KNOWLEDGE AND PRACTICE OF HEALTH WORKERS ON POST ABORTION CARE AT KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL BUSHENYI DISTRICT

A RESEARCH REPORT SUBMITTED TO

UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD

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FOR THE AWARD OF THE DIPLOMA IN NURSING SCIENCES

BY

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DECLARATION

I, Ssekanjako Wahab do hereby declare that this work is as a result of my own effort and in case of any contribution or assistance the references are quoted. It has never been presented to any university or college for an academic award.

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DEDICATION

I dedicate this research report to GOD the almighty for the strength he has given me, then to my dear mother MRs. NALWANGA PROSSY, my beloved brother MR. LUKWAGO SAAD, who have been my source of inspiration and finance throughout my research study and ensured my success.

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I thank the Almighty God for the knowledge, wisdom, courage, health and determination He has given me.

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DEFINITIONS OF KEY TERMS

Abortion : Is the termination of pregnancy before the baby is viable especially in the first 28 weeks of gestation.

Health workers : Are people whose job is to protect and improve the health the health of their communities.

Knowledge : Facts, information and skills acquired through experience or education.

Post Abortion Care : Is a package of services provided to women who have had an incomplete abortion after a spontaneous or an induced abortion.

Practice : The actual application or use of an idea, belief or method as opposed to theories relating to it.

ABBREVIATION AND ACRONYMS

CME	:	Continuous Medical Education
CNE	:	Continuous Nursing Education
HPS	:	Health Professional Survey
IEC	:	International Electro Technical Commission.
IUD	:	Intrauterine Device
KIU-TH	:	Kampala International University Teaching Hospital
MoH	:	Ministry of Health
MVA	:	Manual Vacuum Aspiration
NGOs	:	Non-Government Organizations
PAC	:	Post Abortion Care
USAID	:	United States Aid
WHO	:	World Health Organization

ABSTRACT

Introduction

Abortion is still a public health dilemma in developing countries Uganda inclusive. Abortion is illegal in Uganda, and unsafe abortion is responsible for at least 30% of all maternal deaths. Each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications, as a result of unsafe abortion.

The main objective of the study was to assess the knowledge and practice of health workers on Post Abortion Care at Kampala International University Teaching Hospital.

Descriptive cross sectional study design was used which employed quantitative methods and the findings of the study indicated that most of the health workers had knowledge on abortion and PAC. Data is presented in both tables and figures. The health workers had adequate knowledge (95%) on PAC, however the practice of PAC services was not adequate enough to assist the health workers implement the components efficiently. Majority (82%) of the health workers lacked enough skills especially in family planning services and reproductive health services.

Understanding the service provider-related challenges and overcoming them can enhance sufficient service provision. Effective support and supervision should be done regularly to guide, help and encourage staff so as to improve their performance in order to provide high quality PAC services.

This can lead to early detection of the common challenges faced by the units that deter appropriate management so that they provide high quality PAC services to avert the effects that are experienced by women after an abortion hence reducing on the burden of maternal morbidity and mortality in Uganda.

CHAPTER ONE: INTRODUCTION

1.1 Introduction/ Background

Abortion was a common practice in the ancient world. Evidence suggests that late-term abortions were performed in a number of cultures. The first recorded evidence of induced abortion is from the Egyptian Ebers Papyrus in 1550 BC.

A Chinese record documents the number of royal concubines who had abortions in China between the years 500 and 515 BC. One way Chinese women induced abortion was to swallow a number of live tadpoles days after they had missed a menstrual period in the hope of bringing on an abortion. Many of the methods employed in early and primitive cultures were non-surgical. Physical activities like strenuous labor, climbing, paddling, weightlifting, or diving were a common technique. Others included the use of irritant leaves, fasting, bloodletting, pouring hot water onto the abdomen, and lying on a heated coconut shell.

Abortion is the termination of pregnancy before the baby is viable especially in the first 28 weeks of gestation (Fraser *et al*, 2008). Abortion can be safe or unsafe and can occur spontaneously, often called a miscarriage, or it can be purposely induced.

WHO, (2011), defines unsafe abortion as a procedure of terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both. The term spontaneous abortion refers to the loss of fetus during pregnancy due to natural causes.

Once a woman gets an abortion, it is the role of a health worker to safely manage this client. USAID, (2008), defines PAC as a package of services provided to women who have had an incomplete abortion after a spontaneous or an induced abortion for reducing morbidity and

mortality from complications of abortion. PAC comprises of the following three key components that should be implemented in a systematic way: Emergency treatment, Post abortion contraceptive counseling and services, Community involvement for early recognition and management of abortion complications and to support and strengthen ongoing contraceptive use (USAID, 2008).

Abortion, when induced in accordance with local law, is among the safest procedure in medicine (Grimes *et al*, 2008). According to Lohr *et al*, (2014), unsafe abortion result in approximately 47,000 maternal deaths, and 5 million hospital admissions per year globally (Shah *el at*, 2009). An estimated 44 million abortions are performed globally each year, with slightly under half of those performed unsafely (Sedgh *et al*, 2012). Although the incidence of abortion has stabilized in recent years, the access to family planning and contraceptive services in the previous few decades have increasingly declined (Sedgh et *al*, 2012).

Unsafe abortion mainly endangers women in developing countries where abortion is highly restricted by law and countries where, legally permitted, safe abortion is not easily accessible. In these settings, women who face an unintended pregnancies often self-induce abortions or obtain clandestine abortions from medical practitioners (Okonofua *et al*, 2010). Forty percent of the world's women can gain access to legal induced abortions if still within gestational limits (Culwell *et al*, 2010).

Abortion complications are among the major reasons why women seek emergency PAC. According to (WHO, 2011), each year approximately 210 million women throughout the world become pregnant, and as many as 80 million of these pregnancies are unplanned. Some unplanned pregnancies are carried to term, while others end in spontaneous or induced abortion. Estimates indicate that every year 46 million unwanted pregnancies are terminated by induced abortion; 27

million of these abortions are performed legally, whereas 19 million are performed outside the legal system (WHO, 2011).

Based on various studies focusing on abortion-related mortality, it was estimated that unsafe abortions account for approximately 13% of all maternal deaths worldwide (WHO, 2011).

The only national estimate of abortion incidence in Uganda comes from a study done in 2003 that reported an annual abortion rate of 54 abortion per 1,000 women of reproductive age, or one abortion for every 19 such women. This rate is far higher than the average rate for East Africa (36 abortions per 1,000 women) (WHO, 2011).

