent. Participants who consented to participate in the study were interviewed using the interviewer-administered questionnaire.

On completion, the study participants were appreciated verbally, saying thank you for participating in the study, and were reassured that all the information provided by them would be kept confidential and safe.

### Quality control

A study tool was pretested at Lira University among female students of reproductive age with 20 researcher-administered questionnaires to ensure consistency and

validity. The exercise lasted for two days; then, the necessary modifications were made to the tool. The questionnaire was written in English, but administered by the researcher, who translated it into Lango as needed. The consent forms were translated into Lango, and participants retained a copy.

### Data management

Each questionnaire was checked immediately after the interview for completeness by the researcher. At the end of data collection, the questionnaires were entered using SPSS software version 23.

Data cleaning was done, and the data was protected by a password to avoid the breach of confidentiality.

### Data analysis

SPSS version 23.0 statistical software was used to generate descriptive statistics. All the information was coded and assigned to the study variables. To answer objective 1, Univariate analysis for frequencies and percentages was done, and the results were presented in texts, tables, charts, and graphs.

To answer objective 2, bivariate and multivariate logistic regression were done to determine the factors associated with utilization of PAC services. Odds ratio was used to measure association and computed at a confidence interval of 95%. Statistical significance was assessed using a P-value less than 0.05.

### Ethical considerations

Approval: The study was first approved by the Research and Ethics Committee, Department of Nursing and Midwifery, Faculty of Health Sciences, Lira University. Further letter of approval was presented to the City Health Officer (CHO) of Lira City. Permission was obtained from the individual participants.

Consent: Informed consent was sought from all the people who were selected to participate in the study. They were told the relevance of the study in reducing the rate of maternal morbidity and mortality related to abortion. The participants were also told that their participation is voluntary and risk-free, and they have the right to withdraw from the study at any point during the study without any punishment.

Confidentiality: Participants' identifiers, like names, actual place of residence, and phone numbers, were not used in questionnaires. The information gathered was coded to prevent identification of the participants.

### Results

#### Socio-demographic characteristics

The mean age of study participants was 26.09. The majority (87%) of the participants were Christians, with more than half (66%) having attained basic education, and about 61.5% of the participants were single. The majority (62.6%) of the

participants were employed in various types of jobs with average monthly income ranging from 5,000 to 50000 (Ugx).

**Table 1: Shows Socio-demographic characteristics of the study participants**

Variables	Frequency [n=335]	Percentage [%]
<b>Age</b>		
1-29	248	74.0
≥30	87	26.0
<b>Marital status</b>		
Single	206	61.5
Married	129	38.5
<b>Parity (number of deliveries)</b>		
Nulliparous (0)	146	43.6
Para 1 (1)	55	16.4
Multiparous (1-5)	117	34.9
Grand multiparous (>5)	17	5.1
<b>Education level</b>		
Uneducated	114	34.0
Educated	221	66.0
<b>Religion</b>		
Christian	292	87.2
Muslim	31	9.3
Others	12	3.6
<b>Occupation</b>		
Peasant farmer	76	22.7
Employed	51	15.2
Business woman	96	28.7
Unemployed	112	33.4
<b>Income level (Ugx)</b>		
5,000-50000	190	56.7
>50000	145	43.3

