

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



Contribution ID: 93

Type: **Poster Presentation Only**

Psychosocial factors and accessibility of care related to post safe abortion care in Obala Health District

Thursday, September 18, 2025 3:48 PM (3 minutes)

Abstract:

Access to safe abortion is an essential element of international human rights. In the vast majority of developing countries around the world, and particularly in sub-Saharan Africa. Numerous abortion-related deaths occur, as do restrictive laws. Legal restrictions, as well as religious prohibitions, amplify the stigma attached to abortion, to such an extent that even when safe and legal care is available, some women resort to unsafe abortion services to protect their privacy. The practice of unsafe abortion persists, however, sometimes with disastrous consequences. The dissertation entitled "Psychosocial factors and accessibility of safe post-abortion care in rural areas: the case of the Obala Health District". The aim is to evaluate the care offered by providers and the perception of beneficiaries regarding the knowledge, financial and cultural accessibility of safe abortion care in the OBALA District. We will conduct qualitative research in the four (4) health facilities of the Obala District.

Objectives:

- 1) To explore rural women's perceptions of decision-making and choice of abortion care.
- 2) Identify factors influencing accessibility to safe abortion care
- 3) Assess the provision of post-abortion family planning services in the Obala Health District.

Methods:

We conducted a qualitative and quantitative study in the Obala Health District over a period of 1 year, using a snowball sampling approach to recruit participants. The target population considered women who had undergone an induced abortion and health care providers. Information will be collected until saturation is reached. The snowball method was used to identify and recruit participants.

Expected results:

The expected results revealed that 32% of women in the 25 to 30 age brackets represented 17 of the 53 women interviewed; 39.6% of the workforce had no level of education; among the latter, the majority (56.6%) were single. Regarding perceptions and attitudes to the practice of safe postabortion care, we found that: the desire to conceive accounted for (60.4%); 37.1% were influenced by their boyfriends; and culture and religion accounted for 81%. Nevertheless, (50.9%) disagreed with women's abortion practices; (94, %) women had no experience of abortion, and had no financial support. Factors influencing accessibility to post-abortion care included: distance 50.9%; use of traditional abortion methods 69.8%; lack of financial support 77% and unqualified medical staff 27%. Many women confessed to not having had an abortion, but 66.0% said they had.

Conclusion:

This study will contribute to a better understanding of the needs and challenges of accessing safe abortion care in rural areas. The results can inform policies and interventions aimed at improving access to reproductive health care and reducing abortion-related complications.

The results show that the majority of women surveyed face significant challenges, including social stigma and lack of financial support, which hinder their access to necessary post-abortion care. Although most participants expressed knowledge of the risks associated with elective termination of pregnancy, this did not necessarily lead to a reduction in the practice, highlighting that psychological and social factor, such as desire for motherhood and relationship conflicts, are often determinants in the decision to have an abortion.

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Session Classification: Poster CAC

Track Classification: Comprehensive Abortion Care