Journal of Complementary and Alternative Medical Research

15(4): 1-10, 2021; Article no.JOCAMR.72515
ISSN: 2456-6276

An Assessment of Women's Experiences and Challenges Faced with Post Abortion Care (PAC) Services in Buea

Teng Esther Mbong[1,2,3*], Dickson S. Nsagha[4], Niba Clinton Ambe[3], Micheal Okunlola[5] and A. Oladokun Sina[5]

[1]Department of Obstetrics and Gynecology, Pan African University of Life and Earth Sciences, University of Ibadan, Ibadan-Nigeria.
[2]Department of obstetrics and Gynecology, Buea Regional Hospital, Bokwaongo Buea, SWR, Cameroon.
[3]Department of Nursing, Faculty of Health Sciences, University of Buea, P.O. Box 63, Bomaka Buea, Cameroon.
[4]Department of Public Health and Hygiene, Faculty of Health Sciences, University of Buea, P.O Box 12, Buea, Cameroon.
[5]Department of Gynecology and Obstetrics, College of Medicine University of Ibadan, Ibadan, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. Author TEM Conceived of the presented ideas, did key internet search and wrote down the manuscript, author NCA Supervised the methodology of the work. Author DSN Supported to develop ideas, encouraged and did key search for relevant data. Also contributed in the manuscript development. Authors MO and AOS Designated the analysis and supervised the finding of this work. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JOCAMR/2021/v15i430271
Editor(s):
(1) Prof. Arun Singh, Bareilly International University, India.
Reviewers:
(1) Marin Cuellar Torriente, University of Free State. South Africa.
(2) Ivanova Liudmila, Kuban State Medical University, Russia.
Complete Peer review History: https://www.sdiarticle4.com/review-history/72515

Original Research Article

Received 20 June 2021
Accepted 24 August 2021
Published 26 August 2021

ABSTRACT

Background: Unsafe abortion is one of the commonest causes of maternal mortality and post-abortion care services have been acclaimed as the best remedy for this situation. Yet, high maternal mortality still prevails pointing to issues with the quality of services. The paper was

**Corresponding author: E-mail: tengesthermbong@yahoo.com;*

designed to investigate women's motives for engaging in unsafe abortion; assess women's experiences on the quality of PAC services and identify the challenges women faced in accessing PAC services in Buea.

Methods: This study recruited 10 participants in Buea. Using a structured interview, data was collected on women's motives for engaging in unsafe abortion; assess women's experiences on the quality of PAC services, and identify the challenges women faced in accessing PAC services in Buea. Thematic and grounded theory analytical techniques were used to organize and interpret the data.

Results: Majority of women in Buea did not use contraceptives for different reasons ranging from personal, spousal consent, ignorance, and the fear of side effects of contraceptive use. The low contraceptive use accounts highly for unwanted pregnancy cases which results in the decisions to induce. Most of these women involuntarily engage in induced abortion, highly driven by second party influence like the request from spouse/partner, disappointment from the spouse, and fear of parents' reactions; while some occur as a result of missed abortion. The quality of PAC services received by most of these women were merely emergency treatments without proper PAC activities like family planning counseling, provision of modern contraceptive methods, linkages to other reproductive health care services. Women in Buea encounter some challenges in the use of PAC services, pains associated with the procedure, the cost, the absence of some family planning methods, the absence of counselling before PAC and above all, non constant availability of blood in the bood bank for transfusion.

Conclusion: This study concluded that most women in Buea engage in induced abortion on account of the pressure to terminate an unwanted pregnancy; resulting from low contraceptives use; desire to avoid problems from their spouses/partners as well as to pursue career ambition. Moreover, the quality of PAC services offered to women in Buea was emergency treatment; void of important aspects like family planning services, linkage to other reproductive health care services, and facilitating their social reinsertion and preventing future induce abortion.

Keywords: Abortion; post-abortion care (PAC) services; women; contraceptives; Buea.

