

AVAILABILITY, USE AND QUALITY OF CARE FOR MEDICAL ABORTION SERVICES

Preliminary Results of two components: KIIs and the Pharmacy Study

Population Council:

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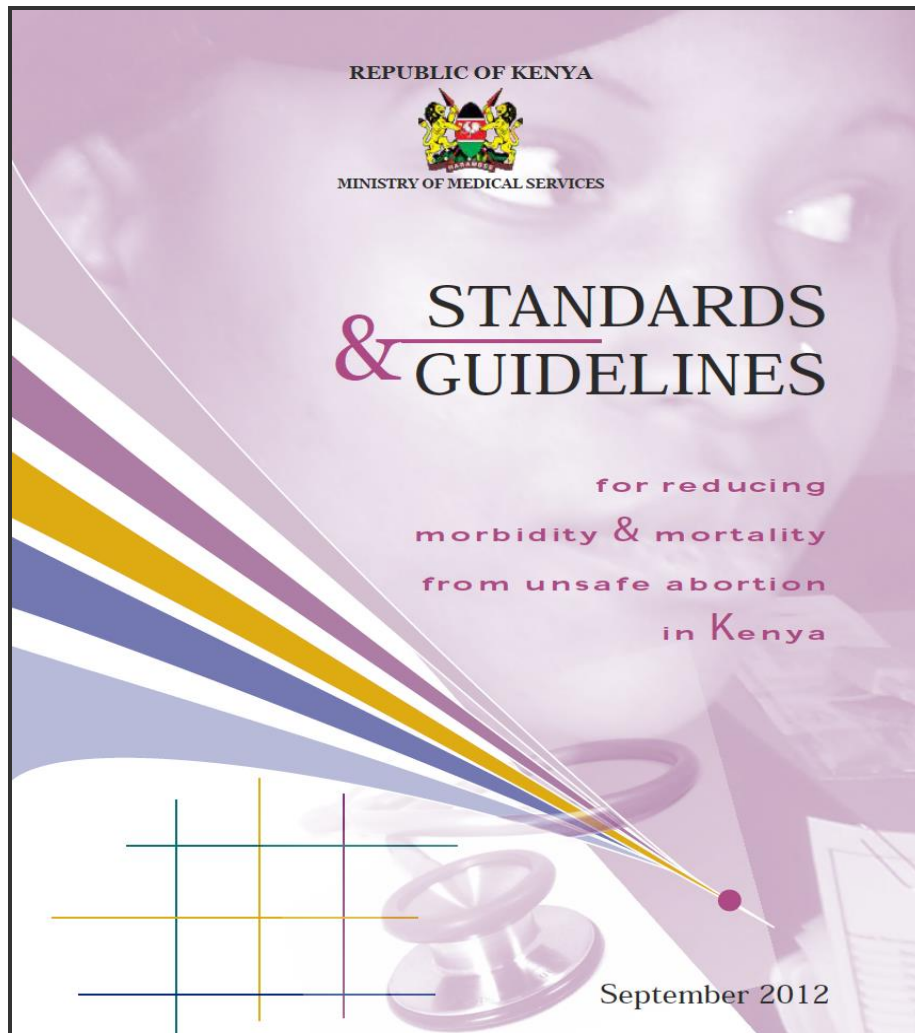
BACKGROUND

- Presentation – part of activities being implemented under The STEP UP (***Strengthening Evidence for Programming on Unintended Pregnancy***) Research Programme Consortium, which generates policy-relevant research to promote an evidence-based approach for improving access to FP and safe abortion.
- STEP UP focuses its activities in five countries: Bangladesh, Ghana, India, Kenya, and Senegal.
- STEP UP is coordinated by PC in partnership with APHRC; ICDDR,B; the LSH&TM ; MSI/MSK and Partners in Population and Development (PPD).
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Opportunities/Problem Statement

- Renewed interest in MM and unsafe abortion since 2010 (New Const. Expansion of MA services), MDG5
- The incidence and complications of unsafe abortion report-shows high incid.464,690 induced abortions in Kenya in 2012 (rate: 48/1000 women- 15-49 yrs)
- In Kenya, little is known about:
 - ✓ The private sector provision of MAS,
 - ✓ Acceptability of MAS among Pharmacy staff and clients, and the content of care offered
 - ✓ QOC for MA services in the Private Sector clinics
 - ✓ Provision of FP services in the Private Sector HFs

Opportunities – Many resources now available to support safe abortion services



Safe abortion: technical and policy guidance for health systems

Second edition



STEP-UP in Kenya – what are we doing?

