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Factors post abortion care utilization and associated factors among women of reproductive age in Lira City. A cross-sectional study.

Eunice Anena*, Grace Auma Anna
Faculty of Health Sciences, Lira University

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 factors influencing 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

The mean age of study participants was 26.09. (87%) Of the participants were Christians 54.3% (182) had heard about PAC, and the majority, 55.5% (186), had some knowledge about PAC. Most participants (63.9%) stay 1-5km away from the health facility. Stigma was the most common (59.1%) challenge women who had an abortion faced in the community. 26.6% of the participants said health providers of abortion services are kind. Only marital status remained statistically significant at multivariate analysis, P-value (0.009 OR 4.907[0.870-8.266]. Age, religion, and income level are significant in determining whether one will have an abortion or not at p-values of 0.004, 0.009, and 0.029, respectively.

Conclusion

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

Recommendations

The restrictive abortion laws, which allow abortion only if the life of the mother and/or the fetus is in danger, should be adjusted to include adolescents and young women who are not ready for childbearing.

Keywords: *Factors influencing post abortion care service utilization, Women of reproductive age in Lira City, Lira University.*
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Corresponding Author: *Eunice Anena*
Email: ***euniceanena974@gmail.com***
Faculty of Health Sciences, Lira University

Background

Approximately 8% of maternal deaths worldwide are attributable to complications from unsafe abortion (McGovern, 2020). Unsafe abortions give rise to a large number of short- and long-term complications (Cleeve, 2019). Unmarried PAC patients, both adolescents and non-adolescents, have higher odds of experiencing severe complications than non-adolescent married women (Sully et al, 2018). Those who are married and practice the Anglican religion are more likely to have good knowledge of abortion complications, while those employed in faith-based facilities are more likely to have poor knowledge of abortion complications (Pebalo et al, 2020). A study in central Uganda shows that the lack of knowledge of providers and end users contributed to low utilization of PAC services (Samnani et al., 2017). Adolescents have the highest

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abortion rate among recently sexually active women, i.e, 76.1 abortions per 1000 women aged 15-19 (Sully et al, 2018). Reproductive agency among young women is constrained and heavily influenced by stigma, whereby maintaining secrecy is key but also incurs risk-taking, especially when experiencing complications (Cleeve, 2019). Stigma extends to both health care providers and women seeking care, especially to women who have induced an abortion (Cleeve et al., 2019). Social stigma also constitutes a major blockage to the advancement of the service (Yegon et al., 2019; Aantjes et al., 2018). Stigmatizing attitudes towards young women in need of abortion and contraception are common among PAC providers (Håkansson et al., 2018). In Dar es Salaam, to assess factors associated with utilization of PAC services, the non-users reported a lack of money for treatment, which hindered utilization (Mcharo& Evaline, 2016).

Midwives' morality may conflict with their professional duty and commitment to provide PAC of good quality (Cleeve, 2019). Health care providers lack the relevant skills for the provision of quality care (Paul et al., 2014; Juma et al., 2021). The Uganda Penal Code criminalizes any person who aids a woman to procure an abortion, and that person is liable for imprisonment for 14 years. Lack of harmonization between the constitution and the penal code creates a vacuum in abortion care delivery, which consequently occurs in a misty legal environment (Kagaha & Manderson, 2020). The abortion laws must be revised to provide legislation that reflects the changing times of the Ugandan society (Nteziyaremye, n.d.). The study seeks to assess factors influencing post abortion care 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 2º14'50.0" N, 32º54'00" 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 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

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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's 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, 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. The 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.

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

Source: data from participants, September/October 2021

Factors associated with utilization of PAC services

Individual factors associated with the utilization of PAC

Knowledge

According to the results, 54.3% (182) of participants had heard about PAC, while 45.7% (153) had never heard about PAC. 25.1% (84) heard from the hospital, and the majority, 55.5% (186), had some knowledge about PAC.

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Distance from the facility

Most participants (63.9%) stay 1-5km away from the health facility and use boda-boda (43.9%) for transportation.

