



Staff **Knowledge, Attitudes, Practices** and **Behaviour**
in relation to **Comprehensive Abortion Care** in a referral hospital
in a **conflict-affected setting** (Bangui - Central African Republic)

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Conflict of interest declaration: None declared



Context of the study site

Central African Republic:

- Maternal mortality ratio **829**/100,000 live births^[1]
- **24.6%** of maternal deaths are abortion related^[2]

The MSF-supported facility in Bangui:

- **500,000** people living amid chronic armed conflict
- **10,468** delivery / **2,625** post-abortion care (MSF HIS - 2019)

Objective

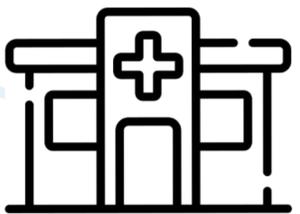
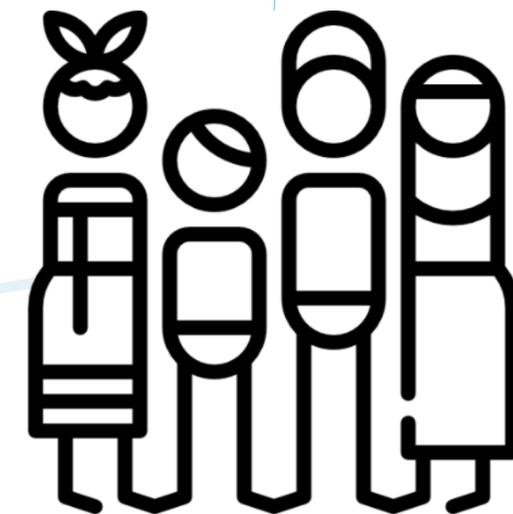
Under the study of ->

Abstortion-related
Morbidity and mortality in
Conflict-affected settings

To describe health professional related

Knowledge **A**ttitude **P**ractice and **B**ehaviour in relation to **Abortion Care**

To identify health professional related enablers or barriers in the provision of quality comprehensive abortion care