Output 1: A coherent body of robust research based evidence generated to address STEP UP's priority areas.

- Developing a conceptual framework for UP
- Building the evidence base for understanding UP in Kenya – Country Profile (APHRC, PC, PPD)
- Addressing UP among adolescents girls living in urban slums of Kenya (APHRC, MSK)
- **Assessing the use, availability and quality of care for medical abortion services in Kenya (PC, MSK, RHN)**

Objectives of the project

- a) Determine the activities being undertaken to support the expansion of MA services,
- b) Determine the preparedness of private facilities to provide MA services to clients
- c) Assess the availability and provision practices of misoprostol & mifepristone in private outlets; and
- d) Explore the information given to clients seeking MAS at private clinics and pharmacies

STUDY DESIGN & METHODOLOGY

- Cross-sectional exploratory study
- Three components
 - ✓ KIIs (Policy Makers and prog.mgrs -NBO, KSM)
 - ✓ Pharmacy study
 - ✓ Clinic-based study (**Not covered in this presentation**)
- Study sites (Kisumu, Nairobi and Mombasa)
- Data collection
 - ✓ Individual interviews held with Snr mgrs (19)
 - ✓ Structured interviews with pharmacy/ass.(235)
 - ✓ MCs (100pharmacies-i.e.appr.33/site= 400visits)

.....Key Issues Explored

Key Informant Interviews:

New Const; opportunities, challenges, interventions, M/E; QOC, Capacity building, public HFs & Advocacy

Pharmacy assistant interviews:

Background characteristics, Training and knowledge, service provision, FP services, cost of drugs for MA

Simulated clients:

Assume specific roles of real clients seeking MA services, ask for services in the assumed role, observe the provider's ability to respond to the needs of SCs & complete a short tool immediately after visit

FINDINGS

1) Key Informant Interviews - KIIs

- The 2010 new const. has provided a new supportive legal framework
- S/Abortion services are now more available
- Peoples' perceptions regarding abortion changing.
- However, negative attitudes and beliefs still persist among HWs, police; judiciary the public.
- There is still some apprehension to provide MA services in the public sector facilities.

2) Pharmacy Assistant interviews:

Age Distribution of Pharmacy Assistants

Age	N=235	
	n	%
22-30 yrs	140	59.6
31-40 yrs	81	34.4
> 41yrs	14	6.0
	Total	100.0

Education Levels of PAs

Education Level	N=235	
	n	%
Primary	5	(2.1)
Secondary	11	(4.7)
College	191	(81.3)
University	28	(11.9)
	235	(100.0)

Trained in TOP services

N=235		
Position	n	%
owner	3	(1.3)
Manager	1	(0.4)
Employee	28	(11.9)
	32	(13.6)

Only a few clients who purchased Miso/Mife were provided with an FP Method

Does the Pharmacy Sell? (YES)	N=215		Pur. Miso, Mife & FP
	n	%	n=5
Male Condom	200	93.	1
Female Condom	53	25	1
Pills	213	99	1
Diaphragm	16	7	0
Foam Pills	22	10	0
Injectables(3 Months)	163	76	1
Injectables (2 Months)	24	11	0
Implants/Jadelle	36	17	1
EC	201	94	0
Miso/Mife or Comb (N=234)	26	(11)	

3) Results of Mystery Client Experiences With Pharmacy Assistants

Number of Visits made by MC by scenario

Client Scenario	N=401	
	n	%
Wants misoprostol	101	25.2
Pregnant & seeking help to end it	100	24.9
Seeking medication to end 2 months pregnancy	101	25.2
Seeking medication to end 12 weeks (3months) pregnancy	99	24.7
Total	401	100.0

Number of staff MCs interacted with

Client Scenario	No. of staff MCs interacted with					
	1	%	2	%	3 or more	%
	309	82	61	16	7	2
Wants misoprostol	87	86	12	12	1	1
Pregnant and seeking help to end it	65	65	19	19	1	1
Seeking medication to end 2 months pregnancy	78	77	12	12	4	4
Seeking medication to end 3 months pregnancy	79	80	18	18	1	1

