

Role of Nurses in the Uptake of Comprehensive Abortion Care in Tier Three Health Facilities in Nairobi County

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1. Introduction

According to safe motherhood initiative every minute out of 380 women who become pregnant, 190 face unplanned or unwanted pregnancy, 110 experience a pregnancy related complication, 40 have unsafe abortion and one dies. According to World Health Organisation the likelihood of a women having an unintended pregnancy and seeking induced abortion is the same and legal restrictions and such other barriers only increases the chances of women from seeking abortion services from unskilled providers (WHO, 2012). The study investigated the role of nurses in the uptake of comprehensive abortion care in tier three health facilities in Nairobi County. The study had three objectives. The first objective was to establish the extent into which nurses attitude influence the uptake of comprehensive abortion care in tier three health facilities in Nairobi County. The second objective was to determine the extent into which reproductive health policies influence the role of nurses in the uptake of comprehensive abortion care in tier three health facilities in Nairobi County. Lastly the study was to identify health facilities resources influencing the role of nurses in the uptake of comprehensive abortion care in tier three health facilities in Nairobi County

2. Problem Statement

In Kenya abortion is only permitted in the opinion of a trained health professionals (Doctor, Clinical officer, Nurse or Midwife) if there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law. The constitution further states that every Kenyan has the right to the highest attainable quality healthcare including reproductive health. Follow up to the promulgation of the constitution the Ministry of Health in 2012 developed standards and guidelines for reducing morbidity and mortality from unsafe abortion in Kenya, however these guidelines were later withdrawn. In Kenya (2004) study 308,197 abortions occur in Kenya annually, translating to 844 abortions per day. Abortion and abortion related complications account for 50% of all gynecological admissions in Kenya where 1% dies. However there are limited studies on the role of nurses in the uptake of comprehensive abortion care. This study thus sets to investigate the role of nurses in the uptake of comprehensive abortion care in tier three facilities in Nairobi County.

3. Justification

Maternal mortality denies vulnerable children motherly love and takeaway mothers who is essentially the linchpin of their families and the entire community; the ministry of Health identified the following research question “What are the factors contributing to non-adherence to standard operating procedures and guidelines by health care providers in both private and public sectors?” (MOH, 2016). In Kenya out of 84,714 Health Workforce that were active in 2016, 45,018 representing 53% of the entire workforce were nurses (MOH, 2017). Thus this study is important because its findings will show whether the role of nurses have influence in the uptake of comprehensive abortion care. The suggestions of this study will contribute to the strategies of reducing of maternal mortality. Vision 2030 aims to provide equitable and affordable healthcare of the highest standard to all citizens, by restructuring health care delivery systems with a shift of emphasis to preventive and promotive health care (MOH, 2010). Thus these findings will be important to the government and in particular the ministry of health. The policy makers will understand the role of the largest group of health care providers and will be useful to nursing practitioners and other key stakeholders in the areas of policy, practice and research.

4. Theoretical Framework

The study was guided by “structure-process-outcome” framework described by Donabedian. The model was developed by a physician and health services researcher Avedis Donabedian in 1966 and it is still the dominant paradigm for assessing the quality of health care

