Briefing Paper

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Quality post-abortion care for young women: Barriers facing health care providers in Kenya

African Population and Health Research Center

Nearly half a million induced abortions occurred in Kenya in 2012, according to a nationally representative study by the African Population and Health Research Center (APHRC). Women younger than 25 years constituted almost half of patients (49%) treated for severe complications of induced abortion in that year. More than a quarter of these young women (26%) received poor quality post-abortion care treatment (such as dilation and curettage and digital [bare finger] evacuation). Worse, 30% of those receiving post-abortion treatment did not receive contraceptives upon discharge.

The quality of post-abortion care (PAC) services for young people is compromised for a number of reasons, including barriers faced by health care providers themselves. This brief highlights findings of a study on the barriers faced by health providers in Kenya's public and private health facilities in delivering PAC services to adolescents and young women. The study, conducted in 2014, relied on in-depth individual and focus group interviews with PAC providers. It is hoped that the research and recommendations will guide investment in better quality sexual and reproductive health services for young people.

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Socio-demographic characteristics of study participants

Characteristics		n	%
Age	20-30	31	20.4
	31-40	64	42.1
	41 and above	57	37.5
Sex	Male	58	38.2
	Female	94	61.8
Cadre	Nurse/Midwife	111	73.0
	Clinical Officer	33	21.7
	Medical Officer/ Gynecologist	8	5.3
Years of Experience	Less than 6	80	52.6
	6 – 10	57	37.5
	More than 10	15	9.9

Key Findings

Providers reported four major challenges in their work with adolescent girls and young women seeking PAC services:

1. Providers and facilities ill-prepared to serve young people

PAC providers frequently stated that few health facilities offer youth-friendly services. The majority of facilities reportedly lacked specially trained staff and/ or designated spaces or units to receive young people seeking reproductive health services and information. Providers agreed that this limited their capacity to offer confidential and high-quality PAC services to young people. One long-serving PAC provider noted:

Many providers have a [bad] attitude when they find a young patient coming in with bleeding or abortion complications. ***Few of us know how to deal with young people with abortion complications.*** *We don't even have a special place for them in most facilities. The patient has to pass through the same process just like other adults too. She is left to suffer shame... Some don't want to touch a young person who has an abortion or bleeding; they scold them, so that is a major challenge.*

2. Stigma

Health providers also spoke of the stigma they faced both from colleagues and members of the public on providing treatment to young women seeking post-abortion care.

> "Few of us know how to deal with young people with abortion complications."

Providers spoke of being called names (like abortionist) and insulted by their colleagues and other patients, and recounted being accused of responsibility for the sexual activities of their young patients. Stigmatization prevented providers from conscientiously doing their jobs and treating young girls and women presenting for PAC courteously. A respondent observed:

> *Providers suffer from stigma. They say that our work is to provide young people abortions. A facility will experience stigma, too. Even some doctors or clinicians will say, "that facility…what they do is abortion for young people." Even the public says, "No, that place is not good, their work is just to do abortions." So, when a young person presents to you, you are careful what to do. The bad talk and stigma are just too much.*

Another respondent noted:

> *You find that most people in my facility don't want to work in the MVA [manual vacuum aspiration] room because they fear that they will be labeled as abortionists. This affects the service we give to young people. In some facilities, the girl has to wait for someone who is ready to be called names.*

3. Ambiguous abortion law

Kenya's abortion law was also mentioned as a barrier for PAC providers. The providers noted that the inexactness of the abortion law in Kenya provides a basis, though faulty, for their harassment from the public and, at times, for legal action by law enforcement agencies. As the providers noted, they sometimes had to seek and obtain police and/or institutional approvals before treating complications from unsafe abortion, often resulting in delays and aggravated complications. An interviewee shared his experience:

> *I found a woman in our ward with vaginal bleeding, so when I took the history I realized it was incomplete abortion. So I evacuated her. I did everything that was supposed to be done. Then two days later, her parents and the local chief came, and I was arrested for offering abortion to a young person. Luckily, the medical officer defended me. But I realized I have to be careful if I don't want to go to jail.*

Image: www.bbc.co.uk

4. Dearth of skilled personnel, equipment, and supplies

Poor staffing, shortage of providers trained in PAC for young people, and lack of essential PAC equipment (such as manual vacuum aspirators); medications, and supplies are other constraints which PAC providers face in their work with young post-abortion patients. Few of the interviewed providers had received training in PAC for young people. Several of them also reported that their health facilities lacked family-planning counseling rooms; did not possess essential PAC equipment (such as MVAs); and regularly experienced stock-outs of basic medications (e.g. drugs for the treatment of incomplete abortions). One provider described the situation in her facility:

> *When a person who requires MVA comes, they have to wait for a long time before she is attended to because we only one person who is trained to do that. From there, they may have to wait till the following day… to be seen for family planning services. So it is a challenge for us…*

Another noted:

> *Sometimes the provider on duty doesn't know how to use an MVA and the patient has to wait for another staff, and when that staff arrives, he or she is overworked and not able to do it well either. You come back again after two days [for additional treatment] because it was not done well. Sometimes, a gynecologist will be involved to [treat complications] afresh.*

Conclusion and Recommendations

Adolescent girls and young women are at heightened risk for unsafe abortion complications in Kenya. While urgent need exists for strategies to avert unintended pregnancies among young girls, efforts to tackle the challenges facing PAC providers in their work with young post-abortion care seekers are critical. There is need to:

1. Expand the number of health providers with the requisite skills and training to offer quality youth-friendly reproductive health care services.
2. Ensure that PAC providers have legal protection in their efforts to safeguard women's health and manage complications of unsafe abortion. The Government of Kenya has a responsibility to ensure that clear standards and guidelines are in place for the management of abortion and post-abortion patients.
3. Increase access to, and resources for, safe, effective, and up-to-date PAC services (including counseling and contraceptives) as a crucial component in treating current post-abortion patients and preventing future unintended pregnancies.
4. Promote public awareness of the role of PAC providers in saving lives.

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For more details, see African Population and Health Research Center and Ipas, 2016. The Cost of Treating Complications of Unsafe Abortion in Public Health Facilities in Kenya. Nairobi, APHRC, Kenya.
Available at **www.aphrc.org**.