

Appendix XIV : Interview Guide for stakeholders

- Introduction: occupation.
- In what capacity have you work with the adolescents
- How long have you being working with them
- What are the issues that you are aware of that adolescent have with abortion and post-abortion care?
- What are the challenges and barriers that you are aware of that adolescent faced when procuring abortion or post-abortion care?
- What are the strategies/ways that you use in assisting adolescents with this problem to cope?
- What are the existing support services that you are aware of, that are available for these adolescents?
- What would you suggest that the government or hospital or the society do or put in place to overcome the challenges and barriers faced by the adolescents in obtaining post-abortion care?

Note: Always Probe with: Tell me more about that, what do you mean? , explain more, describe, elaborate, how, why etc

Thank you for your time

Appendix XV : Questionnaire for Expert Panellist

Dear Sir/Madam,

Re: Request for Participation to a Study /Letter of Consent

You have been invited to participate in a Delphi study entitled: Challenges and Barriers to Adolescents' Post Abortion Care services: Implications for Reproductive Health Policy in Nigeria. The study is being undertaken in fulfillment of a doctorate degree in Nursing at University of the Western Cape, South Africa. You are identified as an important stakeholder who is able to provide valuable information on the basis of your experience and expertise on this issue. Your participation in this study and input will be highly appreciated and valued towards addressing the challenges and barriers to adolescent post abortion care services in order to inform reproductive health policy in Nigeria. This study may take about two to three rounds or more; therefore, I solicit for your cooperation. Your participation in the study is voluntary. You may withdraw from the study at any point without any retribution. If you decide to participate, please complete the attached questionnaire and return it to me via the e-mail address. Return of the completed questionnaire will be considered as consent to participate in the study. During participation, your input, as a part of an important contribution will be incorporated with the contribution of other stakeholders and will be send back to provide further input on the issues under discussion.

Completion of the questionnaire should take approximately 40 minutes. I would appreciate your response within the next two weeks and I undertake to give you a feedback in three weeks following that.

Throughout the process, your participation is voluntary and anonymous. It is therefore very important that you feel comfortable to share your opinion freely and honestly. The nature of Delphi requires that your address be known to the researcher. Your details will be known to the researcher alone and anonymity will be sustained throughout the study by using codes and symbols.

Thank you



Onasoga Olayinka

Participant Signature _____

Date _____

UNIVERSITY OF THE WESTERN CAPE
Faculty of Community and Health Sciences
Baseline Survey on Challenges and Barriers to Adolescent Post Abortion Care Services
(PACS) in Nigeria

Dear Respondent,

The researcher is a PhD student from the School of Nursing, University of the Western Cape, South Africa conducting a research on the above topic. This questionnaire is designed to obtain information on challenges and barriers to adolescent post abortion care services in Nigeria. Kindly complete it by ticking (✓) the options that best express your opinion honestly or fill the appropriate answers. All information will be used purely for the research and treated with utmost confidentiality.

Thanks for your co-operation.



SECTION A: Demographic Data

1. Age (in years)
2. Gender:
Male
Female
3. Highest level of education
Diploma
Bachelor's degree
Master's degree
Doctoral degree
Specify others
4. Occupation.....
5. Current job position.....
6. Number of years of experience in working with adolescents.....
7. In what capacity have work with the adolescent.....

SECTION B: opinion on abortion and post abortion care (PAC)

S/N	perception of respondents on abortion and post abortion care(PAC)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Comments/suggestions
1.	abortion is rampant among adolescents						
2.	Family background is a major contributor to abortion						
3.	Poverty influence adolescents early sexual involvement						
4.	Society influences abortion and post abortion care(PAC)						
5.	Easy accessibility to Pornography by adolescents increases unwanted pregnancy and rate of abortions						
6.	Peer influence has been implicated in adolescents' sexual involvement and procurement of abortion						
7.	Adolescents have limited understanding of their bodies and conception thus increases unwanted pregnancy and abortion						
8.	Single parenting is a contributory factor to the high rate of unwanted pregnancy and abortion						
9.	Adolescents should have a right to choose whether or not that they want to do abortion						
10.	Not legalizing abortion is a contributory factor to increase morbidity and mortality						
11.	Adolescents are physically, emotionally and economically unprepared to care for pregnancy and childbearing/rearing						
12.	Overwhelming poverty predisposes adolescents to high-risk sexual behaviors						
13.	Beliefs, values, and attitudes of health-care providers have an influence on the quality of PAC services provided						