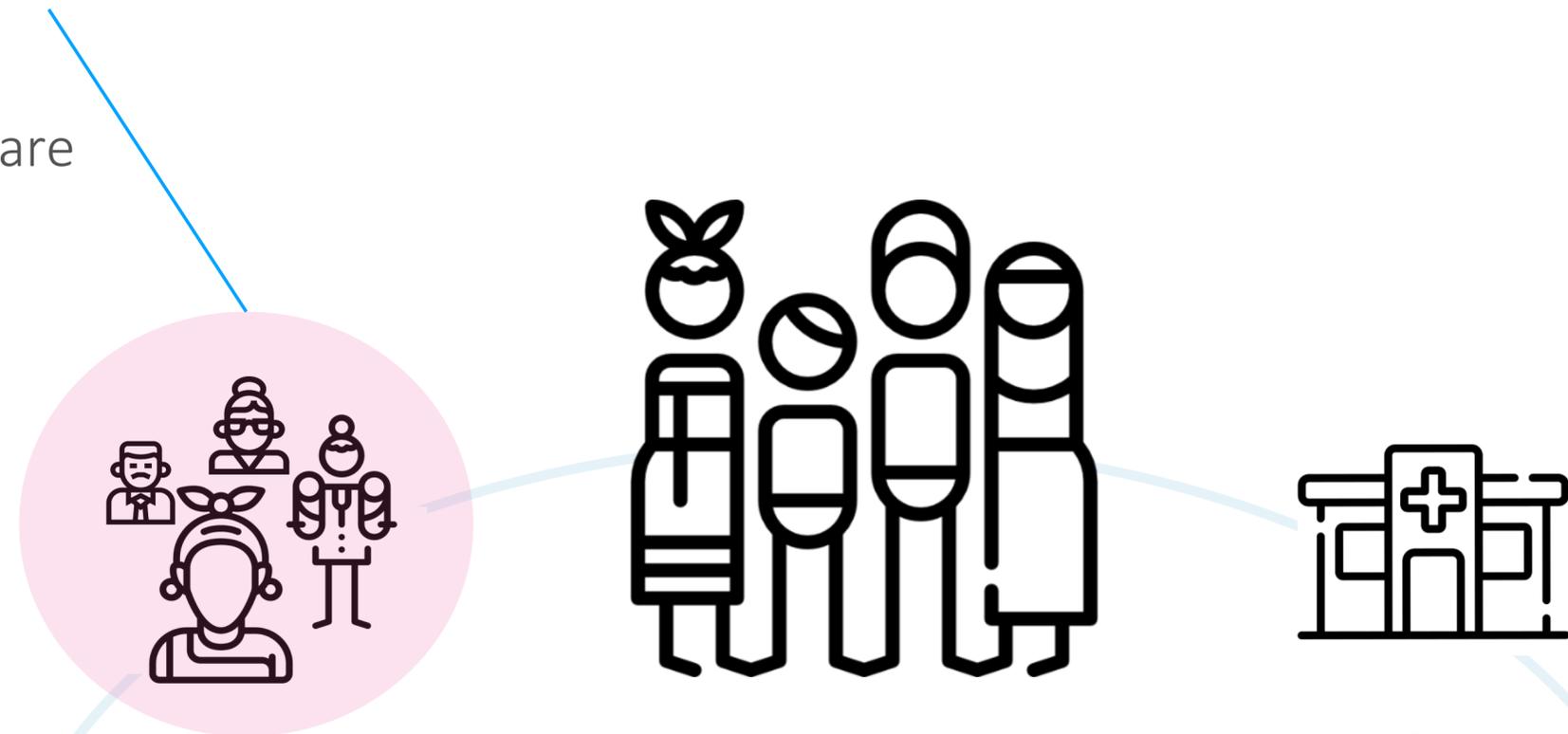


Objective

To describe health professionals

Knowledge **A**ttitude **P**ractice and **B**ehaviour in relation to **Abortion Care**

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Methods

