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Evaluation of the termination of pregnancy services in South Africa

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Introduction

Three public health interventions well known to decrease the risks associated with pregnancy and child birth are access to maternity care, family planning and contraception, and safe abortion. Worldwide, the African region has the highest case fatality rate associated with unsafe abortion 750 per 100 000, largely as a result of restrictive abortion laws.

South Africa (SA) legalised abortion in 1996 with the "Choice on Termination of Pregnancy" (CTOP) Act. It sought to improve the quality and access to termination of pregnancy (TOP) services in SA. Since its enactment there has been a 91% decrease in deaths due to unsafe abortions. There have been some experienced challenges associated with the implementation of the Act, limited number of functional TOP facilities, prolonged waiting times, and negative attitudes of TOP providers to clients. After more than a decade of liberalised law in SA, what are TOP providers' perceptions, clients' experiences and the overall quality of TOP services?

Main Aim

The evaluation of TOP services in the urban Johannesburg Metropolitan Municipality (JHB), Gauteng Province, and two rural municipalities Bela-Bela Municipality, Limpopo Province and Mangaung Municipality, Free State Province.

Methodology

A mixed methods approach was adopted; both quantitative and qualitative data were collected in three sections. Included were all primary health care facilities offering first trimester TOPs in the Johannesburg Metropolitan, Mangaung, and Bela-Bela Municipalities. Section I the analysis of district health information management system (DHIS) data for JHB. Section II, TOP providers and TOP clients completed self-administered questionnaires. Section III the TOP clients from JHB were questioned again after eighteen months. Various parametric and non-parametric tests were conducted on the data, based on the data distribution. The statistical software used for quantitative data analyses was Stata release 10.0 and qualitative data MAXQDA release 10.0.

Results

The DHIS showed a 61% increase in TOP requests from 2006 to 2009 (Chi-square for trend; P=0.08). The number of first trimester procedures performed only addressed 40% of total requests in 2006 and 33% of total requests in 2009. Section II demonstrated that all the TOP providers reported not coping with their duties, only two (15%) providers were comfortable with administering TOPs. One hundred and fifty-two TOP clients were recruited into the study. The mean age was 26.00 (±6.03) years. One hundred and sixteen (76%) women were not using contraception. Clients from JHB had prolonged waiting times 14 days (IQR; 6-28)

compared to Bela-Bela clients' 3 days (IQR; 1-6) (Post-hoc Wilcoxon- Ranksum; P<0.0001). Hence clients from JHB had TOPs at later median gestational ages of 9 weeks (IQR; 8-11) and Bela-Bela clients at 7.5 weeks (IQR;4-8) (Post-hoc Wilcoxon Ranksum; P<0.0001). Knowledge of the CTOP Act exceeded seventy percent across all three municipalities (Pearson Chi-square; P=0.83).

Section III identified that 39% (n=9) of interviewed clients experienced a TOP-related complication. The odds of experiencing a complication was decreased if client received a follow-up appointment (OR 0.12; 95% CI 0.02-1.51; P=0.02), if client was aware of the CTOP Act (OR 0.11; 95% CI 0.01-2.08; P=0.06), and clients that had attended Lenasia South CHC had odds of complication 8 times higher than clients who had presented to Bophelong clinic (OR 8.68; 95% CI 3.47 -21.7; P<0.0001). The qualitative analysis identified themes of an association with intra-procedural pain and perceived inadequate counselling with those reporting emotional distress.

Discussion

The prevalence of contraceptive use during the month of conception was low, and the majority of clients were unaware of the correct gestational age for termination of pregnancy according to the CTOP Act. This suggests that the pre-TOP services required strengthening. The TOP services in the public sector may not to be addressing the number of TOP requests; this affects the availability of the service. TOP providers in different South African settings report similar challenges associated with delivering TOP services. The clients from JHB are waiting longer for the TOP and hence having the abortion at later gestational ages which are associated with increased complications rates. The study estimated a complication rate of approximately 26 per 100 abortion clients, higher than acceptable global rates which approximate 3 per 100. The improvement of pre and post-TOP counselling was highlighted.

Conclusion

This study introduces the importance of passive surveillance in improving the quality of service delivery. Though this is only achieved when data collected are analysed and used to inform policy and service. The studies conducted in South Africa since the CTOP Act enactment has demonstrated various challenges and areas for improvement. These findings have ensured that issues of public health importance continue to be studied and relevant findings disseminated to stakeholders for and consideration and action where appropriate.

Keywords

Abortion, termination of pregnancy, TOP, family planning, providers, clients