5. Conceptual Framework

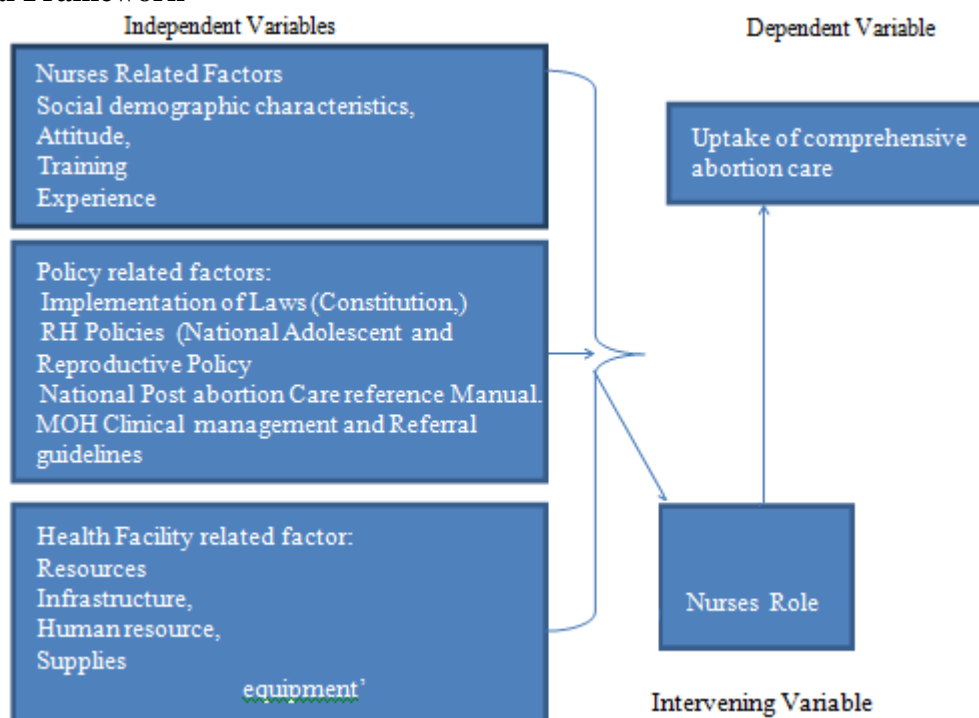


Figure 1: Conceptual Framework: Role of nurses in the uptake of comprehensive abortion care in tier three health facilities in Nairobi County

6. Methodology

Descriptive research design was adopted for the study. This design was selected because at times is used as a precursor especially when undertaking quantitative studies so that the value of testing variables can be determined (Kapoor, 2016). According to Mugenda and Mugenda (2003), the advantage of a mixed methods approach is that it balances efficient data collection and analysis. Quantitative data was used to capture the large amount of data from nurses while qualitative data was used to provide the contextual information and facilitate understanding and interpretation of the quantitative data. This was a Descriptive cross-sectional survey located in : Nairobi County, Pumwani and Mama Lucy Kibaki Hospital .Total Population was 360 Nurses and study Population was all Nurses working in the county referral hospitals while inclusion Criteria considered all nurses on duty during the study period and exclusion was Nurses unwilling to participate.

Sample size

Sample Size by use of Yamane & Taro (1967)
 $n = \frac{N}{1 + Ne^2}$. n = is the desired size of the sample. N = is the size of the population hence $168 + 192 = 360$.
 e = is the level of precision level at 0.05 at 95% confidence interval. $n = 189$

Facility	Pumwani	Mama Lucy	Total
Proportionate Sample	88	101	189

Sampling Procedure

The researcher used Simple Random sampling technique in both the quantitative and qualitative data. This was used because it gives equal opportunity to the objects being sampled. In quantitative data the sampling interval of two was obtained by dividing the total number of nurses 360 by

the desired sample size of 189 and where sample fraction was 0.525 while in qualitative data two influential nurses of both hospitals were selected.

Data Collection

Qualitative data was obtained using key informant and an interview guide was used to interview the selected individuals who were likely to provide the needed information, ideas and insights on the role of nurses in the uptake of comprehensive abortion care. Qualitative data was obtained using key informant and an interview guide was used to interview the selected individuals who were likely to provide the needed information, ideas and insights on the role of nurses in the uptake of comprehensive abortion care.

Quantitative data was obtained through survey method by use of questionnaires. The questionnaires were used because they offer a free environment and help the researcher get information that would not have been given out through interviews especially in such a sensitive topic of abortion (Bryman, 2008).

Data Analysis

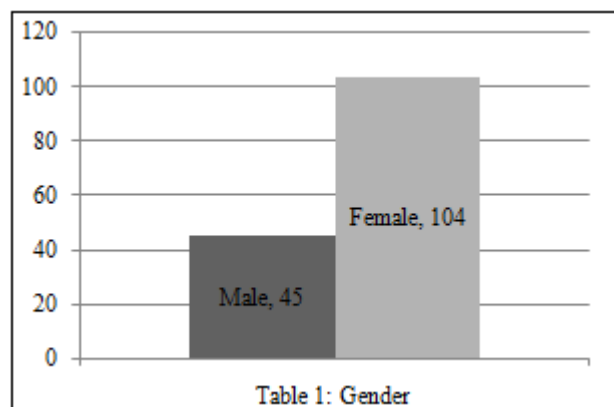
Qualitative data was organized according to the answers in interview guide schedule. This was analyzed thematically using content analysis whereby, data was read to identify the main themes related to study objectives. Narrative and verbatim quotations were used to explain the trends exhaustively. Data from questionnaires was coded, and then analyzed using descriptive statistics. Descriptive enable the researcher to summarize and organize the data in an effective and meaningful way (Wimmer & Dominick, 2011). This provided for further data analysis and Inferential statistics –Pearson (correlation coefficient) Significance: $P < 0.05$ was used to investigate the relationship between the

role of nurses and the uptake of comprehensive abortion care.