SECTION C: opinion on Challenges and Barriers to Adolescents' Post Abortion Care services

S/ N	Challenges /barriers	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Comments/ suggestions
1.	Unfriendly attitude of the health personnel(s)is the major barrier						
2.	Financial challenges						
3.	Rejection from parents and others						
4.	High cost of treatment						
5.	Religion is a major barrier to abortion and post abortion care services						
6.	Non-legalization of abortion is a barrier to adolescent post abortion care						
7.	Lack of privacy by the health care personnel(s)						
8.	Increased waiting period affect the						
9.	Lack of land marks in the hospital						
10.	Lack of available support system where the adolescents can be referred						
11.	Social stigmatization						
12.	Lack of sex education at home and school						
13.	Psychological challenges						
14.	Late presentation to hospital for care is one the challenges to adequate PAC						
15.	Inaccessibility to PAC services						
16.	Lack of adolescent friendly family planning services						
17.	lack of utility of contraceptive						
18.	Lack of parental support/care						
19.	Lack of counsellors						
20.	cultural and religious sensitivities surrounding abortion is a barrier to PAC services						
21.	no budgetary provision is made for programming on adolescent's Sexual reproductive health needs						
22.	Little knowledge of available services and their location						

23.	Shame or Embarrassment at needing or wanting services especially if the unwanted pregnancy/abortion follows sexual coercion or abuse						
-----	--	--	--	--	--	--	--

24. In your view, what are the other Challenges /barriers faced by adolescents in obtaining post abortion care in Nigeria.....

.....

.....

.....

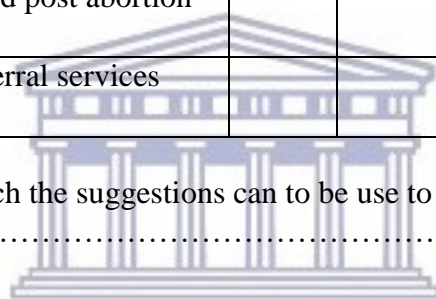
SECTION D: Possible resolution of barriers and challenges to post abortion care (PAC)

S/N	Possible resolution of barriers and challenges	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Comments/suggestions
1.	Free PAC services						
2.	PAC services should be freely assessable to women seeking it in this unit?						
3.	Legalization of abortion						
4.	Provision of adequate information through the Media on various reproductive issue of the adolescents						
5.	Promotion of sexual and reproductive health education						
6.	Provision of adolescents friendly counselling unit/guidance center						
7.	Training of health personnel in treatment equalization among patients						
8.	Free educational system						
9.	Parental support/guidance						
10.	Continuing professional development programme						
11.	Introduction of stipends for the students by the government(s)						
12.	Parents setting time aside for their children especially adolescents						
13.	Scholarship opportunity for adolescents						
14.	Youth empowerment						
15.	Equality in treatment irrespective of condition(s) seen						
16.	There is need for social worker(s) trained						

	specifically for adolescents' issues						
17.	Follow-up programmes for adolescents with abortion complications						
18.	provision of funds and resources to equip hospital to provide adequate PAC for adolescents						
19.	Provision of adolescent friendly clinic where adolescents with issues regarding unwanted pregnancy, rape, contraceptive, STIs etc can go for advice or information						
20.	Training of qualified health practitioners on emergency post abortion care.						
21.	Government policy should allow midlevel provider(nurses) to provider Post abortion care including use of MVA independently						
22.	public enlightenment programmes on attitude transformation on abortion and post abortion care						
23.	There should be adequate referral services following post abortion care						

Kindly recommend way in which the suggestions can to be use to inform policy in Nigeria and make other contributions.....

Thank you for your time



UNIVERSITY of the
WESTERN CAPE

Appendix XVI : Letter to the PAC policy Experts & Validation Instrument

Project Title: Challenges and barriers to adolescents' post-abortion care services: implications for reproductive health policy in Nigeria

Dear Participant,

Thank you very much for your interest in participating in this study. The study aims at developing a PAC policy document following evaluation of challenges and barriers to adolescents' post-abortion care service in Edo State, Nigeria for the sole purpose of improving adolescent reproductive health through quality PAC services. This is the final stage of the last phase of the study. The first phase in which you actively participated involved collecting information on challenges and barriers to adolescents' post-abortion care services. All the data from the first phase were analysed and a structured PAC policy document was designed.

