

Access and use of Post Abortion Care (PAC) technologies in public health facilities in Kilifi County, Kenya

Findings from an ethnographic study



African Population and
Health Research Center



She Makes Her Safe Choice Programme



African Population and Health Research Center



Research team

- Dr. Ramatou Ouedraogo (APHRC)
- Dr. Jonna Both (Rutgers)
- Mr. Camillo Antillon (Rutgers)
- Mr. Kenneth B. Miriti (Department of health Kilifi County)
- Ms. Grace Kimemia (APHRC)
- Ms. Shelmith Wanjiru (APHRC)
- Ms. Gladys Akinyi (APHRC)
- Ms. Anne Achieng (APHRC)
- Ms. Mercy Kadzo (APHRC)
- Ms. Shilla Dama (APHRC)
- Ms. Jane Shirima (APHRC)
- Ms. Iris Van Velsen (Rutgers/ Wageningen University)



Focus of webinar

- Share insights into girls' and young women's **access** to Manual Vacuum Aspiration (MVA) and Medical Abortion (MA) as part of Post abortion care (PAC) in Public health facilities in Kilifi County



METHODOLOGY



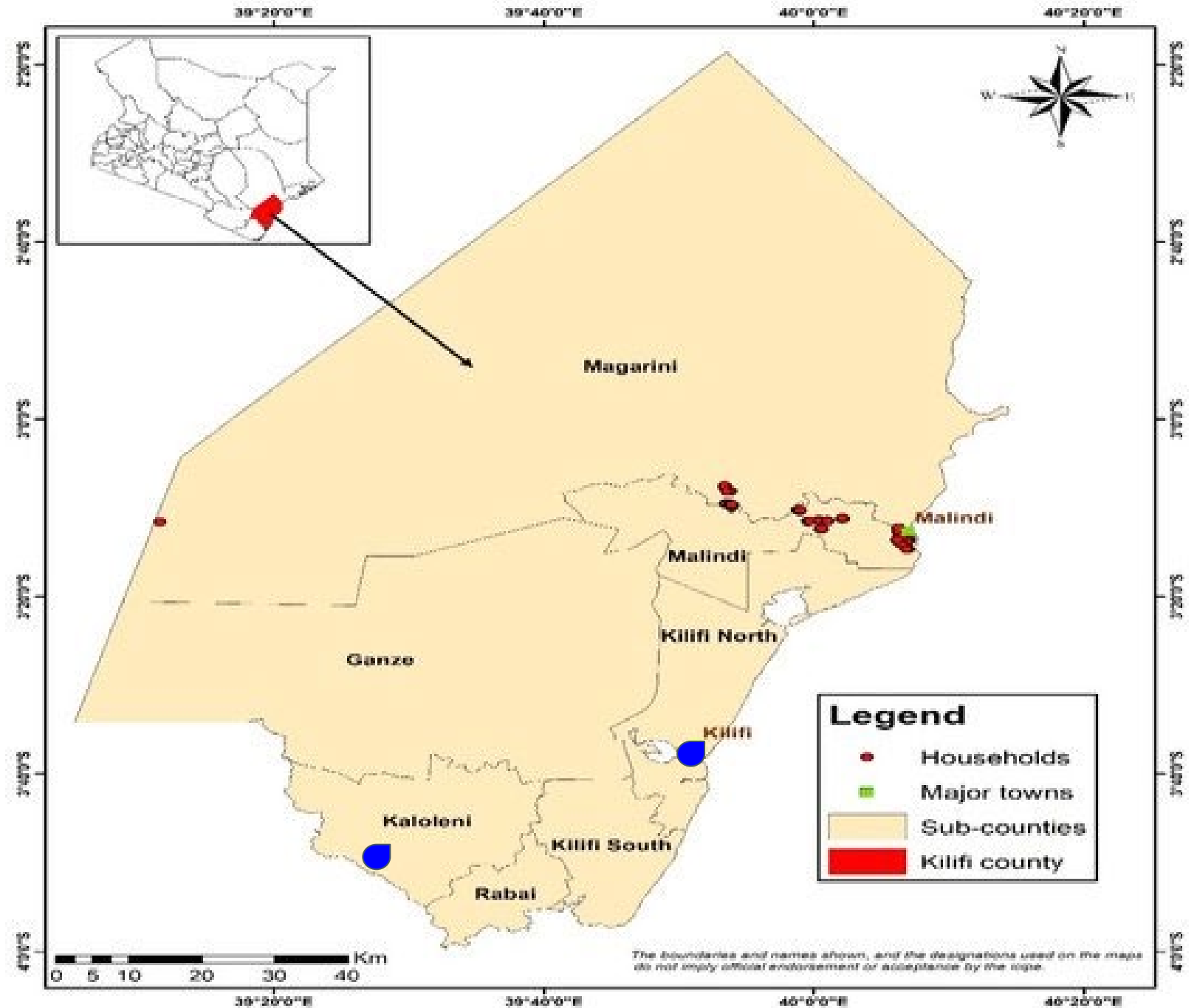
Ethnographic research

- View ‘from the ground’
- 6 months of data collection by a team of 4 young female researchers
- In-depth perspective (observing behaviour, material environment, interactions, informal conversations) mostly public health facility (PAC services) and community
- ‘small n’ (due to taboo)
- Generalizability to other areas not evident although findings align with other existing studies
- The research took place in an area where the She Makes Her Safe Choice Programme was NOT implementing programme activities beyond the research.