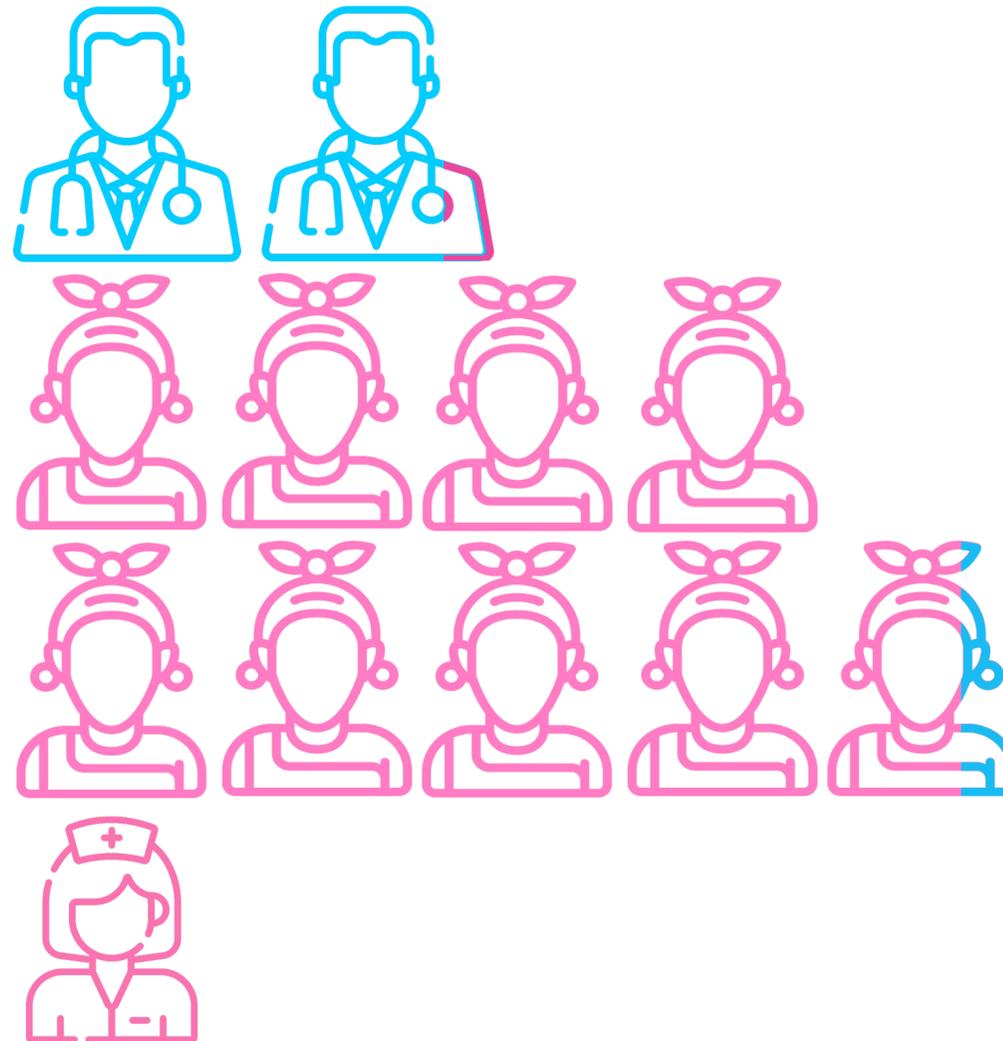
- Cross-sectional quantitative survey
- Self-administered anonymous questionnaire
- Midwives, physicians, nurses and nurse-assistants
- September 2019
- Descriptive analysis