Abortion is illegal in Uganda, and unsafe abortion is responsible for at least 30% of all maternal deaths (Finer *et al*, 2008). Most abortions carried out in Uganda take place in secrecy under unhygienic conditions. Each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications, as a result of unsafe abortion (Finer *et al*, 2008).

It is therefore, against this background where the researcher picked interest of undertaking a study to assess the knowledge and practice of health workers on PAC at Kampala International University Teaching Hospital, Ishaka - Bushenyi district.

1.2 Problem Statement

Worldwide, young women under the age of 20 make up 70 percent of all hospitalizations from unsafe abortion complications and approximately 47,000 women per year die from unsafe abortion complication (Shah, 2010). In Sub-Saharan Africa, over 60 percent of unsafe abortions are among women younger than 25 years (Greene et al, 2010). Approximately 47,000 women per year die from unsafe abortion complication (Shah, 2010).

An estimated 44 million abortions are performed globally each year, with half of those performed unsafely (Sedgh *et al*, 2012). Abortion is still a public health dilemma in developing countries Uganda inclusive. Abortion is illegal in Uganda, and unsafe abortion is responsible for at least 30% of all maternal deaths. Each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications, as a result of unsafe abortion (Finer *et al*, 2008). Amongst those surviving the ordeal, several thousand experience various forms of short- and long-term morbidities. It is apparent that efforts to reduce maternal mortality and improve maternal health without addressing the issue of unsafe abortion will not succeed to achieve the millennium development goal five. In Kampala International University Teaching Hospital, during the year 2017, a total of 90 mothers were admitted on gynecological ward from the month of January to September for Post Abortion Care services (Kampala International University Teaching Hospital Hospital records, 2018). Among these 40 mothers experienced different complications some of which being sepsis and psychological pain which is an indication that they lacked sufficient care to prevent these complications. Therefore the purpose of the study was to assess the knowledge and practice of health workers on Post Abortion Care at Kampala International University Teaching Hospital.

1.3 Purpose of the study

To assess the knowledge and practice related to Post Abortion Care among health workers at Kampala International University Teaching Hospital

1.4 Specific Objectives

- To assess the knowledge of health workers on Post Abortion Care at Kampala International University Teaching Hospital.

- To identify the practices of health workers regarding Post Abortion Care at Kampala International University Teaching Hospital.

1.5 Research questions

- What is the knowledge of health workers on PAC at Kampala International University Teaching Hospital?
- What are the practices of health workers on PAC at Kampala International University Teaching Hospital?

1.6 Justification of the Study

The Uganda women communities just like any other community in the world hope for a better future, good health status, education and prosperity for their children and security for their families but abortion has continued to render them hopeless by threatening their lives and fertility.

Persistent high maternal morbidity and mortality rate has prompted the Uganda government to increase expenditure on PAC services in the health facilities in order to alleviate abortion complications in Uganda. However despite this increased expenditure on these services, deaths due to abortions are still high. About 300,000 induced abortions occur annually among Ugandan women aged 15 – 40 years and a large proportion of these women get severe post abortion complications death inclusive. Therefore the results of this study will enable health workers to know the areas of difficulty and strengthen PAC services being offered to their affected women.

Furthermore, the findings will serve as a reservoir of knowledge for future researchers in the same area. The study results helped the researcher to complete a report that will be submitted to the ministry of education and sports for the partial fulfillment for the award of diploma in Nursing Science.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter addresses the literature written by different scholars in accordance to the topic under study, arranged according to the specific objectives. Unsafe abortions account for around 70,000 deaths each year, almost all of them in the developing world (WHO, 2012). Millions of women suffer permanent injury or chronic illness, adding a high cost to both individual families and health systems. Lowering abortion-related maternal death is a key route to reduce overall maternal mortality. Worldwide, half of all abortions are unsafe, and all unsafe abortions (98%) occur in developing countries (Sedgh *et al*, 2012). In the developing world, 56% of all abortions are unsafe, compared with just 6% in the developed world (Sedgh *et al*, 2012) .The estimated annual number of deaths from unsafe abortion declined from 56,000 in 2003 to 47,000 in 2008. Complications from unsafe abortion accounted for an estimated 13% of all maternal deaths worldwide in both years (WHO, 2011).

A study on contraceptive needs in Uganda estimated that around 2.2 million pregnancies occurred in 2008. Of these, 56% or 1.2 million were unplanned pregnancies. An estimated 362 000 of these unintended pregnancies resulted in induced abortions (Vlassoff *et al*, 2009).

2.2 Knowledge of health workers on PAC

A study done in Anmbra state of southeastern Nigeria to investigate the knowledge and practices of health care professionals working in mission and general hospitals revealed that 75.5% were aware of PAC services, 6.2% were aware of community partnership and 6.4% were aware of family planning services as elements of PAC (Adinma *et al*, 2010).

In Tanzania, a study in Mwanza region in selected public hospitals to assess the knowledge of Nurses and Midwives on PAC revealed that 80/94(85%) were aware that PAC reduces maternal

morbidity and mortality caused by abortion complications (Maendeleo, B *et al* 2015). The study also revealed that the majority of the respondents were knowledgeable about PAC and there was no significant difference in knowledge between Midwives and other Nurses.

2.3 Practices of health workers on PAC.

The WHO recommends that Women may start hormonal contraception at the time of surgical abortion, or as early as the time of administration of the first pill of a medical abortion regimen. Following medical abortion, an IUD may be inserted when it is reasonably certain that the woman is no longer pregnant. For incomplete abortion, if uterine size at the time of treatment is equivalent to a pregnancy of gestational age 13 weeks or less, either MVA or treatment with misoprostol is recommended. The recommended regimen of misoprostol is a single dose given either sublingually or orally (WHO, 2012).

In South Africa, a health facilities study revealed a range of reproductive health-care services, from pre-abortion counselling and referral, to the provision of first-and second-trimester abortions, post abortion counselling and contraceptive services (WHO, 2010).

In Nigeria the overall practice of PAC services of 75.5% was high and therefore commendable. However, practices seem to be incomplete regarding the five elements of PAC, counseling was relatively high at (72.8%), reproductive health referrals (63.6%), and the use of MVA (59.3%), but the community partnerships (6.2%) and family planning/contraception (6.4%) were low (Okonofua,e*t al, 2010*).

A study in South Africa revealed that over half of the patients treated for post abortion complications were given information about HIV/AIDS (Guttmacher Institute, 2010). This indicated a clear opportunity of counseling a vulnerable segment of the society on this very important health issue. Counseling should be associated with referral to other reproductive health

units, either in the index facility or other referral centers within the health care providers' network, to ensure proper and complete management of PAC services.