The last stage of the second phase involves validation of the PAC policy document. To be able to conclude this stage successfully, your expert contribution is very vital and crucial. Therefore, I am requesting your most intelligent contribution as an expert in adolescent health issues. Please, fill free to express your view in order to make PAC services in Nigeria a huge success and a worthwhile programme. Confidentiality and anonymity of your participation are my priority and will be held in high esteem.

Description of the PAC Document to inform adolescent reproductive health policy

The development of this document was informed by the findings of the research study on challenges and barriers adolescents face in an attempt to procure PAC services in Nigerian hospitals. It is expected that hospital authorities and other individuals who bear the responsibility of formulating health policies, particularly those concerned with women's health and more specifically PAC services as relating to adolescents, will find this document useful.

Components

The components of the policy document include the following;

Underpinning principles, values and philosophies

This takes into account the overall health of the adolescent and, specifically, the reproductive health of adolescents

- In all countries, adolescents represent the future of families, communities and nations; as such they benefit from universal human rights that aim to protect and promote freedom and human dignity, which are pre-requisites for health.
- Reproductive health is a vital component of general health and therefore a prerequisite for social, economic and human development. For this reason, all women, including adolescent women, have the right to reproductive health.

- When PAC services are available to adolescents, this will reduce morbidity and mortality resulting from abortion complications. Efficient delivery of these services will go a long way toward saving the lives of adolescents who would have been lost to complications of abortion.

Broad Objective of the Policy Document

The aim of this policy document is to ensure that the challenges and barriers adolescents face while procuring PAC services are eliminated or reduced to the barest minimum so that these adolescents have access to high quality PAC services in all hospitals in Nigeria.

Specific Objectives of the Policy Document

This policy document is intended to improve the quality of PAC services provided by health care facilities, as well as improve access to PAC in Nigeria through:

(a) Establishment of PAC units in all facilities with effective monitoring systems

The government must ensure that PAC units not only exist but are fully functional in all health facilities in Nigeria. A unit head should be appointed and charged with the responsibility of running this unit with the support of the PAC staff.

(b) Training and retraining of PAC staff as well as attitude transformation

Periodic training and retraining of staff on advances in PAC services is inevitable if women seeking PAC services are to be given the quality of care they deserve. To this end, hospital authorities must ensure this continuous training is put in place and that it is sustained for all staff. Middle-level providers should be allowed to put the acquired skills into practice for effective PAC service provision.

(c) Institution of free PAC services for adolescents

There is the need for the government to consider free treatment for adolescents with abortion complications who are seeking PAC services. The justification for this is that most of them, in an attempt to conceal their sexual activities, hide their condition from their parents, who are better placed than they are to pay for medical services. They also present very late at the facility when their health has already deteriorated, thus requiring immediate intervention. If treatment is free or almost free, this will enable them to get easy access to treatment, even when they do not have the funds for such services.

(d) Review of abortion legislation in Nigeria to include cases of incest and rape

The abortion law in Nigeria permits abortion only when the life of the mother is at risk. The abortion law should be opened for public comment and revised in order that stigmatization is reduced and access to PAC services is increased.

(e) Creating a youth friendly hospital environment for PAC services

PAC staff should create an enabling environment where these youths receive the needed PAC services without discrimination and judgment from care givers. It is equally important to take cognizance of the need for privacy of these adolescents and the fact that they should be accorded the necessary human respect in the course of receiving PAC.

Strategies to achieve the objectives

To achieve the above objectives, it is necessary to consider these strategies below;

1. All health care facilities in Nigeria should have a separate unit for the reproductive health of women. A sub-unit of reproductive health should be created for women and particularly adolescents with abortion complications, who are seeking PAC services.
2. Management should identify those health care providers directly involved with the delivery of PAC services, and ensure they have the needed knowledge and skills for PAC. The PAC staff should be required to update their knowledge and skills in accordance with the advances in PAC.
3. There should be professional development opportunities such as workshops and seminars on PAC for the personnel of the various health care facilities.
4. A culture of continuous improvement on the available PAC services should be fostered.
5. All parties should ensure patient satisfaction in the course of rendering PAC services to women and particularly adolescents while eschewing discrimination and judgment of the patient in question.
6. Abortion laws should be opened for public comment and reviewed in order to ensure increase access to PAC services.
7. Implementation of best practice consultation and planning processes should be assured.
8. Government should authorize, through hospital management, free PAC services to adolescents with abortion complications.
9. Evaluation of care received should be done by PAC patients after each service
10. The abortion law should accommodate women, particularly adolescents, whose pregnancy is a result of rape, incest or similar circumstances, to terminate their pregnancy if they choose to do so.
11. PAC staff should perform their duty free of judgment and discrimination against adolescents receiving PAC services. They must treat each patient with respect and dignity irrespective of age and diagnosis.