Results

Response rate

94%

84 valid questionnaires from
89 eligible staffs



Demographic characteristics

17% (14/83) were **physicians**, including 2 female doctors
In Current profession Mean: **3.3** years [range 0-12]
MSF experience Mean: **2.4** years [range:0-7]

75% (62/83) were **midwives**, including 1 male midwife
In Current profession Mean: **8.2** years [range 0-43]
MSF experience Mean: **4.5** years [range 0-14]

8% (7/83) were **nurses** and **nursing assistants**, all female
In Current profession Mean: **12** years [range 5-16]
MSF experience Mean: **7.4** years [range 4-14]

Reported personal experiences

11% knew at least one **WOMAN ARRESTED** for induced abortion
[CI 5-19]

43% knew at least one **HEALTHCARE WORKER ARRESTED** for induced abortion
[CI 32-54]

75% ever **CARED** for a woman who had **DIED** from complications following an abortion
[CI 64-83]

89% **PERSONALLY KNEW** a woman who had **DIED** from complications following an abortion
[CI 81-94]

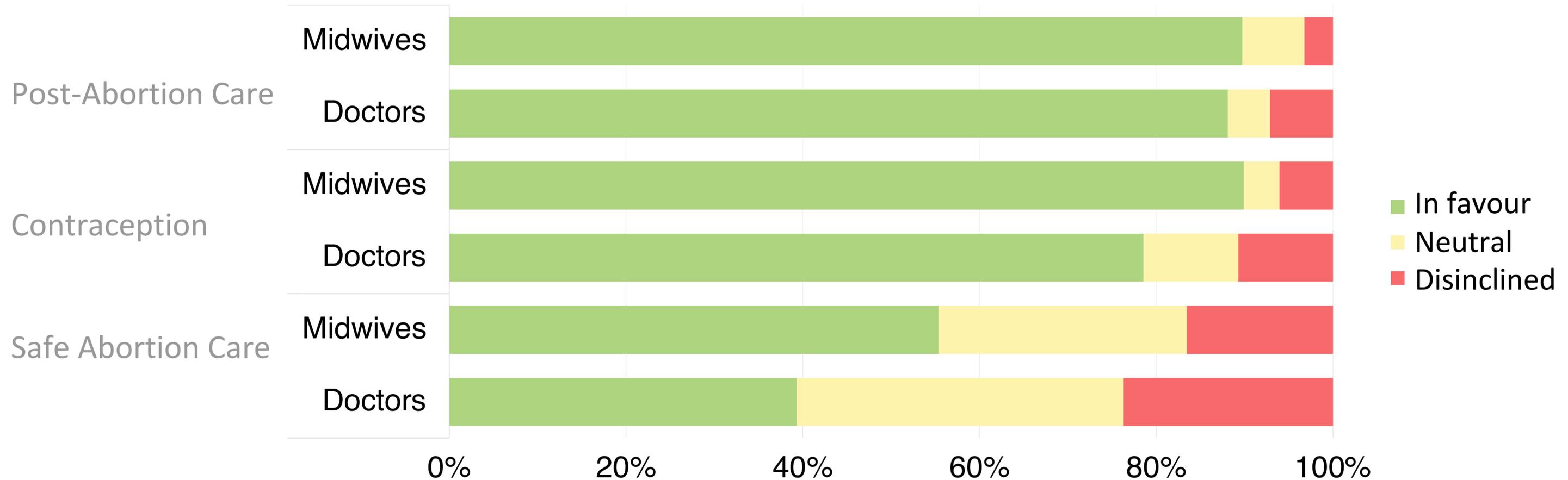
Knowledge

Overall	95% ci	Post Abortion Care	Doctors	95% ci	Midwives	95% ci	Nurses*	95% ci
96%	[89-99]	trained at school	93%	[58-99]	97%	[88-99]	100%	[. - .]
86%	[76-92]	trained for medical management of PAC	79%	[47-94]	92%	[82-97]	43%	[10-83]
81%	[71-88]	trained for MVA	57%	[29-81]	87%	[80-96]	43%	[10-83]
68%	[57-77]	correct for combination of antibiotics	86%	[54-97]	65%	[52-76]	57%	[17-90]
68%	[57-77]	correct for the dosage of misoprostol in 1st trimester	93%	[58-99]	65%	[52-77]	57%	[17-90]
21%	[14-32]	correctly identify Near-Miss criteria	7%	[01-42]	26%	[16-38]	14%	[01-70]
Overall		Contraception	Doctors		Midwives		Nurses*	
100%	[. - .]	trained in school	100%	[. - .]	100%	[. - .]	100%	[. - .]
85%	[75-91]	clinically trained on modern methods	71%	[41-90]	89%	[78-95]	86%	[30-99]
76%	[66-84]	trained for implant insertion	57%	[29-81]	84%	[72-91]	57%	[17-90]
32%	[22-43]	trained for IUD placement	21%	[06-53]	34%	[23-47]	29%	[05-76]
Overall		Safe Abortion Care	Doctors		Midwives		Nurses*	
89%	[81-94]	trained in school	93%	[58-99]	89%	[78-95]	86%	[30-99]
75%	[65-83]	reported being aware of MSF policy	50%	[23-76]	77%	[65-86]	100%	[. - .]
75%	[65-84]	reported being trained for medical management of SAC	71%	[41-90]	76%	[63-85]	43%	[10-83]
71%	[61-80]	reported knowing the national law	64%	[35-85]	71%	[58-81]	86%	[30-99]
64%	[53-74]	reported being trained for SAC with MVA	57%	[29-81]	69%	[57-80]	43%	[10-83]
45%	[35-56]	reported being trained for SAC via D&C	71%	[41-90]	42%	[30-55]	29%	[05-76]
14%	[08-24]	correct for the dosage of Mife/Miso of SAC in 1st trimester	7%	[01-42]	18%	[10-30]	0%	[. - .]