In Zimbabwe, a community study showed how problems arising from unwanted pregnancy and unsafe abortion can be reduced significantly through effective community education and dialogue regarding such problems and the need to seek prompt treatment inappropriate health facilities (Settergren *et al,* 2011). To achieve universal local access to sustainable PAC services, it is necessary that health care providers be adequately trained regarding community partnership skills, knowledge and practice of contraceptive services within the context of PAC. The use of MVA among the health workers was low despite a high level of awareness, this was related to lack of skill, unavailability of instruments used in offering PAC services or lack of motivation to perform MVA (Okonofua *et al, 2010*). Scaling up of provision of PAC services requires the training of mid-level health service providers regarding the elements of PAC. Decentralizing PAC by training and authorizing the Midwives/Nurses at both the secondary and primary health facilities would improve the proximity of services to clients and reduce the distance a woman with an abortion complication will have to travel before accessing the care. There is the need to strengthen the capacity of health care providers regarding a more effective community partnership and family planning skills, as well as scale up services by training more health care providers, Doctors, Nurses and Midwives, regarding PAC services, (Okonofua e*t al, 2010*).

In Tanzania, a study done around Mwanza region in selected public hospitals to assess the PAC practices of Nurses and Midwives revealed that majority of the respondents 74/94(84%) offered contraceptives, but involving the community members was rarely practiced by the respondents 53/94(55.9%). Similarly, just over half of the respondents 51/94(54.3%) had never done MVA for

treatment of abortion complications, thus Midwives and Nurses reported poor use of MVA and misoprostol. (Maendeleo B *et al,* 2015).

A study in Uganda revealed that misoprostol was reported as the second most common method used by providers (10% in urban areas and 7% in rural areas) (Prada, *et al* 2016). In the 2003 HPS, the most common method used by physicians in both urban and rural environments was Dilation and Curettage (D&C), while catheters and oral drugs were reported as most commonly used by non-physicians (Prada, *et al* 2016). In comparison, respondents of the 2013 HPS reported that physicians most commonly used MVA (27% in urban area and 23% in rural area), while oral and vaginal herbs were most commonly used among non-physicians (65% urban and 76% rural), although the extent to which women use misoprostol and how well they use it is currently unknown, more than two thirds of health professionals interviewed in the HPS indicated that misoprostol has been available in the country as far back as 2008 (Prada, *et al* 2016). In fact, distribution of misoprostol use first took place in 2009, though guidelines for its use in this setting were not established until 2010. Support for misoprostol use in PAC would not occur until 2012 (Prada, *et al* 2016). However among providers that currently use MVA, which include Midwives and Medical officers, the service is typically only offered in the daytime on working days (Prada, *et al* 2016). Additionally, more private Midwives are trained in the use of MVA than those who work in public facilities. The average number of PAC cases among facilities that do provide PAC was; 14% provide counseling on contraceptives to some but not all patients who come in for PAC; 3% do not provide any counseling at all and 8% do not provide any contraceptive methods (Prada, *et al* 2016).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter looks at the methodological procedures that were followed in the development and conduct of the study. This chapter consists of study design, study setting, study population, sample size determination, sampling procedure, inclusion and exclusion criteria, definition of variables, research instruments, data collection procedures, data management, data analysis, ethical considerations, limitations to the study, dissemination of results, validity and reliability, and research ethics, on the knowledge and practice of health workers on PAC at Kampala International University Teaching Hospital.

3.2 Study design and Rationale

The researcher used a descriptive cross sectional study design and employed quantitative methods, where self-administered questionnaires were availed to respondents on which quantitative techniques facilitated establishment values were attached to numerical variables.

The descriptive cross sectional study design was selected because it aids in rapid data collection and allowed a snap shot interaction with a number of respondents at a point in time.

3.3 Study setting and Rationale

The study was carried out at Kampala International University Teaching Hospital. Kampala International University Teaching Hospital is located in Ishaka town Bushenyi district in the western region of Uganda. Bushenyi district is bordered by Rubirizi district to the northwest, Buhweju district to the northeast, Sheema district to the east, Mitooma district to the south and Rukungiri district to the west. This setting was chosen for study because it receives a high number of patients that require PAC services and it has a variety of health service providers who are

involved in providing PAC services. As of now, the hospital has staff in wide range of roles; Doctors, Clinical Officers, Registered Nurses, Enrolled Nurses, Enrolled Midwives, Anesthetists, Laboratory technician and Laboratory assistants, It has a bed capacity of 1000 and offering services such as; gynecology services, antenatal care, family planning services, delivery services; dentistry services, postnatal checkup, medical services, psychiatry, surgical, laboratory and nutrition services among others. The hospital is approximately 75 kilometers northwest of Mbarara Regional Referral hospital. Kampala International University Teaching Hospital was established in 2001, and is privately managed by a board of governors.

3.4 Study population

The study targeted health workers (Midwives, Doctors, Clinical Officers and Nurses) at Kampala International University Teaching Hospital on gynecology ward and outpatient department because they always determine the effectiveness of PAC services offered to the women who have had abortion since they are directly involved in provision of PAC.

3.4.1 Sample size determination

The sample size was determined using the (Kish and Leslie, 1965) formula.

$S=z^2*pq/d^2$

Where;

S=the sample size

Z=a number relating to the degree of confidence you wish in the results. Where z is 1.96 if the degree of confidence is 95%

d= the error you are prepared to accept, it is measured as a proportion of the standard deviation.

P= an estimate of the proportion of the people falling into the group in which there is the population of interest. (Proportion of health workers who had women that needed PAC).

q=1-p

Therefore our sample size is;

If z=1.96, p=93 %(0.93), q=7 %(0.07), and d = 5(0.05)

$s=1.96^2*(0.93*0.07) /0.05^2$

s=245

From the above formula the sample size was 254 respondents but these health workers were not available in Kampala International University Teaching Hospital gynecology ward and outpatient department therefore, the research used a sample size of 51 health workers.

Therefore, s = 51

3.4.2 Sampling Procedure and rationale

The participants were got through convenience sampling technique which entails provision of self-administered questionnaire to the participants who had consented to be part of the study and were conveniently available on their respective wards at the time of data collection. This procedure enabled the participants to be part of the study at their convenient time.

3.4.3 Inclusion Criteria

Health workers (Midwives, Doctors, Clinical Officers, Nursing assistants and Nurses), both males and females working on gynecology ward and out-patient department of Kampala International

University Teaching Hospital and those who had consented and present at the time of data collection.