1. INTRODUCTION

According to the World Health Organization (WHO), unsafe abortion is a procedure for terminating an unwanted pregnancy either by persons deficienting the requisite skills or in an environment lacking minimal medical standards or both [1]. On the other hand, Post-abortion care (PAC) is a package of services offered to women after an incomplete abortion due to spontaneous or an induced abortion [2]. PAC also includes services such as evaluation for sexually transmitted infections, including HIV/AIDS.

Worldwide, access to quality abortion and post-abortion care is a vital causal factor for women's survival after an abortion- planned or unplanned [3]. It is approximated that of the 210 million pregnancies that take place each year, about 80 million are unintentional and in 2008, 21.6 million unsafe abortions were estimated to have occurred, causing the deaths of 47 000 women [3].

In Africa, more than 8 million abortions occur each year, and three-fourths of them are unsafe. In countries like Cameroon that prohibit abortion or allow it only to save the life of the woman [4] or protect her physical health, three-quarters of the procedures are unsafe. It stresses the need for good quality post-abortion care to save lives and to minimize the long-term consequences of unsafe abortions. Therefore, abortion complexities are among the major arguments women seek emergency obstetric care [4] and [5] noted that determinants of induced abortion may be very similar across all African countries.

With growing arguments surrounding the practice of abortion especially in developing countries of Africa [1], effective and efficient PAC services is a terrible need in these settings. Deaths from unsafe abortions in countries like Kenya is approximately 35% [3], and Cameroon recorded a 13% rate from unsafe abortion and has been associated with poor abortions, poor PAC practices, restrictive abortion laws (2), low contraceptive uptake, gender-based violence, economic hardships, religion, and cultural beliefs among others.

Studies done in Cameroon have shown that abortion is a major public health problem, being responsible for 30% of maternal mortality and morbidity [6], with the prevalence of induced

abortion of 26.3% [4]. The year 2000 and 2003 registered an estimated 20-29 unsafe abortions per 1000 women aged 15-49 [7]. More so, a university teaching hospital report on Maternal mortality in Cameroon by [8] revealed that 25% of deaths were attributed to unsafe abortion.

Although developing and developed countries have similar rates of induced abortion amongst women; such pregnancies and unsafe abortions are most often concentrated in the developing countries [9]. In countries where abortion is legally restricted, safe abortion services are out-of-reach for many facing unwanted pregnancies except to save a woman's life [10].

As the challenges of PAC services, a study revealed that about 4% of U.S. abortion patients believe abortion should be illegal in all or most cases. There is some indication that women's views about abortion and abortion restrictions are different when examining their own experiences with abortion than when reflecting on other women's experiences. One study [11] found that abortion patients supported policies that they felt could ensure informed decisions for "other women," while they considered their decision-making to be well-informed and responsible. At the same time, many did not support waiting periods or financial restrictions and suggested that the government does not show sufficient empathy for women who seek abortions. Another study [10] found that many abortion patients were sympathetic to the struggles of others to pay for abortion care, but many also discredited other women's reasons for seeking an abortion, used disapproving terms to describe other abortion patients and their circumstances, and sought to distance themselves from other women seeking an abortion. Another study, exploring women's perspectives on abortion clinical care,[12] found that some patients felt judged by others seeking an abortion. These qualitative studies suggest that women's perspectives on whether abortion "should" be available to other women are complex, reflecting stigma as well as empathy.

