

# Accessibility and Acceptability of women receiving Medical Terminations of Pregnancy at Kalafong Provincial Tertiary Hospital

Peter Farai Chigumadzi<sup>1</sup>, Sheila Nansamba Lubega<sup>2</sup>, Emma Bryant<sup>3</sup> and Leon Snyman<sup>4</sup>

<sup>1</sup>Department of Orthopaedics, Klerksdorp -Tshepong Hospital, Klerksdorp, South Africa

<sup>2</sup>Public Health Candidate, London School of Hygiene and Tropical Medicine, London, United Kingdom

<sup>3</sup>Department of Obstetrics and Gynaecology, Cert Gynaecological Oncology, University of Pretoria, Pretoria, South Africa

<sup>4</sup>Department of Obstetrics and Gynaecology, Cert Gynaecological Oncology, University of Pretoria, Pretoria, South Africa

## Abstract

**Background:** The South African Choice on Termination of Pregnancy Act was passed in 1996, legalizing a women's right to request a termination of pregnancy.<sup>1</sup> Despite this legislation, there are still a large number of women who seek out unsafe abortions, with estimates as high as 50% of all abortions.<sup>2</sup> Barriers to accessing safe and legal abortions at designated healthcare facilities is an important public health issue. In a study by Frederico et al during the period of 2014-2016, unsafe abortions were an avoidable factor in 24,8% of deaths due to miscarriage.<sup>3</sup>

**Objectives:** The aim of the study is to describe the population making use of the TOP service at Kalafong Provincial Tertiary Hospital (KPTH), to determine the accessibility and evaluate the experiences of the services provided and to evaluate the Mifepristone – misoprostol outpatient medical TOP regimen.

**Methods:** A prospective descriptive study was conducted at the KPTH Women's Health Clinic (KWHC), in Atteridgeville, Pretoria between February and April 2020. A self-administered questionnaire and the interviewer-administered follow-up questionnaire were anonymously completed.

**Results:** 245 participants completed the initial questionnaire, and 102 participants completed the follow-up questionnaire. Most of the study population were between the ages of 19 to 35 78.4% (n=193) and 9.8% (n=24) were between the ages of 16 and 18. 18.4% (n=45) of participants had a previous TOP. 9.8% (n=24) of participants said that they do not feel safe attending the KWHC for various reasons. Prior to falling pregnant, 65.3% (n=160) of participants were not making use of any contraceptive methods.

**Conclusion:** TOP remains a highly stigmatized topic. Comprehensive sexual health and contraceptive training, at KPTH and its feeder healthcare facilities is required to ensure a decentralization of TOP services. Youth-focused, community-based public health campaigns on safe sexual practices; appropriate timing of TOP and accessible and free contraceptive services are essential in addressing the age old need for TOP and associated maternal morbidity and mortality.

**Keywords:** Medical termination of pregnancy, medical abortion, termination of pregnancy, safe termination of pregnancy, abortion clinic, abortion services, TOP, Mifepristone, Misoprostol

## Introduction

Since the introduction of the South African Choice on Termination of Pregnancy Act (CTOP) in 1996, there has been a substantial decrease in maternal death due to unsafe Termination of pregnancies (TOPs).<sup>1,2</sup> Mbele et al demonstrated a drop in mortality index for women in Pretoria West from 21.7% to 2.0% (p = 0.02, RR 0.1, 95% CI 0.01-0.89) between the timeframes of 1997-1998 and 2003-2005. Unsafe abortions were an avoidable factor in 24,8% of deaths due to miscarriage between 2014-2016, highlighting the inaccessibility and lack of acceptable and safe

options for TOP for the majority of South African women.<sup>3</sup>

Almost two thirds of women in South Africa decide to go to a traditional healer or carry out self-induced abortions for reasons including: experiencing barriers to legal service use such as financial; not being aware of the CTOP Act and their options; not knowing of a legal facility in order to get a legal abortion early enough; and fearing maltreatment by healthcare professionals at legal facilities.<sup>4</sup> Stigma from one's community and healthcare providers, as well as privacy concerns are two other factors forcing women outside of the legal system of abortion services.<sup>5</sup>

The most common reason for one's being denied a TOP is due to gestational age over 12 weeks.<sup>5</sup> These women actively seek out other options - often illegal and "quick solutions" found through internet searches.<sup>5</sup> Approximately 25% of TOPs performed in South Africa

## Correspondence

Emma Bryant

email: emmaschonborn@gmail.com

occur after 12 weeks gestation and as such, the denial of TOP services due to advanced gestational age demonstrates the need for more trained second trimester TOP providers. The Kalafong Women's Health Clinic (KWHC) provides both medical and surgical TOPs as per WHO guidelines for women with a gestational age of less than 12 weeks.<sup>8</sup> Medical TOP using a combination of mifepristone 200mg per os followed by 800 micrograms of misoprostol 24 to 48 hours later either buccally, sublingually or per vagina is offered to all women <63 days pregnant. This regimen has been validated by the WHO and has an efficacy of up to 97% particularly in women <63 days pregnant.<sup>7,8</sup> In contrast to surgical TOP which is labour intensive and time-consuming, women undergoing medical TOP can be managed as outpatients provided they meet the correct criteria.