3.4.4 Exclusion Criteria

Health workers (Midwives, Doctors, Clinical Officers and Nurses), on leave, the sick, those who didn't consent, those not on duty and those who were non-health workers at Kampala International University Teaching Hospital at the time of data collection.

3.5 Definition of Variables

Independent variables: The Knowledge and Practice of health workers.

Dependent variable: Post Abortion Care.

3.6 Research Instruments

Research instruments refer to devices used to collect data such as questionnaires, tests, structured interview schedules and checklists. In this study self-administered questionnaires were used as instruments for collecting data. Both open and close ended questions were used in the questionnaire. Questionnaires were produced in English, pretested and analyzed. They were precise and concise containing serial numbers to avoid any loss, hence the respondents' name or address wasn't required so as to ensure confidentiality and instill confidence in the participants throughout the study. During collection, the questionnaires were crosschecked to ensure that all questions were answered and where respondents got difficulties in questions, explanations were made by the researcher to facilitate their response.

3.7 Data Collection Procedures

Data was collected using a questionnaire that was strictly confidential. No name was required since the study involved personal, intimate and sensitive questions. This made the respondents to give answers freely.

After the approval of the research proposal, the researcher was issued with an introduction letter that introduced him to the administrators of Kampala International University Teaching Hospital in order to be granted permission to carry out the research study in the hospital. The researcher explained the purpose of the study to the potential respondents (health workers) of interest and those who wished to participate were sampled purposively. After sampling out the respondents, the researcher distributed the questionnaires to them for filling with help of two research assistants.

3.7.1 Data Management and quality control

All filled questionnaires were checked for validity before leaving data collection site, they were checked for completeness, accuracy, stored in files and entered correctly in the computer. The questionnaires were kept properly in a locker to avoid losses and access to those not authorized before being prepared for analysis.

3.7.2 Data Analysis and presentation

Data in the field was continually supervised and quality controlled by the principal researcher. Quantitative raw data from questionnaires was coded and entered using Microsoft excel. Subsequently data was cleaned and analyzed using Microsoft Excel. Information generated was then presented in form of text, tables, pie-charts and graphs.

3.8 Ethical consideration

Permission to conduct the study was got from Kampala International University School of Nursing through the Research Committee and an introductory letter to the Gynecology department, Out- patient department plus Accident and emergency ward was issued by the Research Committee. Heads of department authorized the researcher to access the ward, then the researcher explained to the participants about the study and informed consent was secured from them (health workers). Confidentiality was maintained throughout the study.

3.9 Limitations of the Study

The research faced the following problems;

Limited finances to facilitate him through the study.

Limited time to conduct the study.

Uncooperative participant since health workers are always busy.

Weather changes affected the study

3.10 Dissemination of results

The compiled information in a report format were distributed to;

Kampala International University Western Campus through the School of Nursing sciences.

Kampala International University School of Nursing library.

Kampala International University Teaching Hospital library

Uganda Nurses and Midwives Examination Board.

CHAPTER FOUR: RESULTS

4.0 Introduction

The chapter presents and analyses the data that was collected from the 51 respondents. The data is presented in form of tables and figures and it is organized according to the specific objectives.

n = 51

4.1 Demographic Data

Figure 1: Showing the age of the respondents

From figure 1 above, most 37 (72%) of the respondents were between 24 - 29 years compared to 2 (4%) who were between 30-36 years. Therefore the study was generally dominated by the age group between 18 - 29 years.

n = 51

Table 1: Showing the religion of the respondent

Religion	**Frequency (n)**	**Percentage (%)**
Catholics	29	56.9
Moslems	15	29.4
Adventists	5	9.8
Born Again Christians	2	3.9
Total	**51**	**100**

From table 1 above, the majority 29 (56.9%) of respondents were Catholics compared to 2 (3.9%) who were Born Again Christians, meaning that Catholics dominated the study.

n = 51

KEY

Figure 2: Showing the marital status of the respondents

From figure 2 above, the majority 46 (90%) of the repondents were single and the minority 5 (10%) were married. Therefore, most of the respondents who participated in the study were single.

n = 51

Figure 3: Showing the education level of the respondents

From figure 3 above, the majority 34 (67%) of the respondents had a certificate level compared to 5 (10%) who had a degree. This implies that certificate holders dominated the study.

n = 51

Table 2: Showing the Cadre of the respondents

Cadre	**Frequency (n)**	**Percentage (%)**
Nurses	29	56.9
Midwives	7	13.7
Clinical Officers	9	17.6
Medical Officers	6	11.8
Total	**51**	**100**

Figure 2 above shows that majority 29 (56.8%) of the respondents were Nurses compared to 6 (11.7%) who were Medical Officers, hence Nurses dominated the study.

n = 51

4.2 Knowledge of the respondents on PAC

Figure 4: Showing the definition of abortion

From figure 4 above, the majority 46 (90%) of the respondents were able to define abortion and the minority 5(10%) of the respondents failed to define abortion, meaning that most of the respondents were able to define abortion.

n = 51

Figure 7: Showing the different types of abortion

From figure 5 above, most 23 (45%) of the respondents knew incomplete abortion, compared to 3 (6%) who knew threatened abortion. This implies that incomplete abortion was the type of abortion known by majority of the respondents.

n = 51

Hemorrhage

Infections

Uterine perforation

Sepsis

Psychological torture

Shock

Death

KEY

Figure 6: Showing the effects of abortion

From figure 6 above, the majority 22 (43%) of the respondents gave hemorrhages compared to the 2 (5.1%) who gave shock. This implies that hemorrhage was the effect of abortion known by most of the respondents.

n = 51

Figure 7: Showing the definition of PAC

From figure 7 above, 40 (78%) of the respondents defined PAC while 11 (22%) failed to define PAC, meaning that the majority of the respondents were able to define PAC.

n = 51

Table 3: Showing the components of PAC

Components	**Frequency (n)**	**Percentage (%)**
Treatment of abortion complications and Counselling	5	9.8
Family planning and other contraceptive services	3	5.9
Reproductive and other health services	2	3.9
Community and service provider partnership	1	2.0
All the above	40	78.4
Total	**51**	**100**

From table 3 above, the majority 40 (78.4) of the respondents chose all the above compared to 1 (2.0%) who chose Community and service provider partnership. This means that most of the respondents knew that all the given answers were components of PAC