Setting: Kilifi county

- **High** rates of teenage pregnancies & unsafe abortions.
- Adolescent (15-19) 1st pregnancy/ Live birth **22%** against **18%**.
- Low contraceptive uptake **33%** against **53%**.



FINDINGS



Setting the scene

The woman is crying in a lot of pain, the doctor says “sorry mama, sorry, try to hold on, the pain will end soon” then he turns to me and says “can you do an injection?” I think I heard my own things so I ask him “what?” he asks again “can you do an injection?” “no” I respond, he continues to do the suction. He says he should have given the woman painkillers; his colleague could not come to help him do the MVA. “This woman is in pain, she needs painkillers” when the suction is about to end, he picks the small tube to convince check if there is no tissue, then the suction tube gets full. “Just when we thought we were done, here is more...”

(fieldnotes, public facility, urban area)

Pain: absence of, or insufficient pain medication (1)

A lot of pain was observed during MVA treatment:

- *“I was seeing that I'm going to just die. I was feeling a lot of pain because there is no numbing injection., you feel the thing being pulled. That is, you feel it completely. It is not like giving birth at all. Giving birth is easier” (Tatu, 18 year old, Single, Unemployed)*
- *Penny is in pain, Dr. B. had injected her with painkillers. Penny cries in pain, she bites her teeth together, and she is sweating profusely. (observation notes, public facility, urban area)*

→ pain medication was not used or not effective



Pain: absence of, or insufficient pain medication (2)

Distinction in pain management between rural and urban health care facilities:

Rural: I asked him if the girl was given any pain killers. *“Ever since I started being a nurse I have never given them painkillers. We just do the procedure,”* (observation notes, public facility, rural area)

Urban: we witnessed in urban settings that pain medication was often offered (like for Penny) before treatment (although sometimes no one was available to offer it) but it was hardly ever sufficient. Different types of medication were used. Medical practitioners also tend to describe the MVA as *“a very painful procedure”* and express that *“the patients need more painkillers”*.

- lack of clear guidance on pain management leading to the use of various types of pain medication and various dosage
- issue of availability, training and providers attitudes



Faulty equipment (1)

Equipment often fails; certain parts of the MVA equipment quickly wear out

- The procedure took a while [...]. Dr. C kept on changing different cannulas, he asked me to pass to him different ones based on colour, the green one, then the blue one. **He then complained that the MVA kit had worn out since it was not creating the vacuum required.** (fieldnotes public facility, urban area)
- **...the MVA kit is malfunctioning** so they have to fix a condom in order for the vacuum to be created... (fieldnotes, public facility, urban area)
- “I wish we had more than one piece of equipment in the facility,” the clinical officer says while trying to fix the kit **which has some parts dislocating** while trying to pull out blood from the equipment.(fieldnotes, public facility, rural area)



Faulty equipment (2)

The frequently malfunctioning equipment causes the patients to have **more pain** because the procedure take longer

- In one case the procedure, which the doctor had said it will take 10-15 minutes took **almost one hour** since the MVA kit was faulty and wasn't creating a vacuum to suck the products of conception. (Debrief notes)
- The MVA kit kept breaking down as L. struggles to push out the blood that was in the kit. “ You can witness the hustles that we go through when performing the MVA and hope your study will be of help so that we can get better equipment.” (field notes, public facility, rural area)
- With this kind of experience and the patient having unbearable pain, it becomes difficult for the doctor to complete the MVA. Hence, some of the patients come back for a repeat procedure because the first one wasn't complete. So the patient has to endure the pain twice. (Debrief notes)

Health worker attitudes towards pain

Often the health workers encourage to bear the pain and cooperate

In some case, providers deliberately choose not to use pain medication, as this is reserved for “genuine cases” (spontaneous, older), patients with high pain

In extreme cases patients hear awful things like:

- “ I usually tell my patients to endure the pain so that we can finish it all at once, if they scream and disturb me, then I leave them with the bleeding. The pain will still be there and they might even get sepsis and die. I normally tell them the truth.” (observation notes, public facility, urban area)
- “You need to open your legs widely like when you were having sex it was sweet then now you will have to endure the pain.”(observation notes, public facility, rural area)

→healthworker attitudes towards pain and towards young women reporting with an induced abortion reduce access to proper pain management during MVA

Pain: after effects for patients

Psychological effects:

- participants hesitant to recall the PAC procedure
- repeat MVA occurs, where the pain of the first one seems to have really traumatized the young woman

