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The status of provision of post abortion care services for women and girls in Eastern and Southern Africa: a systematic review☆

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ABSTRACT

Objective: To conduct a systematic review of the status of post-abortion care (PAC) provision in Eastern and Southern Africa with particular reference to reach, quality and costs of these services.
Study design: We searched Pubmed, EMBASE, Science Direct, POPLINE and Web of Science for articles published between 2000 and October 2017 presenting primary or secondary data from one or more countries in the region.
Results: Seventy articles representing data from fourteen countries were abstracted and included in the review. Implementation of PAC services was found to be patchy across countries for which data was available. However, there is evidence of efforts to introduce PAC at lower level health facilities, to use mid-level providers and to employ less invasive medical techniques. Eleven countries from the region were not represented in this review, exposing a considerable knowledge gap over the state of PAC in the region. The disparate access for rural women and girls, the suboptimal service quality and the neglect of adolescent-specific needs were critical gaps in the current PAC provision.
Conclusion: PAC provision and research in this domain cannot be detached from the broader legal and societal context, as social stigma constitutes a major blockage to the advancement of the service. Adolescent girls are a particularly vulnerable and underserved group in the region.
Implications: The next generation research on PAC should favor multi-country and interdisciplinary study designs with a view to understanding inter-regional differences and supporting advancement towards universal access of PAC by 2030.

Contents

☆ None of the authors declare a conflict of interest.

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1. Introduction

Unsafe abortion accounts for thirteen percent of maternal mortality globally and remains a significant contributor of morbidity in the developing world. The risk of death is highest in countries with restrictive abortion policies [1,2]. Most countries on the African continent prohibit or severely restrict abortion, with the exception of Cape Verde, Mozambique, South Africa and Tunisia which permit abortion within predefined gestational limits [2,3]. The methods for inducing abortions are often unsafe and result in millions of abortion-related complications and preventable deaths [3,4]. Post-abortion care (PAC) is a critical intervention for reducing death and injury arising from abortion-related complications. The World Health Organization (WHO) recommends PAC for all women experiencing an induced or spontaneous abortion, and outlines a clear set of evidence-based guidelines for implementing such care, which consists of management of incomplete abortions and abortion-related complications, contraceptive information and counseling, provision of a contraceptive method, and referral to other sexual and reproductive health (SRH) services [1]. PAC provision is not restricted to physicians and hospital settings; properly trained mid-level providers (e.g. nurse, midwife, clinical officer) can safely offer PAC at primary level facilities, provided they have the requisite training and resources [1].

The majority of African countries are signatory to commitments ensuring access to quality PAC services for women and girls [5–7]. The sustainable development goals (SDGs) present the most recent reiteration of these commitments, endorsing universal access to sexual and reproductive health care, including PAC (target 3.7 and 5.6) [8]. In view of these renewed commitments, we sought to assess the status of PAC provision in Eastern and Southern Africa (ESA), a region characterized by high rates of unsafe abortion, maternal morbidity and mortality and home to a growing youthful population. While PAC-related studies have been conducted within the region, to our knowledge, these studies have not previously been brought together in a systematic manner to provide a regional overview of PAC provision. We conducted a systematic review of the published scientific literature to identify and synthesize the literature on PAC in the ESA region with the aim of reporting on the reach, quality and costs of these services. Another aim was to identify possible implementation gaps in the provision of PAC by analyzing the study findings vis à vis (inter)national guidelines and standards. By doing so, we intend that the review informs regional/national policies and strategies towards attaining universal access of sexual and reproductive health and rights (SRHR) in ESA by 2030.

2. Methods

2.1. Search strategy

We systematically searched the scientific literature on PAC in Eastern and Southern Africa, using five databases: Pubmed, EMBASE, Science Direct, POPLINE and Web of Science. The search syntax included the terms “post abortion care”, “abortion care”, “abortion services” and their synonyms in combination with the geographical region of interest (see Fig. 1). We conducted the search in October 2017, thereby capturing the full implementation period of the millennium development goals, within which maternal health was a key priority area.

2.2. Study selection

The identified studies were screened according to pre-determined criteria: they were peer reviewed publications in scientific journals between January 2000 and November 2017; they focused on one/several countries in the Eastern and/or Southern African region and were written in English. We only included studies presenting primary or secondary data sets, which either described PAC (both for spontaneous and induced abortion); perceptions of health workers on PAC; data on the incidence of and complication rates following an unsafe abortion; maternal deaths reviews, including abortion-related deaths and reports on maternal health service quality; or presented economic evaluations of PAC services. Studies were not eligible if they reported on data collected before 2000; drug efficacy in medical abortion; compared abortion techniques (e.g. medical with surgical abortion); or only described patient characteristics, patient narratives or processes of law reform.

The search resulted in 2,061 titles. First, the authors CA and AG independently screened all titles and abstracts and excluded those not meeting at least one inclusion criteria and those meeting at least one exclusion criteria. This resulted in a selection of 197 articles. Next, both authors independently read the full texts, while further applying inclusion and exclusion criteria. Finally, 70 articles were included in the review. Any disagreements at any stage were resolved through discussion between the authors until consensus was reached. Fig. 2 provides the flow diagram of the selection procedure.

2.3. Quality assessment

The methodological quality of the included articles was evaluated independently by two reviewers, using the methodology designed by Kmet et al. [9] and chosen due to its applicability for qualitative and quantitative articles and flexibility in topic-wise application. All articles were evaluated according to fourteen criteria (quantitative studies) or ten criteria (qualitative studies). The final score ranged between 0 and 1, whereby a rating of 0.8 and above was considered very good, 0.79 to 0.6 as satisfactory, and 0.59 and below as unsatisfactory. The scores assigned by both independent reviewers were compared. In case of a difference less than 0.2, an average score was calculated and assigned. When the difference between the scores was equal to or greater than 0.2, a decision was made after consensus was reached by the two reviewers. No publication was excluded based on its quality score. All scores are presented in Table 1 to assist in interpretation of the results.

2.4. Data extraction and analysis

An extraction table with 23 units grouped into 5 main categories was created in order to facilitate the analysis of the collected data (see Box 1). Authors (CA and AG) independently performed data extraction for all 70 studies in order to minimize misclassification or loss of information. Studies were grouped per country, and sorted according to the year of data collection to evaluate, when possible, the in-country historical trends in PAC provision. The next step of analysis included pattern identification across countries by sorting the data according to the description of PAC provision, implementation gaps, special needs and other comparable points. Each of the grouping was used for synthesis

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