4.3 PAC practices

n = 51

Table 4: Showing from where the respondents trained Post Abortion Care

Place	**Frequency (n)**	**Percentage (%)**
School	5	9.8
University	21	41.2
Hospital	25	49.0
Total	**51**	**100**

From Table 4 above, the majority 25 (49%) of the respondents trained at the hospital compared to 5 (9.8%) who trained at school. This implies that most of the respondents had training in PAC at the hospital.

n = 51

Figure 8: Showing how the respondents manage women who have had abortion

From figure 8 above, majority 18 (36%) of the respondents admit the women compared to 1 (3%) who provide family planning services. This implies that most of the respondents admit the women who have had abortion.

n = 51

Table 5: Showing the procedures practiced at the hospital

Procedures	**Frequency (n)**	**Percentage (%)**
Manual Vacuum Aspiration (MVA)	48	94.1
Dilation and curettage (D&C)	3	5.9
Total	**51**	**100**

From Table 5 above, most 48 (94.1%) of the respondents do MVA and the minority 3 (5.88%) do Dilation and Curettage, implying that MVA is the most practiced procedure at the hospital.

n = 51

Table 5: Showing the PAC services offered at the hospital

Available services	**Frequency (n)**	**Percentage (%)**
Counseling	10	19.6
Family planning services	7	13.7
Treatment of abortion complications	32	62.7
Reproductive health services	2	3.9
Total	**51**	**100**

From Table 5 above, the majority 32 (62.7%) offer Treatment for abortion complications compared to 2 (3.9%) who offer Reproductive health services. This implies that Treatment of abortion complications is the PAC service offered most at the hospital.

n = 51

Table 7: Showing the benefits of PAC services

Benefits	**Frequency (n)**	**Percentage (%)**
Creates Awareness for family planning services	1	2.0
All the above	50	98.0
Total	**51**	**100**

From Table 7, the majority of the respondents (98%) stated that all the above answers were benefits of PAC and only 1.96% stated creating awareness for family planning services.

n = 51

Table 8: Showing the Challenges faced during the provision of PAC services

Challenges	**Frequency (n)**	**Percentage (%)**
Lack of enough knowledge and skills on provision of post abortion care services	10	19.6
Poor attitude of health workers on women who have had abortion	5	9.8
Clients reporting late	36	70.6
Total	**51**	**100**

From Table 8 above; the majority 36 (70.5%) of the respondents gave reporting late of clients, compared to 5 (9.8%) who gave poor attitude of health workers on women who have had abortion. This implies that reporting late of clients, is the most challenge faced by the respondents.

CHAPTER FIVE: Discussion, Conclusion and Recommendation

5.0 Introduction

This chapter presents the discussion of the study findings and other subsections, conclusion, recommendations and implication to Nursing practice. The purpose of this research was to assess the knowledge and practice of health workers on PAC at Kampala International University Teaching Hospital.

5.1 Discussion of Study Findings and Other subsections.

5.1.1 Demographic data

Among the 51 respondents, the majority 38 (72%) were in the age group of 24-29 because this is the employable age and are in quest for work and had some experience for some time.

Basing on faith, the biggest number 29(56.8%) were Catholic. Although different religions have a particular stand regarding sex before marriage, pregnancy and abortion, when women are faced with unwanted pregnancy, the possibility of terminating it seem to cut across.

According to the marital status, the majority 46 (90%) of the respondents were single. This is because most of the workforce were young Nurses and newly qualified thus were not yet married.

According to the education level of the respondents, the majority 34 (67%) were certificate holders, this is because it is indicated by the MoH recruitment policy and guidelines that the majority of the lower carder are recruited for Hospitals.

According to the cadre of the respondents, the majority 29 (56.9%) were Nurses. There was a high number of nurses because the MoH recruitment policy and guidelines directs hospitals to employ majority of the lower cadre.

5.1.2 Respondents' knowledge on PAC

From the data analysis, 46 (90%) of the health workers knew the definition of abortion. The majority who knew the definition of abortion is a good number to be in a hospital setting where majority of the peasants run for assistance considering the location of the hospital, they defined abortion as the termination of pregnancy before 28 weeks. I accordance with Fraser *et al*, (2008) who defines abortion as termination of pregnancy before the baby is viable especially in the first 28 weeks of gestation, this showed that respondents were knowledgeable and it is recommended that all qualified health workers should be knowledgeable about PAC packages and services in Uganda in order to reduce maternal morbidity and mortality.

When respondents were asked if they knew any type of abortion, the majority 23 (45%) gave incomplete abortion as the commonest type. The most important reason being that many women are admitted due to retained products and hemorrhage.

For the effects experienced by the women after abortion; 22 (43%) gave hemorrhage as the most prevalent, 11 (21.7%) gave infections, 4 (7.7%) gave uterine perforation, 6 (10.6%) gave sepsis, 3 (5.8%) gave psychological torture, 3 (6.1%) gave death and 2 (5.1%) gave shock. This is in line with Finer *et al* (2008), who stated that each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications, as a result of unsafe abortion.

When the respondents were asked on the definition of PAC, the majority 40 (78%) defined PAC. Those who defined indicated that PAC is a package of services provided to women who have had an incomplete abortion after a spontaneous or an induced abortion for reducing morbidity and mortality from complications of abortion, as stated by USAID, (2008).

On the PAC components, the majority 40 (78.4%) of the respondents identified all the components of PAC, and the minority failed to identify all the PAC components implying that the majority of the respondents had knowledge on the PAC components. The majority of the respondents were able identify the PAC components in line with (USAID, 2008), which stated them as; Emergency treatment, Post abortion contraceptive counseling and services, Community involvement for early recognition and management of abortion complications and to support and strengthen ongoing contraceptive use.

5.1.3 PAC practices

From the study findings, the majority 25 (49%) of the respondents trained in PAC at the hospital. This was clearly indicating that most of the respondents trained through workshops from the hospital.

On managing women who have had abortion, 18 (36%) of the respondents admit the women for further attention. It was clear that very few women in Kampala International University Teaching Hospital are offered PAC services family planning and counseling services inclusive. This limits women understanding of past and future confidence to participate in their health care and management. Potter & Perry (2009) stated that counseling helps to reduce the women's anger and depression following abortion. In accordance with (Prata *et al*, 2010), it's stated that technical competence is the proficiency with which all members of the health team perform all tasks involved in Post Abortion Care. In this regard there has to be adequate trained staff to provide quality services with appropriate supervision.