Specific actions to be taken

The document recommends the following actions:

- PAC staff are surveyed on a six (6) month basis for satisfaction with programmes and services.
- The quality of services to patients is reviewed as frequently as possible, as this is necessary part of the strategic planning process.
- Patients receiving PAC services, particularly adolescents, should be interviewed periodically to examine their views and perceptions about the quality of PAC care they receive. Such feedback should be considered by hospital authorities together with PAC staff with the aim of addressing the issues raised by the patients.
- There must be provision of the necessary equipment and supplies for PAC services to meet the needs of patients requiring such services.
- Clinical guidelines for managing complications from unsafe abortions should be available in all Nigerian hospitals and the content of these guidelines should be communicated effectively to staff and update it when needed.
- Ensure that providers are trained and equipped to use the recommended methods of misoprostol and vacuum aspiration.
- Ensure professionals receive sensitivity training in nonjudgmental treatment and are informed of their legal, professional and ethical duty to provide post abortion care without prejudice.

Desired outcomes of specific actions

The desired outcomes of this policy document are as follows:

- Improved access to PAC services in all health care facilities in the absence of the identified barriers and challenges.
- Increase contraceptive usage among adolescents following PAC
- An observable increase in patient satisfaction with PAC services in all health care facilities across the Nigeria.
- A demonstrably positive attitude of PAC staff towards patients, particularly adolescents receiving PAC services.
- The availability of needed equipment and supplies for PAC staff to provide care to women with abortion complications.
- Reduced morbidity and mortality from abortion and abortion complications, particularly among adolescents.

Performance indicators

The success of this policy document may be measured in terms of:

- Percentage of adolescents with abortion complications seeking PAC services.
- Of those receiving PAC, percentage of adolescent patients who received family planning counselling prior to leaving the facility.
- Percentage of adolescent PAC patients who received family planning methods prior to leaving the facility.
- Proportion of adolescent patients' satisfaction with PAC services.

- Facility-based case fatality rate for post abortion complications
- Number of health care facilities per 100,000 population with functioning comprehensive PAC services
- Number of health care facilities that have commodities, equipment and transportation for PAC services
- Number of health care professionals with needed knowledge and skills for PAC services. PAC
- Percentage of middle-level providers (nurses) who have perform basic PAC procedures particularly in emergency cases.

Validation instrument

INSTRUCTION: Do the criteria describe the items within the components in the above PAC policy document? Choose by ticking [√] as appropriate from the options ‘YES’ or ‘NO’

Critically study the components of the PAC policy document described above and make your comments:

1. Does the above PAC policy document adequately and accurately contribute to the promotion of adolescent reproductive health? i. Yes [] ii. No []

2. If ‘No’ what do you want to add?

3. Is the MONITORING/SUPERVISION SYSTEM in the PAC policy document adequate and accurate for achieving functional PAC services in all government owned health facilities?

i. Yes [] ii. No []

4. If ‘No’ what do you want to add?

4. Among the components of the PAC policy document, what component(s) do you want to add, remove or move to another component?

a. Components to add:

b. Components to remove:

c. Components to move: i _____ to _____

ii _____ to _____

5. On establishment of PAC units in all facilities with effective monitoring systems what element(s) do you want to add, remove or move to another component?

a. Elements to add: _____

b. Elements to remove: _____

c. Elements to move: i _____ to _____

ii _____ to _____

6. On training and retraining of PAC staff and the attitude transformation what element(s) do you want to add, remove or move to another component?

a. Elements to add: _____

b. Elements to remove: _____

c. Elements to move: i _____ to _____

ii _____ to _____

7. How will you rate the PAC policy document in terms of its adequacy, accuracy, appropriateness and representation of reality if integrated into all Nigerian health facilities?

