Women’s Experiences and Perspectives on Postabortion Care and Voluntary Postabortion Family Planning at Public Facilities in Dakar, Senegal

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RESULTS

• PAC providers conveyed confidence in their ability to treat complications using medical and surgical uterine evacuation techniques. However, their knowledge on PAC clients’ eligibility for a wide range of voluntary contraceptive methods during PAC and capacity to provide those methods was mixed.

• There were particular gaps concerning long-acting and reversible contraceptive (LARC) methods, with roughly half of the individuals interviewed explaining that they did not think they should offer LARCs during PAC or were not able offer LARCs during PAC.

• There were also notable biases related to LARC usage among youth, unmarried clients, and childless clients as well as related to modern methods for clients who were prescribed misoprostol through self-administration.

• The service delivery context at health facilities presented barriers to effective client management.

• Providers interviewed repeatedly noted that requiring clients to pay for treatment of abortion-related complications and FP services separately resulted in clients’ decisions to opt against immediate method uptake.

• Additionally, providers explained how social and cultural norms influence clients and underlie misconceptions that are too complex to address in the narrow timeframe available during PAC service provision. In particular, religious norms and spousal influences constrain women’s abilities to voluntarily adopt FP during PAC.

SIGNIFICANCE

• Postabortion care (PAC) addresses the risk of maternal morbidity and mortality by managing abortion-related complications and helping women avoid future unintended pregnancies by providing family planning (FP) counselling and access to voluntary contraception. However, due to various individual and institutional barriers, including some legal provisions, only about 50% of PAC patients voluntarily use a contraceptive method in francophone countries in Sub-Saharan Africa.

• Through the USAID-funded PAC-FP program, EngenderHealth and its local partner—Regional Center of Training, Research, and Advocacy in Reproductive Health (CEFOREP)—collaborated to conduct a qualitative study in Dakar, which examined the perspectives of providers and administrators regarding the strengths and shortcomings of PAC provision.

METHODOLOGY

• The study was conducted between January and April 2018 and involved completing in-depth interviews with 24 providers at 4 hospitals, 3 health centers, and 1 health post in Dakar.

• EngenderHealth and CEFOREP used instruments emphasizing the following domains of influence on provider and organizational performance: (1) individual competency, (2) attitudes on abortion and voluntary FP, (3) the service delivery environment, (4) organizational culture and systems supports, and (5) social and cultural influences.

• EngenderHealth and CEFOREP used frameworks analysis to identify patterns and recurrent processes in respondents’ narratives.

IMPLICATIONS AND LESSONS LEARNED

• Given the pivotal role of providers and the multi-level factors that influence their performance as individuals and teams, it is critical that programs adopt a comprehensive approach that responds to their expressed needs.

• Comprehensive training systems should respond to most of the gaps highlighted in this study by incorporating technical capacity building approaches that maximize providers’ access to learning opportunities.

• Health facility managers should consider streamlining payment processes used to meet cost recovery requirements so that clients can pay for PAC and FP services together.

• These findings can guide future initiatives to strengthen the effectiveness of PAC services in tertiary, intermediate, and primary care settings.