On the procedures practiced at the hospital, the majority 48 (94%) practice, this is in line with (Prada, *et al* 2016) who stated that; In a 2013 HPS, among the health service providers, Medical Officers and Midwives most commonly used MVA (27% in urban area and 23% in rural area) additionally, more private Midwives are trained in the use of MVA than those midwives who work at public facilities

Concerning the PAC services offered to post abortion women, a big percentage 32 (62.7%) of the respondents stated that, treatment of abortion complications was the commonest service offered to the women at the hospital. Okonofua, e*t al,* (2010) stated that There is the need to strengthen the capacity of health care providers regarding a more effective community partnership and family

planning skills, as well as scale up services by training more health care providers, Doctors, Nurses and Midwives, regarding PAC services. In this regard there has to be more training of health workers in PAC skills for proper provision of all the necessary PAC services. In accordance with Guttmacher Institute, (2010), the unsafe abortion rate in developing countries is partly attributable to lack of access to modern contraceptives that if provided would result in about 14.5 million fewer unsafe abortions and 38,000 fewer deaths from unsafe abortion annually worldwide (Guttmacher Institute, 2010).

When respondents were asked about the benefits of PAC, the majority 50 (98%) knew the importance of PAC which include; Saves lives of women, minimizes chances for infertility, reduces maternal morbidity and mortality, prevents complications of abortion, creates Awareness for family planning services and Alleviation of psychological torture.

On the common obstacles in providing PAC, the majority 36 (70.6%) of the respondents expressed that late reporting of post abortion mothers was the biggest challenge.

5.2 Conclusion

The findings of the study indicated that the majority of health workers had knowledge on abortion and PAC. However, the practice of PAC services was not adequate enough for the health workers to practice and implement the components efficiently. Majority of the health workers lacked enough skills especially in reproductive health services, and family planning services. Abortions are associated with emergent serious effects that are either acutely life threatening or carry lifelong suffering outcomes therefore, women require high quality Post Abortion Care services to avert the effects that are experienced after an abortion. Understanding the health service provider-related challenges and overcoming them can enhance proper PAC service provision.

5.3 Recommendation

Effective support and supervision should be done regularly to guide, help and encourage health workers to improve their performance so as to provide high quality PAC services. This would facilitate team building and confidence which motivates health workers to provide quality PAC services. It also creates chances for early detection of the common challenges that the unit might be facing.

The hospital administration should organize workshops on PAC to enrich the health workers with more PAC knowledge and skills which will increase on the quality of services provided. Community sensitization through health talks, mass media and community outreaches is another area of concern which will help to increase the utilization of the services in the hospital.

Advocacy efforts should be directed towards multidisciplinary approach in order to gain support from all levels of stake holders and policy makers such as government, community health stake holders, religious leaders, media, and NGOs as they need a common understanding on the sensitivity of PAC services.

5.4 Implications to Nursing Practice

It is of paramount importance that Nurses and Midwives involved in PAC service delivery should have adequate knowledge and skills. This calls for adequate training of health workers on PAC through refresher courses, workshops and seminars. CME/CNE should be organized and conducted to improve on their knowledge, also regular follow up and supervision should be done to ensure that the Nurses and Midwives provide sufficient PAC to the affected women.

The theory and practice of safe abortion care should be incorporated into training institutions curriculum in the country. This would ensure that future Nurses and Midwives acquire knowledge

on the acceptable methods of managing women with unwanted pregnancies and complications of unsafe abortion. This approach may provide a significant and sustainable reduction in abortion-related maternal morbidity and mortality in Uganda.

Nurses and Midwives should be aware of the short and long term complications of inappropriate PAC and take early interventions to improve the quality of life of the affected women.

The Nurses and Midwives, if well versed with the knowledge and skills on PAC, can improve the patient's self-efficacy through providing quality; family planning and counseling services, treatment of abortion complications, health educate about abortion and post abortion complications, self-management programs, psychological support and coping skills plus reproductive health services so that women benefit after an abortion.

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APPENDICES

APPENDIX I: CONSENT FORM

Introduction

I am Ssekanjako Wahab a student of Kampala International University – Western Campus. I am collecting data for my research project, titled **"knowledge and practice of health workers on Post Abortion Care at Kampala International University Teaching Hospital"** I am requesting you to fill and answer a few questions regarding this project.

If you have any questions about taking part in this study, or if you think you may have been injured because of the study, call Ssekanjako Wahab on +256701502391 or if you have any question about your rights as a research subject.

About Participating in this Study

Your participation in this study is voluntary. You may stop participating in this study at any time. Your decision not to take part in this study or to stop your participation will not affect your medical

care or any benefits to which you are entitled. If you decide to stop taking part in this study, you're free to tell the researcher.

Possible Risks or Side effects of taking part in this study

There are no possible risks caused by this study.

Possible Benefits to you for taking part in the study

There are no direct benefits to you for participating in this study except that when it is completed, its results may contribute to the efforts on improving the quality of PAC services delivered to women by health workers.

Purpose of this Research study

The purpose of the study is to assess the knowledge, attitude and practice of health workers on Post Abortion Care at Kampala International University Teaching Hospital.

Length of your participation

Your participation in the study will last approximately 30 minutes.

Where the study is being done and number of people participating

This study is taking place at Kampala International University Teaching Hospital, with 20 health workers expected to take part in the study.

Study Procedure

Before you take part in this research study, the study must be explained to you and you must be given chance to ask questions. You must read and sign this informed consent form.

Confidentiality of Study records and Medical records

Information collected for this study is confidential. However, the Uganda Nurses and Midwives Examination Board (UNMEB) will receive copies of the study records. The UNMEB and the

Kampala International University Teaching Hospital Research Review Committee may see parts of your medical records related to this study. In the event of any publication regarding this study, your identity will not be disclosed.

Volunteer's statement

I have been given a chance to ask questions about this research study. These questions have been answered to my satisfaction. If I have any more questions about taking part in this study or research-related injury, I may contact Ssekanjako Wahab at Kampala International University School of Nursing western campus.

I understand that my participation in this research project is voluntary. I know that I may quit the study at any time I feel like without harming my future medical care or losing any benefits to which I might be otherwise entitled. I also understand that the researcher in charge of this study may decide at any time that I should no longer participate in this study.

All the answers given will be treated with confidentiality and will not be used for any other thing apart from this study. The data will be kept under lock and only accessed by the researcher. In case you have any question, please ask me for more clarification. Your participation is highly appreciated.

By signing this consent form, I have not waived any of my legal rights or released the parties involved in this study from liability for negligence

I …….. has accepted to participate in this research project.

Signature of participant ……...

Date ……..……

Name of the researcher……

Signature……

Contact ……..