According to unit statistics since the introduction of outpatient based medical TOP at KWHC the number of TOPS performed monthly has gone from 40 to 120 on average per month. There is currently only one other government facility in the Tshwane area, Laudium Clinic which also provides TOP services.

Data is lacking on the demographics, barriers to accessing the services and the experiences of the services provided to the population served by the KWHC. Information on this is essential to evaluate the inadequacies in the system and identify area of improvement.

The aim of this study was to describe the population making use of the TOP service at KPTH, determine the accessibility to the service and to evaluate their experiences of the services provided at KPTH.

## Methods

The study is a prospective descriptive study conducted at the KPTH Women's Health Clinic, in Atteridgeville, Pretoria. All healthy pregnant women who attended the KWHC for TOP between February 2020 to April 2020, who were willing and able to provide consent to take part in the study were included. Exclusion criteria included women under the age of 16 years and women unwilling or unable to provide consent to take part in the study. The study was performed over a period of three months from February 2020 to April 2020. During this time 245 patients who attended the KWHC took part in the study.

Participants were requested to complete two different questionnaires with a combination of closed-ended and open-ended questions. The Initial Questionnaire and the Follow-up Questionnaire were developed with the aim of answering the objectives of the proposed study. Questionnaires were available in both English and Setswana. The self-administered initial questionnaire took approximately 10-15 minutes to complete. The follow up questionnaire was interviewer-administered and was completed at the two-week follow-up date for those who underwent a medical TOP. All data was collected anonymously. Completed questionnaires were placed in sealed envelopes and placed in a closed container, in a locked cupboard situated in the KWHC.

All data was captured on a password protected Microsoft Excel Spreadsheet with access limited to the principal investigator, statistician, and supervisor. Data was analysed using Microsoft Excel. Ethics approval was obtained from the Human Research Ethics Committee, University of Pretoria; number 630/2019.

## Results

The KWHC reviewed 2406 women for possible termination of pregnancy (TOP) from November 2019 to November 2020, during which time 1205 TOPs were performed. The study was conducted in 2020 after ethics approval was attained and 245 women voluntarily enrolled and completed the questionnaire. Of the 245 women enrolled, 102 went on to complete the follow up questionnaire. This number was lower as only 44.5% (n=109) of the women were eligible for medical TOP after assessment at the clinic and others chose not to continue with follow interview.

## Demographics

The majority of the study population were between the ages of 19 to 35 (78.4% (n=193)), and 9.8% (n=24) were between 16 to 18 years old. Results of demographics are depicted in table 1. We had data from 242 women about their highest level of education, of which 35.1% (n=86) have a tertiary level of education, while 61.6% (n=151) have only a secondary or high school level education. Alarming, 48.8% (n=119) of participants were unemployed.

**Table 1: Showing participant demographics by age group**

	AGE GROUP			
	16 – 18 years of age (n=24)	19-35 years of age (n=193)	>35 years of age (n=27)	Total n=244
<b>PARITY</b>				
Nulliparous	21 (8.6%)	59 (24.1%)	1 (0.4%)	81 (33.1%)
1	2 (0.8%)	72 (29.4%)	4 (1.6%)	78 (31.8%)
2	1 (0.4%)	41 (16.7%)	9 (3.7%)	51 (20.8%)
≥3	0	21 (8.6%)	13 (5.3%)	34 (13.9%)
<b>HIV STATUS</b>				
Positive	0	28 (11.4%)	7 (2.9%)	35 (14.3%)
Negative	22 (9.0%)	150 (61.2%)	16 (6.5%)	188 (76.7%)
Unknown	3 (1.2%)	14 (5.7%)	4 (1.6%)	21 (8.6%)
<b>HIGHEST LEVEL OF EDUCATION</b>				
Primary	1 (0.4%)	2 (0.8%)	2 (0.8%)	5 (2.0%)
Secondary	23 (9.4%)	111 (45.3%)	17 (6.9%)	151 (61.6%)
Tertiary	0	79 (32.2%)	7 (2.9%)	86 (35.1%)
Unknown	1 (0.4%)	0	1 (0.4%)	2 (0.8%)
<b>RELATIONSHIP STATUS</b>				
Single	23 (9.4%)	131 (53.5%)	17 (6.9%)	171 (69.8%)
In a Relationship	1 (0.4%)	58 (23.7%)	10 (4.1%)	69 (28.2%)
Unknown	1 (0.4%)	3 (1.2%)	0	4 (1.6%)
<b>EMPLOYMENT STATUS</b>				
Unemployed	7 (2.9%)	99 (40.4%)	13 (5.3%)	119 (48.6%)
Study/school	17 (6.9%)	59 (24.1%)	2 (0.8%)	78 (31.8%)
Employed	1 (0.4%)	31 (12.7%)	11 (4.5%)	43 (17.6%)
Unknown	0	3 (1.2%)	1 (0.4%)	4 (1.6%)