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Experiences of post-abortion care service providers in public health facilities in Osun State, Nigeria

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Abstract

Background: Post-abortion care (PAC) service providers have had some negative service provision experiences that affected them, and also influenced the quality of care they provided to patients. Nevertheless, there is little information on these experiences of PAC service providers in Nigeria.

Objective: This study explored the service provision experiences of PAC service providers in public health facilities in Osun State, Nigeria.

Methods: This study was qualitative (case studies), and involved one Community Health Extension Worker (CHEW), one Community Health Officer (CHO), four nurses/midwives, and four doctors (a total of 10 service providers) that were purposively selected from eight (two primary, four secondary, and two tertiary) public health facilities. The study instrument was a pre-tested interview guide, while In-Depth Interviews (IDIs) were used to obtain information from the participants. Thematic analysis was used to analyze the data with the ATLAS.ti version 9 software.

Results: Their experiences were either personal, or involved other service providers, or the patients. Some of the negative experiences included physical assault and verbal abuse. Overall, four participants said their experience had been good so far, while 2 participants each said their experiences had been fair, not so good, and a mixture of the good and the bad.

Conclusion: The personal negative experiences of the PAC service providers affected them psychologically. The public should observe decorum at all times, and separate cultural bias and the real act of abortion from PAC. The PAC service providers should always treat patients with dignity, and without personal or religious biases.

Keywords: Post-abortion care, service providers, experiences, public health facilities, Osun State, Nigeria

Introduction

Globally, abortion has remained a subject of intense social, legal, moral and even medical debate, especially in low-and-middle-income countries (LMICs) [1, 4]. Abortion is also associated with stigmatization which the patients have to deal with, particularly in LMICs as well. This stigmatization has occasionally affected the quality of post-abortion care which patients receive in health facilities, and has also had negative effects on their mental and emotional well-being for long periods after the incident [5, 6].

However, abortion stigmatization has also been occasionally extended to the post-abortion care (PAC) service providers (health workers) that attended to the patient [7, 10]. In most cases, this happened even in situations where the service provider did not contribute to the abortion process, but only provided PAC to a patient that presented with complications after the abortion.

A scoping review reported that PAC service providers in various countries faced stigmatization and marginalization by the society, and even by some colleagues to the extent that they started wondering if providing PAC to patients was morally correct [7]. A similar study reported that PAC service providers also faced stigmatization and judgement from the society and some of their colleagues. This led to emotional distress and psychological trauma, with some of the affected service providers considering cessation of PAC service provision [8].

A global survey on the experiences of PAC service providers also revealed that most of the service providers faced stigmatization, especially in countries with restrictive abortion laws [9]. As a result, majority (84%) of the stigmatized service providers reported some degree of workplace burnout, with a strong correlation between stigmatization and workplace burnout. A related survey in Nigeria also reported stigmatization among PAC service providers with activities such as disrespect, name-calling, profiling and social isolation. This was also without regards to the fact that the service provider only provided PAC. This stigma was attributed to religious and cultural beliefs about abortion, the restrictive abortion laws in Nigeria and outright hypocrisy. Consequently, some of the service providers felt guilty, but majority of them reported a sense of satisfaction because they helped to save the lives of the patients involved.

Considering the negative experiences of PAC service providers due to abortion stigmatization, as well as the negative effects such experiences have had on the service providers and even on the patients they managed, it important to have adequate data that is nationally representative on these issues. These data will provide evidence for interventions that will control this trend of

stigmatization of PAC service providers and assist in achieving the desired improvement in PAC service provision in Nigeria and other LMICs. Thus, this study explored the experiences of PAC service providers in public health facilities in Osun State, Nigeria.

Materials and Methods

Study Area

This study was carried out in public health facilities in Osun State, South-West Nigeria.

Study Design

It was a qualitative study (case studies).

Study Population

PAC service providers in public primary, secondary and tertiary health facilities in Osun State, Nigeria.

Inclusion Criteria

1. Community Health Extension Workers (CHEWs), Community Health Officers (CHOs), Nurses, Midwives and Doctors that were staff of public health facilities in Osun State, and gave consent to participate in the study. These are the cadres of health workers that are authorized to provide various PAC services in Nigeria according to the Task Shifting/Task Sharing Policy of the Federal Ministry of Health [11].
2. Post-abortion care service providers that have worked for at least twelve months in their respective health facilities.