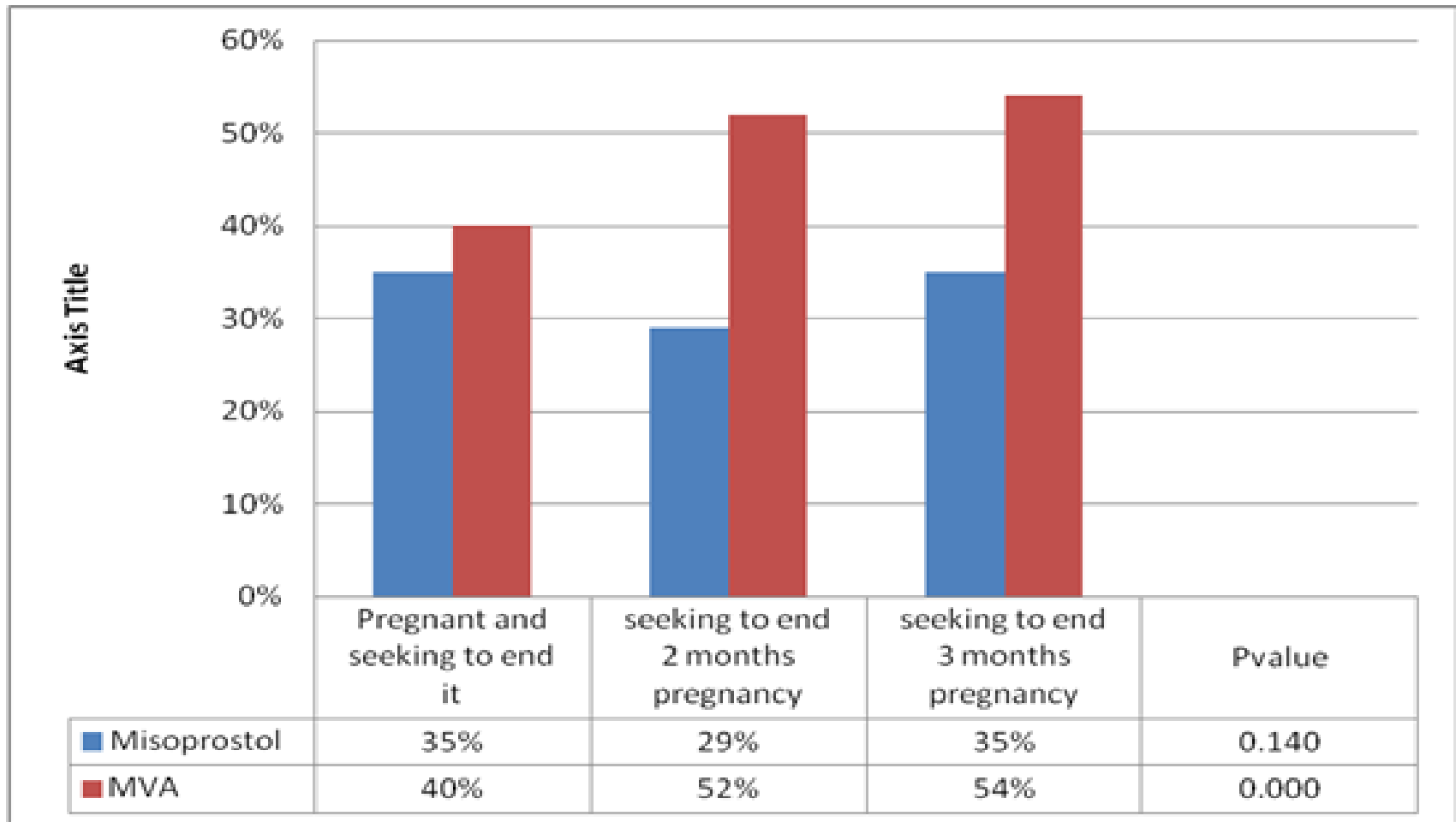
History Taking and Screening

Client Scenario	1		2		3		4	
Staff asked about:	101	%	100	%	101	%	99	%
LMP	7	7	39	39	33	33	74	75
Gestation age	29	29	50	50	76	75	64	65
Medical History	0	0	6	6	2	2	18	18
Age	6	6	26	26	24	24	38	38
SES	4	4	40	40	31	31	37	37
Reasons for termination	14	14	57	57	49	49	65	66
Prescription from m/practitioner	45	45	24	24	14	14	33	33
Proof of permission from 3rd Parties	0	0	3	3	13	13	28	28

Service Provision By Scenario

Client Scenario	1		2		3		4	
	n=	%	n=	%	n=	%	n=	%
Staff Advised on:	101		100		101		99	
Continuing with Pregnancy	10	10	45	45	25	25	59	60
Seeking counseling before TOP	17	17	12	12	7	7	28	28
Where to obtain services TOP	17	17	12	12	7	7	28	28
Available TOP methods	28	28	50	50	54	53	69	70

Service Provision: Does Knowing ones SES influence Method type?