Table 2. Table showing individual factors associated with utilization of PAC

Variables	Frequency [n=335]	Percentage [%]
Information on PAC		
Yes	182	54.3
No	153	45.7
Source of information		
A friend	65	19.4
Clinic	20	6.0
Hospital	84	25.1
VHT	13	3.9
NA	153	45.7
Knowledge on PAC		
Care given to a woman after an abortion	186	55.5
Care given to a woman before an abortion	1	0.3
Care given to a woman during an abortion	35	10.4
I don't know	113	33.7
Distance from home to facility		
Less than 1km	57	17.0
1-5km	214	63.9
More than 5km	64	19.1
Means of transport		
Boda	147	43.9
Foot	126	37.6
Taxi	19	5.7
Bicycle	43	12.8

Source: data from participants, September/October 2021

Community and system factors associated with utilization of PAC

The majority (56.7%) of the participants earn less than 50,000 Ugandan shillings per month. Stigma is the most common (59.1%) challenge women who have had an abortion face in the community. Some participants (5.7%) noted that abortion is taken as a taboo, while (27.5%) view abortion as a crime, and people who had an induced abortion are liable to imprisonment. Spontaneous abortions are viewed as misfortunes, and such people are comforted and given necessary help. Health workers' attitude: 26.6% of the participants said health providers of abortion services are kind, 23.9% said they are judgmental, 32.8% were not sure, and 16.7% said they are rude. 13.1% of the participants did not receive the care they sought from the facility due to reasons such as restrictive abortion laws (9.9%), while 20.3% received all the care they sought. There are long waiting hours while at the facility, since out of 112 people who sought care, 53 spent more than 30 minutes before they could receive the care, and 89 said there was privacy at the facility.

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Table 3. Table showing community and system factors associated with utilization of PAC

Variables	Frequency [n=335]	Percentage [%]
Afraid of what people might say about having an abortion		
Yes	265	79.1
No	70	20.9
Received the care sought from the facility		
Yes	68	20.3
No	44	13.1
NA	223	66.6
Reason for not receiving the care		
Abortion is illegal	33	9.9
Little/ no money	10	3.0
Lack of supplies and equipment	19	5.7
No trained staff	6	1.8
NA	267	79.7
Time at the facility before receiving the care		
10 minutes	24	7.2
30 minutes	35	10.4
More than 30 minutes	53	15.8
NA	223	66.6
Was there Privacy at the facility		
Yes	89	26.6
No	23	6.9
NA	223	66.6

Source: data from participants, September/October 2021

Association between socio-demographic factors and having an abortion

Bi-variable analysis was performed to generate the Odds ratio. The confidence interval was set at 95% and a P-value of <0.005 was considered to be statistically significant, as shown in Table 8. Age, religion, and income level are significant in determining whether one will have an abortion or not at p-values of 0.004, 0.009, and 0.029, respectively.

Table 4. Showing the association between socio-demographic factors and having an abortion

Variables	Had abortion n=105(%)	No abortion n=230(%)	p-value	Crude OR (95% C.I)
Age (years)				
15-29	67(37.0)	181(63.0)	0.004	0.477(0.287-0.793)
30 and more	38(43.7)	49(56.3)	1.00	1.00
Education level				
Uneducated	42(36.8)	72(63.2)	1.00	1.00
Educated	63(43.7)	158(71.5)	0.120	0.684(0.423-1.104)
Marital status				
Single	58(28.2)	148(71.8)	0.113	0.684(0.427-1.094)
Married	47(36.4)	82(63.6)	1.00	1.00

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Religion				
Christian	84(28.8)	208(71.2)	0.009	0.423(0.221-0.810)
Non-religion	21(48.8)	22(51.2)	1.00	1.00
Income level (Ugx)				
0-50,000	50(26.3)	140(73.7)	1.00	1.00
>50,000	55(37.9)	90(62.1)	0.024	1.711(1.074-2.726)

P-value = 0.05

Factors associated with utilization of PAC services at bi-variable analysis.

The bivariate analysis showed a significant association between marital status P-value = 0.006), education level p-value = 0.000), income level p-value = 0.003), knowledge p-value = 0.000), and health workers' attitude p-value = 0.007). However, age p-value (0.131), religion p-value (0.462), and privacy p-value (0.957) have no significant association with utilization of PAC services.

Table 5. Showing factors associated with utilization of PAC services at bi-variable analysis.