8. Please, support your answer with comments.

Key: 1 = Not at all; 2 = A little bit; 3 = Moderately; 4 = Quite; 5 = Very much

S/N	Aspects of model to be rated	1	2	3	4	5	Comments
i.	Its representation of reality						
ii.	Its accuracy						
iii.	Its appropriateness						
iv.	Its applicability						

Any additional comment(s):

Thank you

Olayinka Abolore ONASOGA

School of Nursing

University of the Western Cape

Bellville 3575, Cape Town

South Africa

Appendix XVII : Letter from Editor

Certificate of Editing

This is to certify that the thesis entitled ***CHALLENGES AND BARRIERS TO ADOLESCENTS' POST-ABORTION CARE SERVICES: IMPLICATIONS FOR REPRODUCTIVE HEALTH IN NIGERIA*** to be submitted by Olayinka Abolore Onasoga has been edited for language by me. Neither the content nor the author's meaning was altered or affected in any way during the process.



Lesley Cushman
Editor

16 September 2017

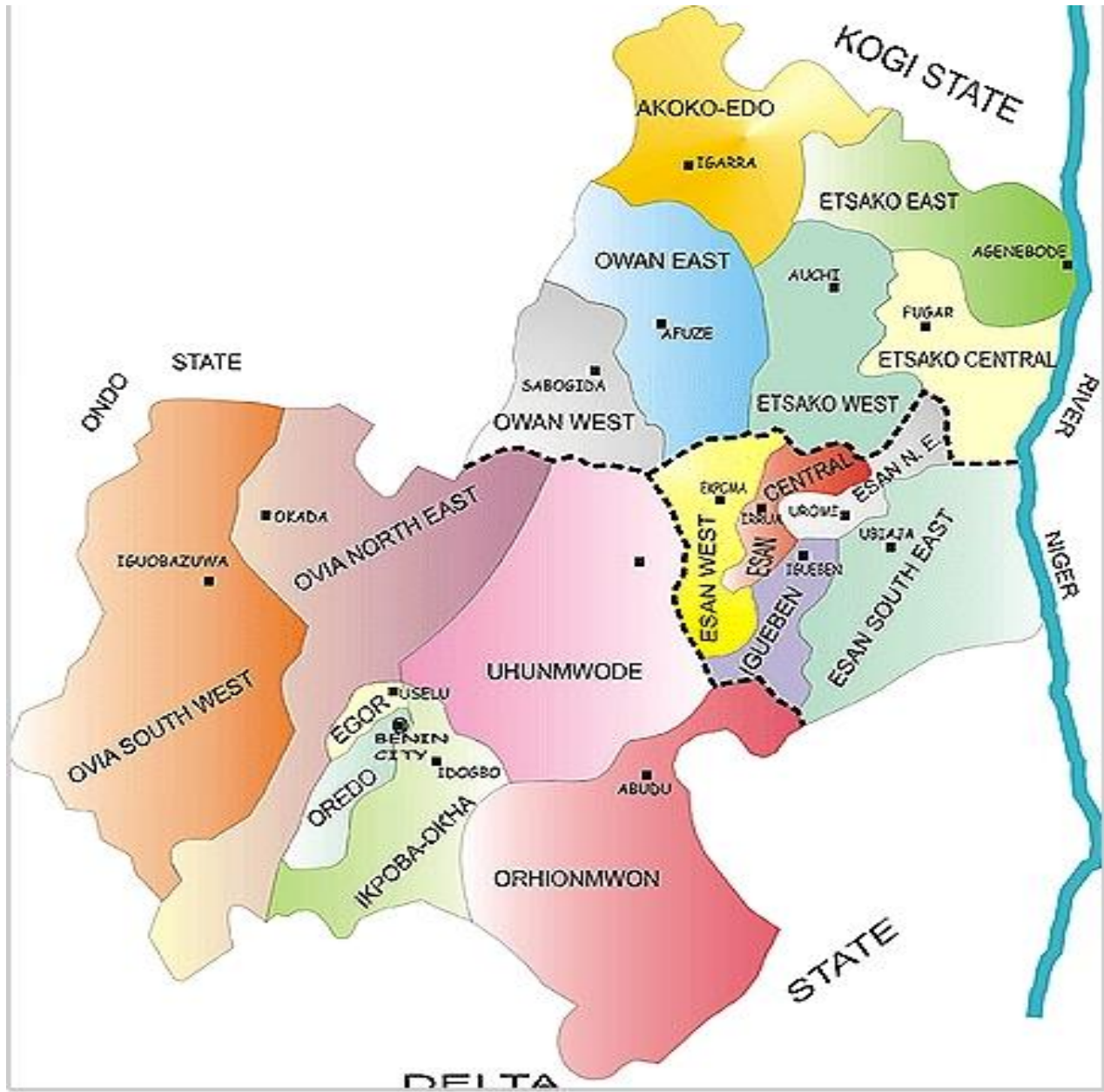
Appendix XVIII:Map of Nigeria



MAP OF NIGERIA(www.channelstv.com, 2014)