In the year 2012, almost 7 million women were treated for complications of unsafe abortion in the developing countries [13], and up to 35.0% of females in Cameroon aged 20-24 were reported to have carried out an abortion in the past [13]. With the highest prevailing of unsafe abortion from developing countries [5], ameliorating these scenarios has been a focus in the United Nations which has prompted conferences to discuss issues on women's health including PAC, sex education, and family planning through the effectiveness of public healthcare policies. To buttress this, WHO estimates that 10-50% of women who undergo unsafe abortions require medical care [14]. Besides, the 1994 International Conference on Population and Development (ICPD) in Cairo, called for all women to have access to PAC services, regardless of the legal status of abortion [9]. The Millennium Development Goal 5 too, aims at improving maternal health by reducing maternal mortality by 75% from 1990 to 2015 and providing universal access to reproductive health [14]. The target of this former fifth MDG which was not attained by many African countries, has been revised to be the current Sustainable Development Goal (SDG) 3, with the target to reduce maternal mortality ratio to less than 70 per 100,000 live births by 2030 (UN, 2015).

It is obvious that, with the growing population, inadequately resourced public health systems, and persistent shortages of skilled workforces, all contribute to deficits in health worker's practices [4].

Until recently, little studies have revealed women's views, experiences, and challenges toward PAC services in Cameroon, and as such, the reasons why this paper was designed.

2. METHODS

This study used the interpretive pattern based on providing a better critical way for understanding real-life experiences, attitudes, and perceptions of post-abortion care clients as well as clients' reasons for engaging in induced abortion, clients' experiences on the quality of PAC services, and the challenges clients face in accessing PAC services in Buea.

The data used in this study was collected from PAC clients who attended the Buea Regional Hospital. The choice of Buea Regional hospital stems from the fact that it is the largest state-owned hospital in the region and received a significant post-abortion care client.

The study made use of a rectrospective design whereby records of clients' in the hospital database who visited the health facility within the past 3years for PAC services were reviewed. The researchers adopted the purposive sampling technique and those whose files reviewed, were contacted through their mobile contacts recorded

in their hospital files and then recruited to partake in the study. They were later visited for proper structured interviewing.

All the participants contacted were informed of the voluntary participation, beneficience, non-maleficience, respect for privacy, confidentiality and justice. Nevertheless, they were encouraged to participate in the study as many as possible to gain a broad variety of views. 10 out of 15 participants sampled partook in the study.

Data were analyzed manually using a qualitative content analysis technique. A qualitatively oriented text analysis based on the principles of the consolidated criteria for reporting qualitative research (COREQ) was adopted. Also, Graneheim and Lundman describe content analysis as a method used to analyze data to obtain the manifest meaning of the discussions [15].

To ensure that the findings were credible and unbiased, the interview answers were jotted immediately as the participants responded. The data were coded independently by an expert qualitative data coder and the lead author. To ensure intercoder concordance, the authors and the qualitative data expert met afterward and reviewed the coding outcomes. Two experts in qualitative research cross-checked the codes for consistency. Following the jointly reviewed codes, themes and emerging issues were developed to mirror the narratives. Finally, quotes from the study participants were used to corborate the issues discussed. Given the sensitive nature of the topic, the informed consent letter was issued stating the objective of the study, anonymity of participants,recording of the interview among others.

3. RESULTS

3.1 Socio-Demographic Characteristics

Concerning the demographics of participants, more than three-quarters of the participants were in their 40s (80%) and 20% were more than 40years old; an indication of an active population. The majority (7,70%) were single among which some were childless (40%) and others with about 1-3 children (30%). Their literacy level ranged from Secondary 40% to tertiary education 40% with different preoccupations: student, farming, business, and apprenticeship. Their incomes ranged from about 0-50,000frs (40%), to over 150,000frs (30%) while others (30%) were non-income earners (solely dependent). They were all Christians (Table 1).

3.2 Women's Motives for Induced Abortion in Buea

3.2.1 No clients usage of contraceptives

When asked whether participants use contraceptives, most of the participants refuted that they were not using contraceptives by stated "*No*" against the question. To bustres this, some rationale were advanced ranging from the desire to have children, negative side effects, partner's consent, ignorance. One of the client noted that, "*this conceptives have negative side effects and I don't like to use them*."

Also, some participants indicated the desire to have their children makes them not to use contraceptives.