APPENDIX II: RESEARCH QUESTIONNAIRE

KAMPALA INTERNATIONAL UNIVERSITY – WESTERN CAMPUS

SCHOOL OF NURSING SCIENCES

KNOWLEDGE AND PRACTICE OF HEALTH

WORKERS ON POST ABORTION CARE AT KAMPALA INTERNATIONAL

UNIVERSITY TEACHING HOSPITAL, ISHAKA - BUSHENYI DISTRICT

Research Questions

Instructions

- Do not put your name on this questionnaire.
- The questionnaire is made up of sections A, B, C, and D
- Circle the correct answers OR fill in the space provided

Code of the Interviewer:

……

Date/Month/Year of interview:

…….

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your Age?

- 18-23
- 24-29
- 30-36

2. What is your religion?

- Catholic
- Muslim
- Adventist
- Born Again Christian
- Other (Specify)……

3. What is your marital status?

- Single
- Married

4. What is your level of education?

- Certificate
- Diploma
- Degree

5. What is your cadre?

- Nurse

- Mid wife
- Clinical Officer
- Medical Officer
- Other (specify)…….

SECTION B: KNOWLEDGE ON PAC SERVICES

6. What is abortion?

- It is the termination of pregnancy before fetal viability which is conventionally taken to be less than 28 weeks
- It is the termination of pregnancy before fetal viability which is conventionally taken to be 28 weeks of gestation from the LNMP
- It is the termination of pregnancy before the baby is viable especially in the first 28 weeks of gestation

7. Types of abortion include the following;

- Incomplete abortion
- Complete abortion
- Septic abortion
- Inevitable abortion
- Threatened abortion

8. The effects of abortion include,

- Hemorrhage
- Infections
- Uterine perforation
- Sepsis

- Psychological torture
- Shock
- Death

9. What do you understand by PAC?

- Is an approach for reducing complications resulting from incomplete abortion.
- Is an approach for reducing morbidity and mortality from unsafe abortions
- Is the treatment and care given to women with complications due to incomplete abortion
- Is a package of services provided to women who have had an incomplete abortion after a spontaneous or an induced abortion for reducing morbidity and mortality from complications of abortion

10. The following are components of PAC?

- Treatment of abortion complications and Counselling
- Family planning and contraceptive services
- Community and service provider partnerships
- Reproductive and other health services
- All the above

SECTION C: PAC PRACTICE

11. From where did you have trained in PAC?

- School
- University
- Hospital
- Other (specify)----------

12. Management of mothers that have had abortion, include;

- Medication
- Admission
- Counseling on contraceptive services
- Evacuation
- Provision of family planning services
- Resuscitation
- Health educate
- All the above

13. What procedure is (are) practiced Kampala International University Teaching Hospital

- Dilation and Evacuation (D&E)
- Manual Vacuum Aspiration (MVA)
- Dilation and curettage (D&C),
- Vacuum Aspiration
- Other (specify)…….

14. PAC service (s) offered at Kampala International University Teaching Hospital include;

- Counseling

- Family planning services
- Treatment of abortion complications
- Reproductive health services
- Others (specify)----------

15. The benefits of PAC services include

- Saves life
- Minimizes infertility chances
- Reduces maternal morbidity and mortality
- Prevents complications of abortion
- Creates awareness for family planning services
- All the above

16. The following is (are) the common obstacles in providing PAC services.

- Lack of enough knowledge and skills on provision of post abortion care services
- Poor attitude of health workers on women who have abortion
- Limited drugs and equipment for provision of post abortion care services
- Clients reporting late
- All the above

For any other relevant information that might be of help in this research study, please give it below.

……

……

……

……

Thank you very much for your participation

APPENDIX III: INTRODUCTORY LETTER

KAMPALA INTERNATIONAL UNIVERSITY
WESTERN CAMPUS
EXPLORING NEW HEIGHTS

School of Nursing Sciences,
P.O.BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 701 975572
E-mail: nkabunyoro@gmail.com
Website:http://www.kiu.ac.ug

Office of the Dean - School of Nursing Sciences

Date: 02/May/2018

To:

.....

.....

Dear Sir/Madam,

RE: **SSEKANJAKO WAHAB** **DNS/E/5079/161/DU**

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science – Extension and he is in his final academic year.

He is recommended to carry out his data collection within two weeks from the time of approval as a partial requirement for the award of the Diploma in Nursing Science.

His topic is: **KNOWLEDGE AND PRACTICE OF HEALTH WORKERS ON POST ABORTION CARE AT KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL BUSHENYI DISTRICT.**

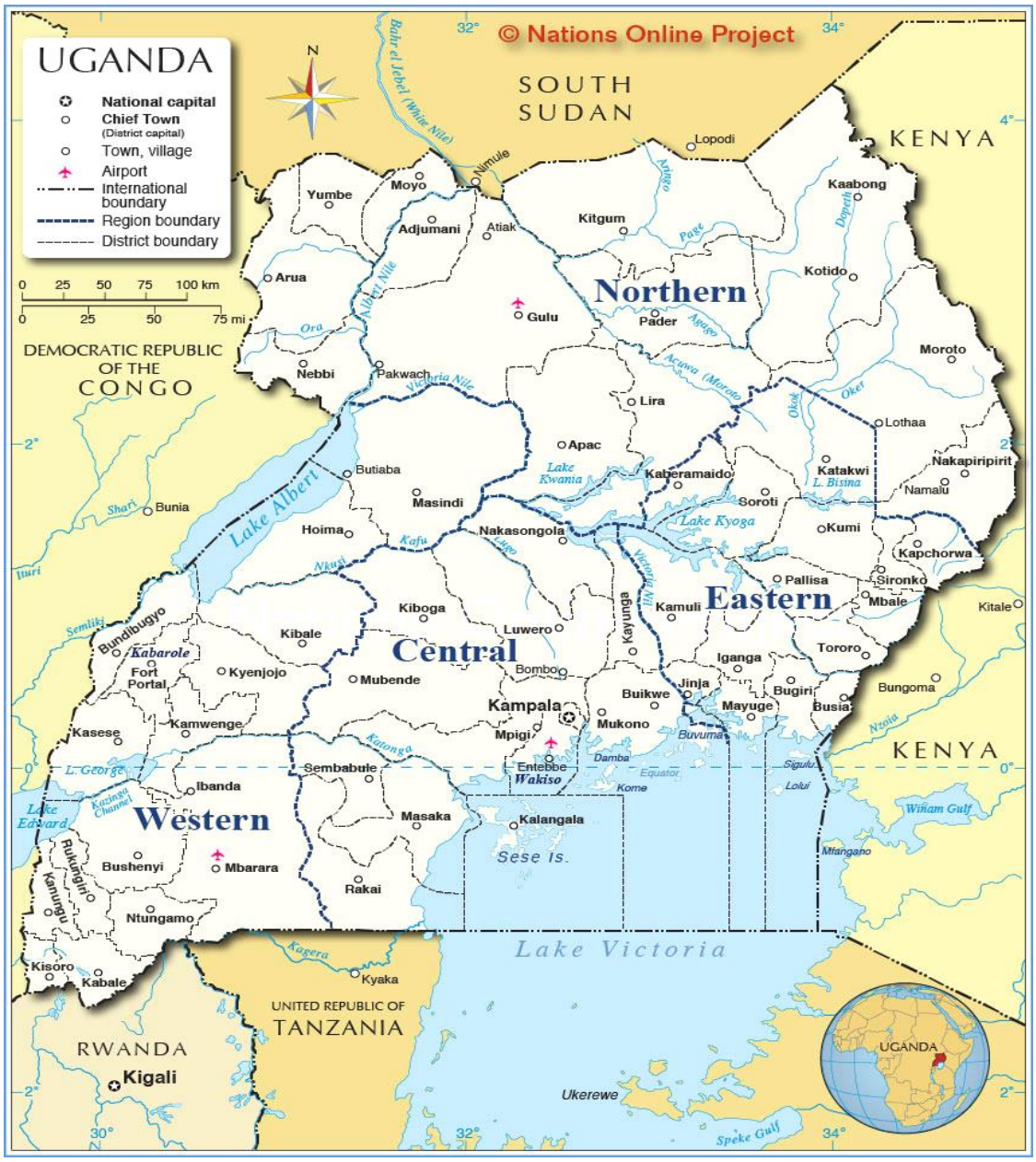
Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.