Exclusion Criteria

1. PAC service providers that were on leave at the time of the study

Sample Size Determination and Sampling Technique

The sample size for this study was 10 service providers that were purposively selected from the health facilities where they work (8 facilities). Two service providers (a CHEW and a CHO) were selected from two public primary health facilities (one rural and one urban), while four service providers (two doctors and two nurses) were selected from four public secondary health facilities (two rural and two urban), and the two public tertiary health facilities in the state.

Research Instrument

The research instrument for this study was a purpose-developed, pretested interview guide that explored the experiences of the PAC service providers. The interview guide was pretested in Ogun State, Nigeria with three PAC service providers which included a CHEW, a nurse/midwife and a doctor from a public primary, secondary and tertiary health facility respectively.

Data Collection Method

In-Depth Interviews (IDIs) were conducted by the lead researcher to explore the experiences of the PAC service providers. The interviews were audio-recorded and were held in the health facility where each service provider works.

Data Analysis

The audio-recorded interviews were transcribed verbatim. Transcripts were uploaded into the ATLAS.ti (Version 9) software for data segmentation and coding. Data segmentation was used to identify the quotations relevant to the study, and these quotations were coded according to the themes identified from the data as they emerged. This was used to develop a coding outline. Findings from the interviews were presented as verbatim quotes, while the summaries of the quotes were presented in prose.

The analysis process was by iterative thematic analysis to ensure that new themes and subthemes identified were sufficiently captured. In summary, the steps involved in the qualitative data analysis were transcription, reading and familiarisation, coding, generating themes, reviewing themes, defining and naming themes, and writing the results.

Ethical Approval

Ethical approval for this study was obtained from the Human Research and Ethics Committee of the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife (ERC/2021/03/21), and the Uniosun Teaching Hospital, Osogbo (UTH/EC/2022/02/576). Ethical approval was also obtained from the Osun State Ministry of Health (OSHREC/PRS/569T/221), while permission was obtained from the Osun State Primary Health Care Development Board, as well as the Medical Directors of the selected public secondary and tertiary health facilities, and the Officers-in-Charge of the selected primary health facilities.

Autonomy and Consent

The participation of the respondents in this study was entirely voluntary. An informed consent to participate in the study was obtained directly from the respondents, and they were at liberty to opt-out of the study at any point in time without any fear or penalty. The participants were also assured of the anonymity of their identities, and confidentiality of the information obtained from the in-depth interviews.

Study Limitation

The private health facilities in the state, especially secondary health facilities were not involved in this study. Consequently, this study may not give the full experiences of PAC service providers in Osun State, Nigeria.

Results

Table 1: Themes, Subthemes and Codes from the Experiences of the PAC Service Providers

S/N	Theme	Subtheme	Codes
1	Personal harassment due to PAC service provision		Physical assault
			Deflation of tyres
			Verbal threat
			No
2	Harassment of a patient receiving PAC		Physical assault
			Verbal abuse

			No
3	Stigmatization due to PAC	Personal	Name calling
			No
		Patients	Name calling
			Isolation
			No
4	Influence of culture or religion on PAC service provision	Personal	Initial withholding of contraceptives
			No
		Other people	Refusal of contraceptives
			Abortion complications as punishment
			Refusal of blood transfusion
			No
5	Overall experience of PAC service provision		Good
			Not good
			Mixture of good and bad
			Fair

With regards to personal harassment due to PAC service provision, some respondents said they had not experienced such, while others said they had been physically assaulted and verbally threatened. One respondent said he had his tyres deflated once. Here are their quotes:

"No, I have not been harassed before on account of PAC." (Doctor, tertiary facility).

"Yes, I was slapped for rendering PAC to a patient. Her mother brought her to the hospital, apparently against her father's advice. While I was attending to her, her father showed up at the hospital and started shouting, and when I tried to calm him down, he slapped me and said that I should not have touched his daughter in his absence. Moreover, he told her mother to take her to their local healer, and not the hospital." (Doctor, secondary facility).

"Yes, I was verbally threatened once. A maid got pregnant and had D & C in a chemist. We are neighbours, so I know her as well as her mistress. Then, she started bleeding and was rushed to the hospital where I work by two other neighbours. I called her mistress who was not in town at that time and she insisted that we should leave her to die as punishment for her sins. However, I called her sister who came and authorized us to treat her. She spent three days in the hospital and left with her sister after she was discharged. Her mistress returned from her journey and rained curses on me, and threatened to deal with me seriously for disobeying her." (Nurse/Midwife, secondary facility).