* nurses and nurse assistants were both included in this category

Attitudes to comprehensive abortion care (1)

Composite indicator* measuring attitude toward the 3 axes of comprehensive abortion care by profession



* The indicators were composed by 4 questions for Post abortion care, 3 on Contraception, and 12 for Safe abortion care. To create the graph, those that “agree” with a positive statement toward the provision of comprehensive abortion care such as “access to post abortion care is every women’s right”, was coded as “in favour”, and those “disagree” as “disinclined”; as for answers to a negative statement such as “induced abortion should not be provided under any circumstances”, “agree” was regrouped as “disinclined” and “disagree” as “in favour”.

Attitudes to comprehensive abortion care (2)

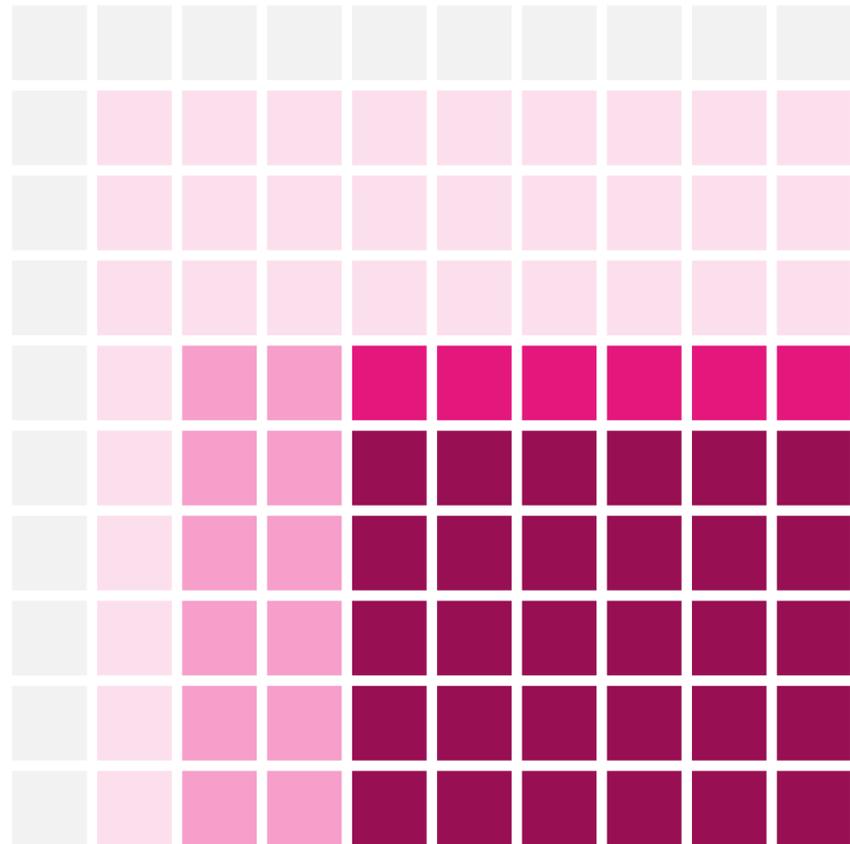
Contraception:

- **58%** [49/84; 95% CI: 48-69] agree with the statement:
“Access to contraception services is every minor woman’s right, even without parental consent.”

Safe Abortion Care:

- **67%** [56/84; 95% CI: 56-76] consider access to safe abortion care is every women’s right
- **10%** [8/84; 95% CI: 04-18] would feel comfortable providing personally SAC whatever the reason/on request (providing they have the adequate training and necessary skills)