*Source: data from participants, September/October 2021*

### Prevalence of abortion among participants [n=335]

Figure 2: Shows the Prevalence of abortion among respondents

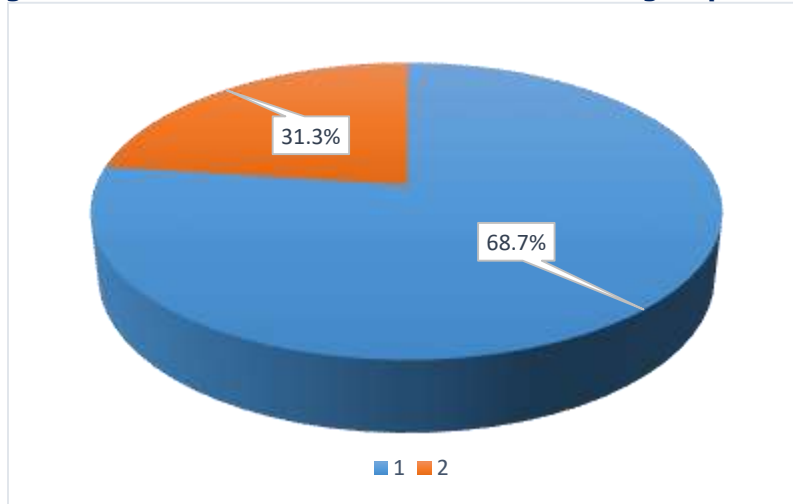


Figure 2: The study determined abortion by the structured questionnaire; participants who answered yes to question 8 were considered to have ever had an abortion. The study

measured the occurrence of abortion among women of reproductive age from 15 to 45 years of age. The prevalence of abortion among participants was 31.3%.

### Utilization of PAC services

Figure 3: A pie chart showing the level of utilization of PAC services

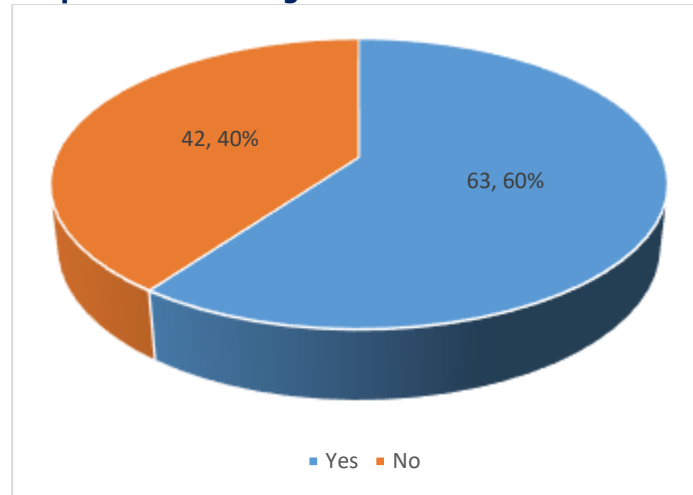


Figure 3: Utilization of PAC services was measured by question 9, and participants who answered yes were considered to have utilized the services. It indicates that out of 31.3% (105) participants who had an abortion, 60% (63) sought PAC, while 40% (42) did not think of seeking any care.

About those who sought help, most 31(9.3%) sought professional help from the hospital, and most 29(8.7%) sought help from a nurse. The majority, 67 (20%), sought help only once.

**Table 2: showing the Source of professional help, frequency of abortion, and services received.**

Variables	Frequency [n=335]	Percentage [%]
<b>Source of help</b>		
Clinic	25	7.5
Hospital	31	9.3
Drug shop	11	3.3
No help sought	38	11.3
NA	230	68.7
<b>A cadre of health professionals</b>		
A doctor	24	7.2
A nurse	29	8.7
A midwife	14	4.2
No help	38	11.3
NA	230	68.7
<b>Frequency of miscarriage</b>		
Once	73	21.8
Twice	21	6.3
More than twice	11	3.3
NA	230	68.7
<b>Frequency of facilities with the same problem</b>		
Once	67	20.0
Twice	6	1.8
More than twice	3	0.9
NA	259	77.3
<b>Services received</b>		
Family planning	8	2.4
PAC	55	16.4
Not sure	13	3.9
NA	259	77.3

*Source: data from participants, September/October 2021*

## Discussion

### Socio-demographic characteristics of participants.

The majority (76.2%) of participants who were educated sought care after having an abortion. This implies that education increases the likelihood of PAC service utilization. A study done in Nigeria found that there is a significant mean difference in women's understanding of PAC due to educational qualification (EYAM, MARY EKPOR.Pdf, n.d.). It is similar to this finding because the study was also done in a community setting, though the difference was not specified. Married (74.5%) participants sought PAC after losing a pregnancy; this could be due to support from their spouses and in-laws. Another study done in Uganda stated that unmarried PAC patients, both adolescents and non-adolescents, have higher odds of experiencing complications than those who are married (E. A. Sully et al., 2018). It is comparable to findings from this study since both were conducted in the same geographical location with similar socio-demographic characteristics.