"Yes, there was a time I treated a maid who got pregnant for her master and had an abortion, after which she started bleeding. Her mistress was very upset about it. I know the couple actually. The mistress suspected that her husband will bring the maid to the hospital where I work and called me and said I should not dare to treat the maid if her husband brings her to the hospital because the maid deserves to die. Her husband eventually brought the maid to the hospital and we treated her. She later paid a boy and told him to deflate the four tyres of my car which he did." (Doctor, secondary facility).

"Yes, I remember; this happened either last year, or two years ago after we managed a lady that I still suspect terminated the pregnancy herself, though she claimed she didn't do anything. She was to get married to a man from a wealthy family and her family members were excited about it since they were from a very humble background. However, the man's family said she has to take in and carry the pregnancy to at least 4 months before the wedding. She actually took in but started bleeding around eight weeks, so she was brought to the hospital by her fiancé. Scan showed that the foetus was still viable so we managed and discharged her after four days. The baby was still viable as at the day she left. She was brought back by her friend three weeks later with vaginal bleeding but this time, scan showed that the foetus was no longer viable, so she signed the consent forms herself because she said no one else was around, and had MVA. She did not tell her people or her fiancé.

When her fiancé found out she had lost the pregnancy about a month later, the wedding was called off. That was when she told her people that she came back to the hospital a second time and it must be our treatment that aborted the baby. Her father and some relatives came to our ward and rained all kinds of curses on us, and threatened to deal with us for making them lose the opportunity to better their lives. He even pushed me down when I tried explaining what happened.

She didn't come with them as they claimed she was mourning her baby. We had to call security and after the situation was controlled, one of the doctors brought her folder with all the scans, treatment sheets and the signed consent forms and explained everything to them. They left afterwards, very embarrassed. They didn't even apologize. I really felt hurt." (Nurse/Midwife, secondary facility).

In terms of patient harassment, some respondents said they had witnessed it but others said they had not. The events included physical assault and verbal abuse. Below are their quotes:

"Yes, my colleague once hit a patient who was rushed in with pain and bleeding after an abortion. It was the third time she was coming that year post-abortion and my colleague was angry about it. She was trying to give her an injection and the patient kept shaking. In the process, my colleague hit her hard on her back and urged her to stay still. I was shocked because this colleague of mine is really good at making patients to calm down so that they can take their injections." (Nurse/Midwife, secondary facility).

"Yes, we once had a patient in the ward that her mother kept beating her even while she was on admission. She claimed her daughter had disgraced her and made her a laughing stock. We had to tell her to stop that. Her mother was quite hostile to her while she was in the ward." (Nurse/Midwife, secondary facility).

"Ohh, yes, I remember. I was once on duty in the ward when an attendant told a patient we were treating for post-abortion complications that all the children she has aborted

will haunt her forever and ever. The patient started crying. I really felt bad. I had to tell her to apologize to the patient." (Nurse/Midwife, tertiary facility).

On the issue of stigmatization, some respondents said they have been stigmatized while some said they have witnessed patients being stigmatized, which included name calling and isolation. Some quotes are below:

"Yes, I once worked in a primary facility where I treated a good number of patients for post-abortion complications. I had no idea some people were not happy about it. They started calling me names including the "abortion champion". I had to explain that I did not perform the abortions, rather, I only treated patients who had already carried out the abortion somewhere else and came with complications. The name-calling continued. I requested to be redeployed to another health facility." (Doctor, secondary facility).

"Yes, I once witnessed a situation where other patients in the ward conspired and stayed away from a particular patient receiving PAC in addition to calling her unprintable names. I don't know how they knew that the patient was receiving PAC. They probably heard it while we were handing over to our colleagues or during ward rounds." (Nurse/Midwife, secondary facility).

In terms of the influence of culture and religion on PAC service provision, the responses were on contraceptives, blood transfusion and regarding post-abortion complications as punishment from God for committing abortion. Some quotes are:

"Yes, I initially withheld contraceptives from a patient due to my beliefs as a Catholic. Then I cautioned myself, called the patient back, counselled the patient and placed her on injection which was her preferred method." (Nurse, secondary facility).

"Yes, I once worked in a hospital where some nurses that are Catholics declined giving post abortion patients contraceptives. They had to hand them over to other nurses that were not Catholics to give them the contraceptives." (Nurse/Midwife, secondary facility).