Ethical Considerations

The study was conducted in accordance with the ethical guidelines of research provided by the school. The identities of the respondents were kept anonymous. The research permit was obtained from NACOSTI and carried throughout the study.

7. Findings



Uptake of comprehensive abortion care

Statements	SD	D	U	A	SA	Mean± SD
Well trained and qualified to provide CAC	51(34.0%)	37 (25.0%)	35 (24.0%)	26 (17.0%)	0 (0.0%)	2.24 ± 1.1
Readily available ambulance services for CAC emergencies	2 (1.0%)	16 (11.0%)	44 (29.0%)	46 (31.0%)	41 (28.0%)	3.72 ± 1.03
Health Facility Service Charter includes CAC services	12 (8.0%)	10 (7.0%)	28 (19.0%)	36 (24.0%)	63 (42.0%)	3.86± 1.26
Well-equipped room for CAC services.	70 (47.0%)	40 (27.0%)	39 (26.0%)	0 (0.0%)	0 (0.0%)	1.79± 0.83

8. Discussions

Nurses Attitude: The negative attitude towards abortion is in line with the findings of Potts, who stated that “the abortion debate concerns unprovable interpretations of observable facts”. The findings were also in agreement with Ulrika (2015) who stated Health care providers in Sub-Saharan Africa and South Asia have moral, social and gender based reservations about induced abortion. This affects the relationship between the nurses and pregnant women who wish to have an abortion. The findings also agree with Ameh (2015) who said that maternal and perinatal audits show that in many cases health care providers failed to recognize and manage complications. The findings also agrees with Ministry of health (2015) which stated that service providers negative attitude is a major barrier for youth in accessing sexual and reproductive health services. This was supported by the Key informant: *“Nurses curriculum doesn’t include comprehensive abortion training, only a few have been trained by partners. Women seeking abortion are referred to clinics outside the hospital for induction”*

Reproductive Health Policies: there was very low knowledge on abortion laws, policies and guidelines. This is in agreement with Key Informant interview. This is also in agreement with the *RMNACH (2016)* investment which states that there are supply and demand barriers for reproductive health services. *Zairaba et al (2015)* recommended that all facilities post-abortion care should implement the standard and guidelines to ensure that quality abortion care is available. This is because according to the Key informant: *“We don’t have copies of RH Policies, standards and guidelines. Hospital Policy allows only Doctors and Clinical Officers to manage unsafe abortion.”*

Health Facility Resources: These align with the *MOH, 2017* findings that 90% of maternal deaths is due to substandard care. The findings of this study are in agreement with *Mohamed 2015* who stated that there urgent need to improve facilities to provide safe abortion to the fullest extent of the law. According to the Key informant: *“The*

County doesn’t allocate budget for abortion care we rely on partners”

9. Conclusion

These findings resulted to the rejection of the null hypotheses in favor of the alternative hypothesis conclusion made that: There is a significant association between nurses attitude and their role in the uptake of comprehensive abortion care. There is a significant association between policy application and role of nurses in the uptake of comprehensive abortion care. There is a significant association between health facility resources and role of nurses in the uptake of comprehensive abortion care

10. Summary

The study agrees with Masters (2009) that nursing as a profession requires prolonged and specialized learning to acquire the relevant knowledge. High quality health systems rely on sufficient numbers of competent health care providers able to deliver wide range of clinical services. To influence the uptake of comprehensive abortion care there is need to address the role of nurses in regards to their attitude, knowledge on policies and utilization of resources

11. Further Research

The study focused only on facilities that were offering abortion services in Nairobi County there is need for further research on other health facilities within the country. The target population was only nurses and there is need for similar study on other trained health care professionals such as doctors and clinical officers. This was a cross-sectional study and there is need for a longitudinal study to increase the ecological validity.

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