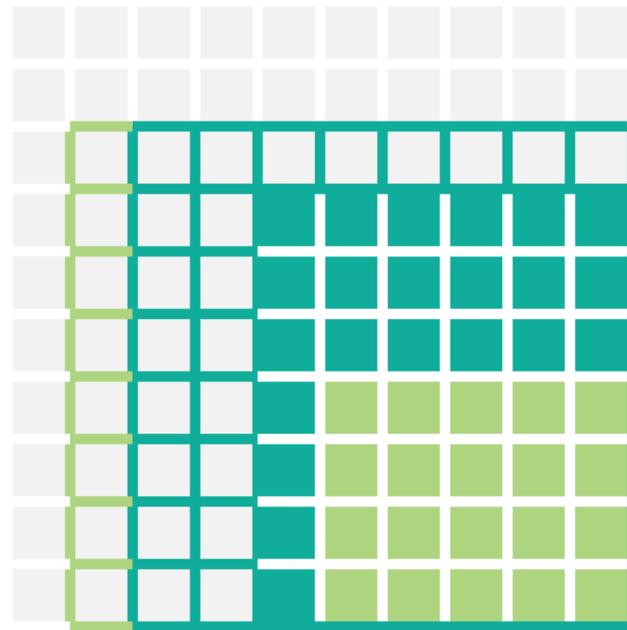
Practice and Behaviour – Post-abortion care



81% [68/84; CI 71-88] declared providing PAC, and among them:

- **59%** [40/68; CI 46-71] asked for consent of parent of the minor
- **44%** [30/68; CI 30-53] declared providing Dilatation & Curettage (D&C)
- **38%** [26/68; CI 27-51] asked for consent of husband

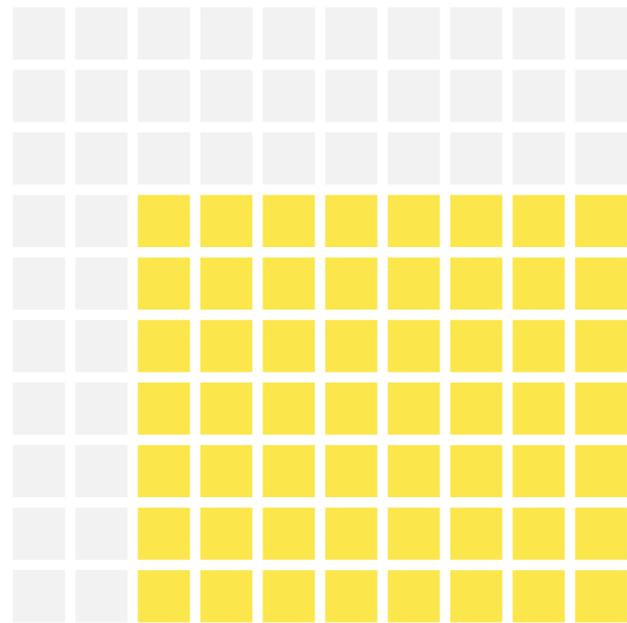
Practice and Behaviour



Contraception

27% [17/64; CI 16-39] of participants providing contraceptive services asked for consent of husband

69% [37/54; CI 54-80] of participants providing contraceptive services to minors asked for consent of parent



Safe abortion care

56% of respondents reported having referred at least one woman for SAC [47/84; CI 45-66]

Limitations and strengths of the study

- **Small sample size**
 - **Self-administered questionnaire => selective missing data, skip errors**
 - **The results are specific to the health facility**
 - **Confidentiality measures prevent double-check with respondents**
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- **Census of all health professionals and high response rate**
 - **Training for filling in the questionnaire**
 - **Sensitive questions/issues were reflected by the answering behaviour**
 - **Triangulation with other components of AMoCo study**

Conclusions and Recommendations

- **Clarify guidance about THIRD-PARTY CONSENT** in the provision of PAC and contraception for all women, including minors.
- Propose **IUDs as an additional choice of contraception** to answer women's personal preferences.
- Need for some **focused training** (Near-Miss approach, MVA rather than D&C, SAC regimen, Exploration of Values and Attitudes workshops) **including for doctors**
- Exposure to difficult personal and professional experiences in relation to abortion => **explore the need for staff emotional support**



Country stakeholders

Patients

Communities Of Bangui

RCA Ministry of Health

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