3.2.2 Desire to have children

Some women were aware of the fact that the use of contraceptives may cause delays in their desire to have children. The challenge of use contraceptives to some of the women was attributed to the view that some women may have to wait for some time for fertility to return after ending their use of injectable contraceptives. One participants was unequivocal by stating "*No, I don't use contraceptives because I desire to have more children*" and another revealed that "*No, because I still want to give birth to children and I am also afraid it will stop me from giving birth in the future*".

Evidently the desire to still give birth in the future emerged as a reason some of them do not use contraceptive and these participants desired to end their childbirth before engaging in birth control. This, however, results in unwanted pregnancies. This seems quite risky because they risk getting pregnant without planning, which is mistimed or unwanted altogether.

3.2.3 Side effects

It was recorded that some women hate the use of contraceptives because of the alleged side effects associated with their use. Others had been victimized by the use of contraceptives before and do not want to engage in its use

Table 1. Socio-dermographic data of the study participants

Age Group	**18-25years**	**4**	**40.0**
	26-40years	4	40.0
	40-50years	2	20.0
	Total	**10**	**100.0**
Marital Status	Single	7	70.0
	Married	2	20.0
	Divorce	1	10.0
	Total	**10**	**100.0**
Number of children	None	4	40.0
	1-3	3	30.0
	4 – 6	3	30.0
	Total	**10**	**100.0**
Educational Level	Secondary	4	40.0
	Tertiary	4	40.0
	Others	2	20.0
	Total	**10**	**100.0**
Occupation	Farmer	1	10.0
	Teacher	2	20.0
	Business	2	20.0
	Others	5	50.0
	Total	**10**	**100.0**
	0-50,000frs	4	40.0
Monthly Income level	Above 151,000frs	3	30.0
	None	3	30.0
	Total	**10**	**100.0**

again. As one of the women recounted: " *I do not take contraceptives because people say it makes you fat*"; and other participants stated: "*I do not use contraceptives; I am just scared because I could get fat, stop giving birth when I want and as well I learnt there are other side effects*" one as well noted "I don't want to use contraceptives b*ecause I was fat before due to the method*" and "*Uncomfortable with the method*". Several of the participants noted getting fat as a common side effect that prevents them from the use of contractpetives.

3.2.4 Ignorance about contraceptives

While some women were just scared of using contraceptives, others were completely ignorant of contraceptive use as well as where to get access to these contraceptives. A participant noted succinctly:"I do *not know where to get it*" *and I equally* as a *student and had no idea about it*". In essence, participants shun the use of contraceptives for different reasons ranging from personal, spousal consent, ignorance, and side effects of contraceptive use.

On the other hand, few women were aware of the importance of birth control and how the use of contraceptives could help women from unwanted pregnancies. The knowledge of these accounted for their use of contraceptives as indicated by their affirmative responses "Yes". Interestingly, their reasons were unanimously pointing to birth control; as one of them mentioned "*Yes I use contraceptives because I want to prevent pregnancy*." Given this, participants mentioned that they make use of injectables and female condoms as contraceptives.

Interestingly, all women who make use of contraceptives all confirmed the effectiveness of their birth control methods as none got pregnant as a result of the failure of a birth control method/contraceptive. Their responses to the question, were you using a contraceptive method at the time you got pregnant? all recorded a negative response "*No*".

4. REASONS FOR INDULGING IN INDUCED ABORTION IN BUEA

The study found that not all women deliberately induced abortion. The data revealed that half, 6 out of the 10 women had their pregnancies

terminated unintentionally. Women outlined numerous reasons that caused them to indulge in induced abortion which could be attributed to second party influence; like unwanted pregnancy, missed abortion, non-approval from the spouse, and fear of parents' reactions.

