

# Assessing quality of care in abortion: focusing on the client experience

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Ibis Reproductive Health

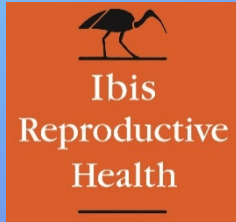
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# Background

- IPPF's GCACI programme supports abortion and contraception service delivery in 14 Member Associations.
  - Quality of care is monitored and assessed using IPPF's Clinic Audit Tool
  - Client satisfaction surveys are also used but are an insensitive tool
- How could we explore women's attitudes to quality of abortion service provision and develop better indicators?

# Objectives

- To explore women's perceptions of quality of care (QoC) in abortion provision
- To examine how abortion stigma relates with women's perception of quality
- To utilize these findings to improve QoC measurement, using indicators and a tool to gather feedback from abortion clients.

# Data collection

	Kenya	India
<b>Interviews</b>	N=24 (12 in Eldoret, 12 in Thika)	N=10 interviews (4 at KNAK, 6 at PSK) N=2 focus groups (6 women at KNAK, 5 at PSK)
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• 18-49 years old</li> <li>• Able to speak Kiswahili or English</li> <li>• Obtained an abortion and at least one other sexual and reproductive health service at an FHOK clinic or another Private or Public provider in Eldoret or Thika in the 6 months prior to recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• 18 to 49 years of age</li> <li>• Able to speak Marathi and/or Hindi</li> <li>• Obtained a medical abortion service in the last 60 days before recruitment, or a surgical abortion service in the last 30 days before recruitment, at either the Mumbai-KNAK clinic or Mumbai-PSK clinic.</li> </ul>
<b>Reimbursement</b>	500-1000 Shillings	INR 330

Key findings

# Attitudes towards abortion

# Fears regarding safety

- Side effects
  - Pain
  - Bleeding
- Risk of severe complications
  - Infertility
  - Death
- Ineffectiveness

“I was so against it [abortion] when you hear that someone can have an abortion then bleed to death. Obviously you won't support it, so I was so against it.”

Kenya, age 32

# Concerns around treatment by staff

- Expectation of judgement and ill-treatment by providers
- Worry about being denied services
- Fear of being recognized in the clinic



“I was afraid of whether someone would scold me for [making] this decision or not. If they asked me why I have not taken pills, why I have not inserted copper [IUD] and all that what I should answer them. I was worried about all these things. All these things came to my mind before coming here.”

India, age 28

# Women's views towards abortion

- Many women described holding negative or judgmental views towards abortion
- Some expressed self-judgement and talked about internal conflict
- Experience of seeking and having an abortion changed views of some women
- Different ideas on whether women had the right to an abortion

“A lady should never have an abortion because it is sin. Actually, earlier I used to think so but when I have become the victim of abortion then I understood that I should not think so.”

India, age 34

## Key findings

# What comprises a good quality abortion?

# Communication and information provision

- Need to receive guidance on what to expect
- Importance of receiving counselling on decision
- Being listened to by providers
- Counselling on contraceptive methods and use

“He didn’t even tell me that ‘at your age you are not supposed to do this. You have kids already.’ No, he didn’t even judge me. That is in fact what I liked about him. He didn’t say anything. He just said ‘definitely if you have decided.’”

Kenya, age 34

# Interactions with providers

- Warm welcome from receptionist
- Kind and caring providers
- Putting women at ease, not judging
- Comparison to treatment in public sector

“He made me to feel really comfortable... That is in fact what I liked about him... And the way he talked... He just told me this is going to be a quick thing. Don't fear, you are going to be safe”

Kenya, age 34



# Skills of service provider

- Certified and knowledgeable doctor
- Correct examinations and tests
- Ability to address complications

# Clinic infrastructure and policies

- Privacy and confidentiality
- Clean and hygienic environment
- Comprehensive SRH provision and follow-up
- Quick and efficient service
- Affordability

# Outcomes

- Successful termination of pregnancy
- No complications
- Lack of pain

“[a successful abortion] means that you have not been hurt. Or you have not died because I hear people die, then you are successful”

Kenya, age 31

“Okay to me I can say [after] a successful abortion you will definitely get pregnant again. That is a successful abortion”

Kenya, age 34

	Total	India	Kenya
Doctor and staff kind/polite during care	12	6	6
Procedure done well/accurate regimen	10	4	6
Accurate information/good explanation	9	6	3
Counseling (support decision/discuss problems)	9	2	7
Follow-up service provided	9	3	6
Maintain secret /privacy	7	1	6
Appropriate equipment/quality meds available	6	3	3
Reasonable cost	6	2	4
Cleanliness/hygiene	5	4	1
No complications/maintains health	5	1	4
Certified, skilled, experienced provider	4	1	3
Confirmed completion/100% complete	4	3	1
Women put at ease and made comfortable	4	2	2
Not painful	3	2	1
Quick service	3	2	1
Warm welcome (reception/first encounter)	3	2	1
Clinic offers full scope of services	2	2	
Maintains fertility	2		2
Woman does not die	2		2
Women given options for treatment	2	2	
Contraception options discussed/provided	1		1

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# Impact of abortion stigma

- Secrecy
- Internalised conflict
- Judgement from clinic
- Community attitudes
  - Impact of age and marital status

“You are not married. ‘How come this happened?’ Questions would have been asked. Even Doctor would have asked her something. ‘You are not married how did this happen?’ The treatment would have been different”

India, age 22



# Conclusions

- Key areas of quality identified
- Importance of expectations
  - Low expectations lead to high levels of reported satisfaction
- Role of stigma
  - Perceived stigma
  - Internalised stigma
  - Enacted stigma
  - Stigma may be greater for certain groups
- Measuring the right aspects of care – from the client's point of view

# Responding to the study

- Raising expectations of clients
  - Reminders of quality of care standards prior to service delivery
  - Community messaging
  - Cards at registration
  - Posters
  - Counselling
- Maintaining standards of care
  - Counselling checklists
  - Clinic flow
  - Follow-up services and integrated care

# Responding to the study

- Developing indicators focused on the client experience
  - Attitudes and respect demonstrated by staff
  - Information provision prior to care
  - Maintenance of privacy
  - Adding to existing client satisfaction surveys to address issues of greatest importance to clients
- More numerical approaches
  - Net Promotor Score

# Context and limitations

- Impact of stigma on assessing quality
  - Unwillingness to discuss
  - Low bar for expectations
  - Lack of comparability
  - Lack of alternatives
  - Differential impact on e.g. young or unmarried women
- Subjectivity of personal experience

# Next steps

- Work with IPPF Member Associations in India and Kenya to identify possible improvements
  - Client satisfaction survey questions
  - Approaches to ensuring high expectations
  - Detailed checklists for counselling
- Test and pilot indicators and approaches
- Review and scale up where successful
- Feed into ongoing discussions on abortion quality metrics

# Thank you

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