"Well, a colleague of mine said she once worked in a part of the country where patients with post-abortion complications are usually not treated because they regard the complications as punishment from God for committing abortion (voluntary termination of pregnancy)." (Nurse/Midwife, tertiary facility).

Yes, a patient that had a miscarriage bled so much but refused blood transfusion because she was a Jehovah's Witness. We eventually lost her. It was really sad. (Doctor, tertiary facility).

In terms of their overall experience of PAC service provision, four out of the 10 respondents interviewed (40%) said it has been good, two respondents (20%) said not so good, two respondents said it's a mixture of good and bad (20%), while two respondents (20%) said they have had a fair experience so far. Their quotes are below:

"Well, it has been good so far. I have not had any bad experience." (Doctor, tertiary facility).

"Well, I can say it has been a good experience for me." (Nurse/Midwife, tertiary facility).

"Okay, well, so far so good. I've heard about harassment of colleagues on account of PAC, but I have not experienced any so far." (Doctor, tertiary facility).

"Well, generally, I will say it has been a good experience for me. I am happy when patients get well, especially those that their recovery was in doubt. We have managed some post-abortion patients like that and I was happy they recovered." (Nurse/Midwife, tertiary facility).

"Hmmm, well, it has been a mixture of the good and the bad. I remember some patients we managed that were bad when they came, but we did our best and they made it. We were happy and satisfied about that. I also remember the day I was slapped. Honestly, it wasn't funny at all. That was the first time I was slapped as an adult." (Doctor, secondary facility).

"Honestly, I will say not so well summarily." (Doctor, secondary facility).

"Well, hmmm, for me, it is not so good." (Nurse/Midwife, secondary facility).

"Well, I will say a mixture of good and bad." (Nurse/Midwife, secondary facility).

"Hmmm, not much so far, so I will say a fair experience." (CHO, primary facility).

"For me, well, a fair experience. It is the nurses that are mainly involved in PAC while I assist them." (CHEW, primary facility).

Discussion

This study explored the experiences of PAC service providers in public health facilities in Osun State, Nigeria. These experiences included events that involved them personally, as well as events that involved other PAC service providers and PAC patients which they had witnessed. While some service providers reported not having any negative experiences so far, others reported various unpleasant experiences which included physical and verbal events.

The unpleasant physical experiences which some of the PAC service providers in this study reported that involved them directly included being slapped, and being pushed down; while an indirect unpleasant physical experience was the deflation of the tyres of the car of a service provider. In fact, the doctor that was slapped while attending to a PAC patient said it was the first time he was slapped as an adult; an experience he did not find funny at all. In addition, some of the unpleasant verbal experiences included verbal threats and rains of curses.

Some of these experiences resulted because some people regard post-abortion complications as God's punishment to the patient for committing abortion, and as a result, the PAC service provider was instructed not to treat the patient; an instruction which the service provider "disobeyed". These experiences reveal some of the challenges that PAC service providers have endured while discharging their duties.

This study also explored some of the unpleasant physical and verbal experiences of PAC patients which the service providers had witnessed. The physical experiences included a patient being hit on her back by a service provider while administering an injection, and another patient who was beaten frequently by her mother even while she was on admission in the health facility. This shows that family members and even PAC service providers may be involved in physically assaulting PAC patients.

The reaction of the mother and the nurse that physically assaulted the PAC patients may have most likely been emotional as the mother was said to be upset because her daughter had disgraced her by committing abortion, while the nurse was angry that the patient was coming to the health facility with post-abortion complications for the third

time within one year; hence, their hostility towards the patient. This situation is somewhat related to the report from a Ugandan study in which some midwives intentionally delayed providing PAC to patients who needed it, in addition to the denial of their medications for pain [12]. Another similar situation was where the perception that PAC service providers had about a group of women influenced the way they provided PAC to such women [13].

The unpleasant verbal event which was experienced by a PAC patient as reported in this study was perpetrated by a health attendant (though not a direct PAC service provider) in which she told the patient that all her aborted children will haunt her forever. This statement obviously had a negative psychological effect on the patient as she was reported to have started crying, necessitating the service provider to instruct the perpetrator to apologize to the patient. This scenario is similar to the finding from a related study in Kenya [14].