Variables	Utilized PAC services n=63(%)	Did not utilize PAC services n=42(%)	p-value	OR(95% C.I)
Age				
15-29	44(65.7)	23(34.3)	1.00	1.00
≥30	19(50)	19(50)	0.117	1.913(0.850-4.307)
Education level				
Uneducated	15(35.7)	27(64.3)	1.00	1.00
Educated	48(76.2)	15(23.8)	0.000	5.760(2.445-13.571)
Marital status				
Single	28(48.3)	30(51.7)	1.00	1.00
Married	35(74.5)	12(25.5)	0.007	3.125(1.358-7.193)
Knowledge				
Knowledgeable	51(86.4)	8(13.6)	0.000	18.062(6.683-48.819)
Unknowledgeable	12(26.1)	34(73.9)	1.00	1.00
Religion				
Christian	49(58.3)	35(41.7)	0.487	0.700(0.256-1.914)
Non-Christian	14(66.6)	7(33.4)	1.00	1.00
Income level				
5,000-50,000	22(44)	28(56)	1.00	1.00
>50,000	41(74.5)	14(25.5)	0.002	3.727(1.634-8.501)
Heard about PAC				
Yes				
No	52(86.7)	8(13.3)	0.000	20.091(7.331-55.057)
	11(24.4)	34(75.6)	1.00	1.00

P-value=0.05

Factors associated with utilization of PAC in multivariate analysis

Multivariate analysis was performed to determine the factors that are independently associated with utilization of PAC services. During the multivariate analysis, all statistically significant variables (p-value < 0.05) from the bivariate analysis were entered in a logistic regression model as independent variables with utilization of PAC services as the outcome variable, as shown in Table 9.

Only marital status remained statistically significant at multivariate analysis, P-value (0.009 OR 4.907[0.870-8.266].

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Table 6 shows factors associated with the utilization of PAC in the multivariate analysis.

Variables	COR (95%CI)	P-value	AOR (95% CI)	P-value
Education level Uneducated Educated	 1.00 0.177(0.075-0.418)	0.000	 1.00 2.683(0.870-8.266)	0.086
Marital status Single Married	 1.00 3.241(1.404-7.483)	0.006	 1.00 4.907(1.480-16.269)	0.009
Knowledge Knowledgeable Unknowledgeable	 17.708(6.547-47.898) 1.00	0.000	 0.205(0.033-1.261) 1.00	0.087
Income level (Ugx) 5,000-50,000 >50,000	 1.00 3.545(1.550-8.110)	0.003	 1.00 1.396(0.439-4.436)	0.572
Information about PAC Yes No	 19.705(7.185-54.037) 1.00	0.000	 4.325(0.774-24.162) 1.00	0.095

COR: crude odds ratio, AOR: adjusted odds ratio

Discussion

Factors associated with utilization of pac services

The following factors were found to be statistically significant for utilization of PAC services. Education, knowledge, marital status, income level, and whether ever heard about PAC or not. However, only marital status was found statistically significant at multivariate analysis, meaning it's the only independent factor associated with utilization of PAC. Married (74.5%) participants were found to be 4 times more likely to seek PAC services compared to their counterparts. Unmarried women and adolescents often have low utilization of PAC services, which could be a result of a lack of support from the family and community, and they are faced with long-lasting stigma.

The community assumes that they have induced the abortion, which is considered a crime of murder and a very bad habit that can bring misfortune, it's taken as an act of prostitution, and the person who had an abortion is considered a criminal, prostitute, who fears the responsibilities of child upbringing. They are faced with long-lasting stigma from the community. For these reasons, unmarried women are usually underrepresented in seeking care after an abortion. The married, however, seek care promptly due to support from their spouses financially and emotionally.

A study done in Nigeria stated that women who utilized PAC services had support from their husbands, confirming that marriage increases chances of PAC service utilization (*EYAM, MARY EKPOR.Pdf*, n.d.). The difference with the study is that it was conducted among women of reproductive age who had an abortion, which is not the case with this one, which was conducted among all women of reproductive age, regardless of whether they had an abortion or not. However, the findings are similar. Another study conducted in China found similar results that married women were 2.7 times significantly more likely to use PAC services than their unmarried counterparts (Wang et al., 2020).

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 was solved by ensuring appropriate rapport-building with the participants.

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Recommendations

Train more providers of abortion services through including PAC in the curriculum of health science training institutions and carrying out on-the-job training for staff about current guidelines in managing post abortion Patients.

The restrictive abortion laws, which allow abortion only if the life of the mother and/or the fetus is in danger, should be adjusted to include adolescents and young women who are not ready for childbearing. This will reduce the incidence of unsafe abortion, which is the major cause of maternal mortality and morbidity.

Further research should be conducted in the following areas
Quality of PAC services provided in health facilities
A qualitative study to determine the psychological impact of abortion on women who have had an abortion.

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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.
Grace Auma Anna is a lecturer at the faculty of health sciences of Lira University.

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