KAMPALA INTERNATIONAL UNIVERSITY * WESTERN CAMPUS *
02 MAY 2018

Balikoi Josiah
RESEARCH COORDINATOR
Tel: +256782-835901/756-013899
Email: balyos766@gmail.com

DND
Noted, Please assist the bearer with information needed for his research
Kamahoro
03 MAY 2018
SPNS
KAMPALA INTERNATIONAL UNIVERSITY * TEACHING HOSPITAL *

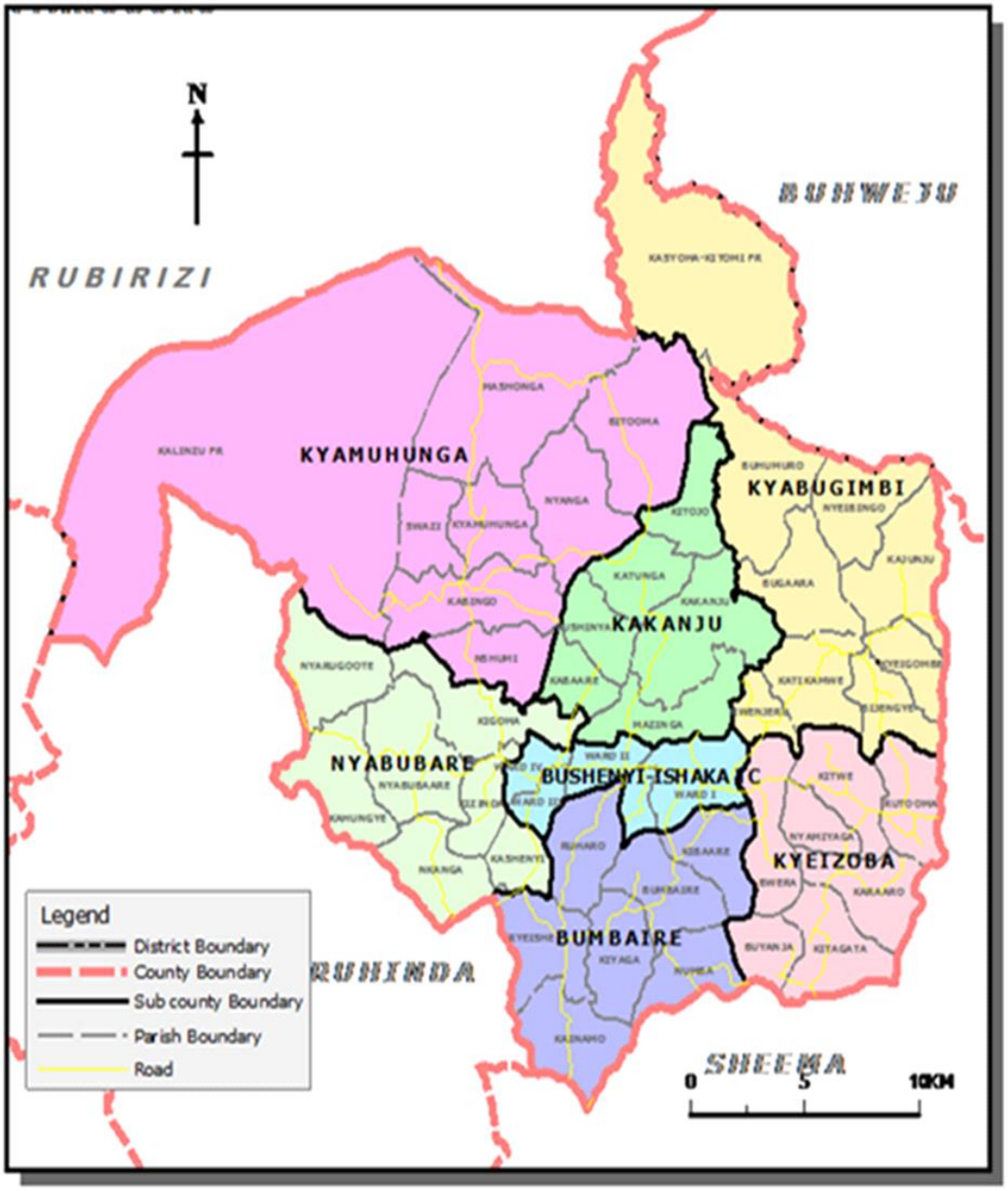


APPENDIX IV: MAP OF UGANDA SHOWING BUSHENYI DISTRICT

KEY:

BUSHENYI DISTRICT

APPENDIX V: MAP OF BUSHENYI DISTRICT SHOWING ISHAKA-BUSHENYI MUNICIPALITY



KEY:

Ishaka Bushenyi Municipality