### Prevalence of abortion

The result showed that 31.3% of the participants had an abortion, 74.0% were between the ages of 15 and 29, and were single (61.5%). This implies that most abortion occurs in this age bracket and among unmarried individuals. This is similar to a study done in 2017, which said the abortion rate is highest among adolescent girls at 62.9 per 1000 (E. Sully et al., 2017). This could be because they are school-going girls and not ready to bear children. Unmarried women have a higher rate of abortion, which could be due to fear of taking up the responsibility of child upbringing. Also, a study in 25 countries in Sub-Saharan Africa showed that abortion is at a rate of 10.1% and the odds of pregnancy termination were higher among adolescent girls and young women who had ever experienced intimate partner violence (Ahinkorah, 2021). The difference is because the study was done among adolescents and young women experiencing intimate partner violence only. The rate is lower. In this study, the prevalence of abortion is higher compared to that

of a study done in Nepal in 2018, which has a prevalence of abortion at 21.1% (Yogi et al., 2018). This difference could be due to differences in the study population with various characteristics like age, marital status, and knowledge. A study done in Korea among working women showed abortion prevalence of 23.0% which is lower since the study was among working women who could be aware of the complications of abortion and have a high level of income, which could enable them to afford the necessary care during pregnancy and childbirth (Park et al., 2017).

### Utilization of PAC services

There is a high rate of utilization of PAC services at 60.1%. This is because most women know the complications such as secondary infertility, infections, severe bleeding/Anaemia and death that one would get if not given necessary care after an abortion; also, PAC services being free of charge in government facilities increased the rate of utilization because according to the result, most women who utilized the services went to public facilities. It is contrary to a study done in Ethiopia, which noted low utilization (31.4%) (Zemene et al., 2014). The difference could have arisen due to the different sample size, whereby the other study had 541 participants involving women of reproductive age attending maternal and child health services in six facilities, as this study had only 335 participants in the community. Another study done in China found utilization of PAC services at 42% (Wang et al., 2020). It is due to the difference in geographical location and socio-demographic characteristics of the participants.

### Conclusions

Factors such as education level, marital status, and knowledge increased utilization of PAC services, while factors like stigma and restrictive abortion laws decreased utilization of services.

### Study limitations

Insincerity in giving information by participants leads to bias.

Non-responsiveness by some participants because of being busy, which was solved by ensuring appropriate rapport-building with the participants

### Recommendations

Provide privacy to women who seek PAC services, strengthen the counseling service, be empathetic towards them, and ensure that follow-up is done.

Those who own private health facilities should make the price of abortion services affordable for all categories of people.

Sensitize the community about PAC services and their importance in reducing complications of abortion, such as

infections, infertility, severe bleeding, and mortality as a result of unsafe abortion.

Provide adequate supplies and equipment in health facilities for quality and timely management of conditions related to abortion and its complications.

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### Acronyms and abbreviations

DHO	District Health Officer
LRRH	Lira Regional Referral Hospital
PAC	Post Abortion Care
SPSS	Software Program for Social Scientists
WHO	World Health Organization
LCW	Lira City West
RMNCAH	Reproductive, Maternal, Child, and Adolescent Health
SAC	Safe Abortion Care
SDGs	Sustainable Development Goals

### Source of funding

The study was not funded

### Conflict of interest

The author did not declare any conflict of interest

### Data availability

Data is available upon request

### Author contribution

Eunice Anena collected data and drafted the manuscript of the study

Grace Auma Anna supervised the study

### Author biography

Eunice Anena is a student of the Bachelor of Science in Midwifery at Lira University.

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