Some PAC service providers in this study were stigmatized for rendering PAC, while some had witnessed patients being stigmatized while receiving PAC. A service provider reported being called "the abortion champion" in the location of the health facility where he works because he provided PAC to patients who needed it. His explanation that he was not a part of the abortion process, but only provided PAC for patients who came with post-abortion complications did not abate the name-calling and stigmatization, necessitating his request to be transferred to another heath facility. This scenario is similar to the finding from a related Nigerian study [10], and another study that involved four African countries (Nigeria, Sierra Leone, Rwanda, and Zimbabwe) [15]. There were also similar reports of the stigmatization of midwives providing PAC in Uganda [12].

Another service provider also reported that some patients in the same ward with another patient receiving PAC conspired and alienated themselves from the PAC patient, in addition to calling her unprintable names because they knew she was receiving PAC, although it was not clear how they knew (they possibly overheard or eavesdropped on the discussion of the service providers during hand-over sessions or ward rounds). This scenario highlights the attitude that even patients may have towards another patient on account of PAC.

The PAC service providers also shared their experiences on instances when religion and culture affected PAC service provision. The experiences also involved them directly, or involved other PAC service providers, PAC patients or even the area where the health facility is located. Such experiences involved a service provider who initially withheld contraceptives from a PAC patient due to her religious beliefs about contraceptives. However, she later called the patient back and administered the contraceptive as required. There were also reports of service providers who had similar beliefs about contraceptives that handed over the PAC patients to other colleagues who do not share such beliefs to administer the contraceptives instead of doing it themselves.

Other instances in which culture and religion affected PAC service provision involved a patient who needed blood transfusion urgently but declined it due to her religious beliefs about blood transfusion. The service provider reported that despite all the efforts to save her, she still didn't make it. In addition, there was the report by a service provider that a colleague said she worked in a location where post-abortion complications were considered as punishment from God for committing abortion. Hence, such patients were not treated, but left to their fate, buttressing the belief of some people that post-abortion complications serve as punishment from God for the voluntary termination of pregnancy. Incidentally, even some PAC service providers have the same perception [16].

Summarily, two-fifths of the PAC service providers interviewed said their overall experience had been good so far, one-fifth said it had been fair, while for the remaining two-fifths, it was either not so good, or a mixture of the good and the bad. It was clear from their responses that the events that occurred while they were rendering PAC contributed significantly to their overall experience. However, despite the unpleasant experiences, the PAC service providers expressed happiness and satisfaction when the patients they managed got better, especially those patients that were in a bad condition when they presented at the health facilities. This was also the situation in a related study done in the Republic of Ireland [17].

Conclusion

The PAC service providers in the public health facilities in Osun State, Nigeria had positive and negative service provision experiences. It was obvious from their quotes that the personal negative experiences, especially the physical assault had some psychological effect on them. It was also obvious that the personal and religious biases of some service providers influenced the care they provided to the patients.

In addition, some members of the public believe that post-abortion complications serve as punishment from God for the voluntary termination of pregnancy, and such patients should not be treated; while some members of the public do not differentiate the actual act of abortion from PAC and stigmatized the service provider even when it was clear that the termination of pregnancy did not occSur in the health facility where the patient received PAC.

Recommendations

There is a need to educate the public on the importance of decorum and self-control when they are in the health facilities. This will help to reduce the cases of physical assault and verbal abuse of not just PAC service providers, but all health workers while they are on duty. There is also a need to educate the public in order to achieve a clear differentiation between the actual termination of pregnancy and the provision of PAC. This will help to reduce the stigmatization of PAC service providers.

In addition, there is a need to educate the public that while it is not in our place to consider post-abortion complications as punishment from God, the medical duty of care stipulates that any patient who needs PAC deserves to receive PAC irrespective of how the pregnancy got terminated.

On the other hand, the PAC service providers need to treat patients with dignity and should not allow their personal feelings or emotions to influence the way they treat patients receiving PAC. The PAC service providers should also ensure that religious bias, or any other bias does not prevent them from offering PAC patients the full care they need. It is also important for service providers to ensure that they always completely document the care received by patients.

This has usually served as evidence to resolve disputes whenever they arise (as was also reported in this study).

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Conflict of Interest
The authors declare no conflict of interest.

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Author Contribution
NEO wrote the initial draft of the manuscript; DSO, AAO, OOA, OYO, IOW and UCC reviewed the initial draft, as well as the revised version of the manuscript. All the authors approved the final version of the revised manuscript, and gave consent for the publication of the study.

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