UNIVERSITY of the
WESTERN CAPE

Appendix XVIX : Map of Edo State



MAP OF EDO STATE

Appendix XX: Professional Cadres in Nursing Services in Nigerian Hospital

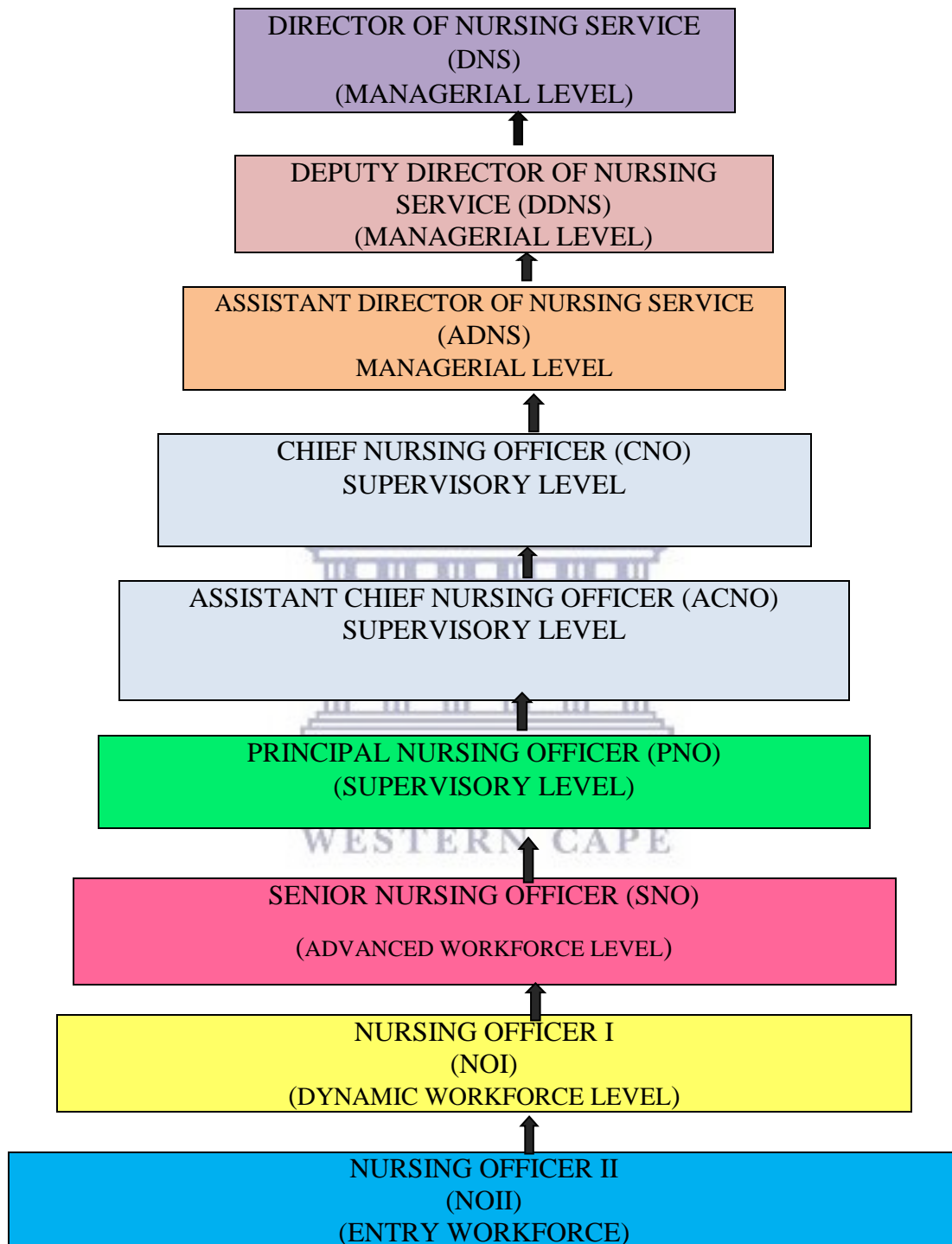


Chart showing Career progression in nursing services from bottom to top. Source: OAUTHC, Nigeria (2010)