For MA medications offered, pharmacy staff explained...

Client Scenario	1		2		3		4	
	101	%	100	%	101	%	99	%
When to use med	5	5	6	6	19	19	12	12
How to take med	5	5	19	19	22	22	14	14
How med. works	6	6	20	20	23	23	16	16
Side-effects of med	22	22	18	18	11	11	10	10
Effectiveness	9	9	13	13	11	11	16	16
When to seek help	3	3	3	3	9	9	8	8
Complications	12	12	17	17	13	13	9	9
Where to seek help	3	3	6	6	6	6	11	11

Staff rarely discussed FP with their clients

Did the pharmacy staff?	N=401	
	n	%
Discuss Family Planning	48	12
Recommend Family Planning	37	8.7
Provide FP method	2	0.5
Refer client elsewhere for FP method	4	1

FP rarely discussed across Scenarios

Did the Pharmacy Staff.....	Discuss FP?		Recom mend FP?		Give FP method?		Refer client for FP?	
Client Scenario	n =101	%	n =100	%	n =101	%	n =99	%
Wants misoprostol	6	6	5	5	0	0	0	0
Preg. & seeking help to end it	7	7	7	7	1	1	1	1
Seeking med.to end 2/12 preg.	19	19	11	11	0	0	0	0
Seeking med. to end 3/12 pregnancy	16	16	12	12	1	1	3	3

**4. Experiences
Observed by RAs
(during Data
Collection) on provision
of MA services to
clients**

Decliners and Acceptors had different reasons for their positions

- Some of the reasons given by decliners:
 - "Abortion is illegal, morally wrong"
 - "Not trained any body in this service"
 - "We lack appropriate drugs"
 - 'Due to personal beliefs: "Abortion kills" "It is a big sin", "God is against killing"
- Acceptors:
 - ✓ Should be legalized
 - ✓ "the study will help Govt. improve policies"
 - ✓ "Improves lives of women: Reduces Mmorb/mort"
 - ✓ "Abortion also protects the interests of children"

Interactions/Counseling dominated by Money

- None mentioned health issues. They were concerned with money to be paid. BM RA-MBS
- “I was given more information when I promised to raise half the amount. LO RA-KSM
- Clients were assisted when they informed the provider of money they had. HM RA-NRB (QC)
- Reluctant to use medical abortion methods. (Preference for surgical methods).
- “Some providers would let us know that this was a **business for making money** apart from helping”. FMM RA-NRB (QC)

Providers' Attitude and Values (FP)

- Some PAs were judgmental and seem to suggest that there wasn't any need for FP since 'the damage had been done already'. Examples:
 - ✓ Tumalizane na abortion kwanza, FP haiwezi kukusaidia (***Let us first of all finish with the business of Abortion, FP can not help you***)LO (RA-KSM).
 - ✓ "You should have thought about it before you got yourself in such a mess,". BM (RA-MBS)
 - ✓ "Couldn't you think of using condoms, FP is not my concern" SB (RA-NRB)
 - ✓ "What method were you using? Did it backfire on you?"VA (RA-NRB)

CONCLUSION & RECOMMENDATIONS

- Abortion environment – changes since 2010.
- Safe abortion services more available now
- However, challenges/barriers still remain (stigma, inadequate HPs, commodities, ignorance of the law & lack of pol/direction)
- Preparedness of pharmacies to provide MA low
- Overall sales of miso & mife were low
- Very few clients (out of those who sought MA) received FP services

RECOMMENDATIONS CONT'D

- MOH to provide a clear policy statement on safe abortion services,
- Dissemination of s/and guidelines for managing unsafe abortion/ training of HPs,
- Awareness creation (community level and within the public sector) to reduce “fear”.
- Need to make commodities for SA available
- Increase the capacity of HPs in CAC services
- Expand training of HPs in VCAT for MA & FP

Thank You!

& now time for

**Questions and Issues
for clarification**