Effects on women's future health seeking behaviour:

- "My daughter is sick but **I can't go to the hospital** after they shouted at me. If you won't be at the hospital, then i will not come." (field notes, public facility, rural area)
- Women undergoing painful procedures, were afterwards reluctant to promote 'safe abortion methods' among their peers



Underreporting PAC cases leading to lack of supplies

Record keeping is deliberately poor: this leads to tension between HCP and administration and delays in replacing kits

- “You know I don’t understand the administration, every time a MVA kit spoils they take forever to replace. They are always complaining that the people at the casualty are careless. And the people saying that know nothing about the Kit. They think it is supposed to last forever. They also say that it is misused to perform criminal abortion. So they think that by not replacing they are punishing us, which in reality they are not. When patients come requiring MVA I tell them to go elsewhere because what else can I do?” (Observation notes, public facility, urban area)

→privatisation of public health services obscures recording of PAC cases which impacts timely supplies

Training of health workers

Differences in levels of PAC training observed:

- Not long ago one of the medical practitioners went for some training and learnt about pain management which she terms it as “MVA without pain”. In this they do something they call Paracervical block which is an anesthetic procedure used in obstetrics and thus they would inject some lignocaine to the cervix and to make the patient numb to the pain.”(fieldnotes, public facility, rural area)
- I have not received formal training on post abortal care which I have I really asked for it for the last maybe 10 to 5 years. But I believe I am better than the trained people because of the daily day to day training. Sorry but I may say this I have been doing and I have been doing it right. I have been reading and helped a lot of people. (interview, clinical officer, public health facility, urban area)

→Lack of training influences quality of pain management

HCP preference for MVA over MA

MVA is perceived as more certain by HCP:

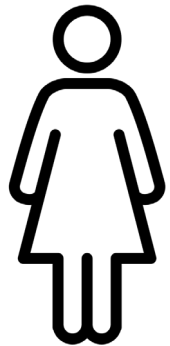
- In the private facility they give options but the provider recommends MVA. The provider said that when they use MA they (girls) keep coming back hence to make certain the abortion is complete, they prefer MVA. They start with an MVA and when it fails they go for an MA. (debrief notes)
- I had a patient who started MVA then next MA. After the MVA failed, the nurse in charge refused to give the clinical officers the drugs to complete the abortion because they perceived it as a private business deal. The clinical officers had to source the drugs from elsewhere. For MA majority of facility providers felt they wouldn't get enough money because its not as lucrative as MVA. (debrief notes)

→MVA is considered more profitable (privatisation of public health care)

Cost of PAC

PAC is supposed to be free of charge, however:

- Most of the time, there is a delay in services as patients are requested to pay a minimum of 1500 shillings (12 euro) and up to 5000 shillings (40 euro), a fee paid directly to the provider.
- The money is shared among those in the delivery room during the procedure or goes to the owner of the private MVA kit
- In many instances patients don't have the money readily available and they have to look for ways to raise the money, causing a delay in care or in discharge.



"I was supposed to be discharged the same day (after PAC) but I didn't have the money. They said I should pay 4500 shillings and I called the boy and he said he is looking for the money. So I continued staying there and the boy borrowed some money at work. By the time he got the money it was already two weeks. He came and he was told it was 7000 shillings but he had 5000 shillings only. He talked to them and they accepted. I was discharged and I went home."

(19 year old, Single, Bar Waitress, Rural Kaloleni)

Discussion

- Malfunctioning equipment and lack of (understanding of need for) pain medication lead to obstetric violence
- Faulty materials and lack of MVA spare components (like canulas, lubricants and rubber) lead to delay in care, to more pain, and prolongment of painful treatment
- Underreporting of PAC services leads to limited supplies (no back-up stock at the facility: has to be ordered and procurement takes time, mistrust by administration)
- Lack of pain medication supplies especially at rural facilities



Conclusion

- Access to good quality MVA care and equipment is hampered especially for poor women and girls.
- Barriers are formed by *public health care mechanisms* such as under-reporting, and HCP's privatising public health care, the later leads to underuse of MA as PAC technology.
- Furthermore, limited training of providers, lack of clear guidance on pain management, and sometimes judgemental attitudes of health providers show how a technology deemed to improve PAC quality and ease, turns into obstetric violence, with consequences for future health seeking behaviour by women and girls.

Recommendations

- ★ There is a need for clearer guidelines on pain medication and increasing the knowledge of providers on existing guidelines.
- ★ MA use in public health facilities for PAC could be further promoted
- ★ VCAT training needed for providers to address harmful attitudes towards induced abortion
- ★ MVA kit maintenance training needs to be mainstreamed
- ★ Accurate record keeping of PAC cases is needed to ensure sufficient supplies.
- ★ MVA stock-keeping at public facilities is recommended
- ★ Communication about the level of pain involved in MVA and duration of MVA procedure can be improved.

Thank you