

Attention is needed to provide good quality post-abortion care services

Post-abortion care (PAC) is a critical life-saving intervention that is often severely lacking in humanitarian settings. Humanitarian health actors should support health workers to provide PAC, including post-abortion contraception. Despite widespread abortion stigma, community attitudes are complex and our study showed a clear opening to address community attitudes and stigma that prevent women from seeking PAC.

Background

Sixty percent of preventable maternal deaths globally occur in fragile states, with unsafe abortion as a major cause in these settings due to the collapse of health systems. Post-abortion care (PAC) is a lifesaving package of interventions that includes treatment of complications of spontaneous and induced abortion, counseling, provision of contraceptive services, and community mobilization to increase awareness and address PAC-related misconceptions and stigma. PAC is severely lacking in crises; even when PAC is provided, it is often under-used due to shame among other reasons.

This study was conducted to identify the factors that influence access to, use and provision of PAC services in three locations in Afghanistan and South Sudan.

How the research was conducted

The study took place in one hospital in Afghanistan and in health centers in four internally displaced person and refugee camps in South Sudan.

Study elements included: 1) a systematic PAC register review to identify who received PAC services; 2) facility and health worker assessments to determine capacity to provide good quality PAC services; 3) interviews with PAC clients to understand their perceptions of PAC received; 4) focus groups and interviews with community members to explore community perceptions of spontaneous and induced abortion and care-seeking behavior.

Key findings

Service provision

- Only two of five health facilities had adequate skilled staff, supplies and equipment to provide PAC (one in each country).
- Nurses and midwives reported limited training and mixed attitudes towards abortion and PAC.
- Few clients received post-abortion contraceptive counseling despite interest in birth spacing. The registers had no data on post-abortion contraceptive acceptance.
- Clients were mostly satisfied with quality of care but reported some key gaps related to pain management, information provision, respectful care and contraceptive counselling.

Community perceptions

- Initial responses to induced abortion were negative. Women who induce may be mistreated or abused and face family or social exclusion.
- Reactions became more nuanced as participants discussed the specific reasons for abortion. Participants described circumstances under which induced abortion was more understandable, including if the woman's life was in danger, if the woman or couple could not financially support a child or if the woman was too young to have a child.
- Community members in both countries expressed strong support for women to seek PAC in case of complications, although they said that stigma and shame would prevent women from seeking care.



Women attending an awareness session in Maban, South Sudan (*International Medical Corps*).

Implications for humanitarian practitioners and policymakers providing PAC services

Service provision

- Provide ongoing support to **integrate good quality contraceptive services into PAC.**
- **Strengthen clinical skills of PAC providers** through competency-based training, including pain management and post-abortion contraception.
- **Address negative health worker attitudes** through values clarification and attitude transformation (VCAT) activities to ensure respectful care for all PAC clients.
- **Ensure registers collect data crucial to monitoring PAC,** including post-abortion contraceptive use.
- **Review with relevant Ministries of Health national PAC guidelines** and ensure they are based on WHO guidance.

Community perceptions

- **Engage community members to reduce abortion stigma that prevents women from seeking PAC.** Attitudes toward women who induce abortion are nuanced and complex even in places with restrictive abortion laws.
- **Engage with communities to improve PAC care seeking after abortion.** An overwhelming majority of participants believed that women who induced abortion should have access to PAC, even if they disagreed with the woman's action. It is critical to explore beyond the initial negative attitudes to ensure women who have abortions access life-saving PAC.

Recommendations for future research

Although few PAC clients reported facing stigma themselves, this was discussed by community groups in both countries as a barrier for women who induce abortion. Future research should interview women who induced their abortion, and also explore barriers faced by women who did not successfully receive PAC.



A health provider taking vitals of a woman at a health facility in Afghanistan (*International Medical Corps*).

Study team

This study was conducted through a research partnership between International Medical Corps and the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative, Mailman School of Public Health, Columbia University.

Keywords

Post-abortion care (PAC); humanitarian response; contraception; abortion; Afghanistan; South Sudan.

Further reading

Overcoming challenges to accessing quality post-abortion care in humanitarian crises

<https://www.elrha.org/project/overcoming-challenges-accessing-quality-post%E2%80%90abortion-care-humanitarian-crisis/>



Research for health
in humanitarian crises

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