4.1 Unwanted Pregnancy

Most of the women mentioned that the decision to terminate their pregnancy was because they were unready to accommodate the child at the moment. The readiness to be a mother to most of them at the time was absent; as they mentioned: *"I was not ready for the child"; "Pregnancy surprised me, it was not planned"; "The pregnancy is unwanted" etc.*

4.2 Disappointment from Partner

Another reason for terminating the pregnancy was due to the disappointments participants got from their partners. Despite the readiness by some women voluntarily or involuntarily to be mothers, some of them were forced to engage in induce abortion because of the reaction they got from their partners. One of the women stated:*"Father of the child did not approve"; "My partner refused to assist me to have the child because he is a married man".*

4.3 Parental Influence

Parental influence equally accounted for participants sought medical assistance immediately they saw the need to save their lives from critical conditions. The need arose in some immediately they terminated their pregnancies while others identified the need some 2-4 days. With limited knowledge on the availability of PAC services, clients charaterised visiting the hospital only when thing got bad or their health was detoriarating. One of the women stated: *"I sought assistance immediately I started bleeding profously " and aanother revealed "I spent 2 days before going to the hospital"* while some even more as one indicated *"It took me about 4 days before I went to the hospital*" indicating that seeking professional medical aid only came as a last resort. the occurrence of induced abortion to some of these women. Women who were still undertaking training in one setting or another. As they stated: *"Because I am a student"; "My parents will kill me if they know" etc.*

In essence, all the women who used contraceptives to avoid pregnancy did not engage in induced abortion because of unwanted pregnancy, but other factors accounted for it. In other words,

5. CLIENTS' EXPERIENCES ON THE QUALITY OF PAC SERVICES IN BUEA

This study sought to examine clients; experiences on the quality of PAC services in Buea and the findings revealed the following.

5.1 Person Responsible for the Decision to seek Medical Care

Almost all the women mentioned that their partners were responsible for their decision to seek medical assistance. While some made the decisions themselves and others were requested by their parents to seek post-abortion care (PAC). They all clearly stated: *"My husband asked me to go to the hospital"; "It's my boyfriend who took me to the hospital"; "My mother took me to the hospital for proper check-up and medication*".

5.2 Knowledge of PAC Services before the Hospital Visit

Most women admitted that they were aware of the PAC services before coming to the hospital. Given this, most women mentioned that they heard about PAC services from different sources like *relatives*, *friends,* and a *previous visit to the hospital*. On the other hand, some good proportion did not even have an idea of PAC services before this event as indicated in their negative responses "*No*" against the question "*Did you know about PAC services before coming to the hospital*?"

6. REASONS FOR SEEKING PAC SERVICES

6.1 Life Threat

The results found that different sources/instances motivated women's decisions to seek PAC service. Although some sought attention immediately the need arose, and some waited for days, most of them arrived at a point where what they could feel heavy bleeding and unbearable pain and so they saw it as a threat to their lives and then needed professional intervention to handle their situation. "*I was bleeding seriously and was having severe pains in my lower abdomen. The pain in my abdomen started little*

but was increasing as time progressed so I had no choice but to seek professional assistance in the hospital".

"Because I was having offensive discharge. After feeling much pain at an increased rate, I discovered that blood was coming out of my vagina uncontrollably like water.

6.2 Trauma

The findings also found that some of these women resulted in seeking PAC services because the complications they experienced as a result of the excruciating pain they felt caused them to enter a state of trauma. As one of them stated:
"*I needed attention and I was traumatized too. Besides the much pain I was feeling, I was traumatized* because of the scenario and scared of the stigma that the society might label me with."

"I could not bear the shame of dying alone in the house because I wanted to put an end to this pregnancy that was not desired".

6.3 Need for Professional Treatment

Some women just identified their motivation to be the need for professional care; as one of the women stated "*Wanted to be treated in the right place*".

6.4 Failure from Home Unsafe Abortion Method

The decision to seek PAC services to some women was the failure of home strategies. Some women engaged in the induced abortion method but did not receive the desired results as the fetus refused to be evacuated. One of these women mentioned:

"*I took some medications to terminate the pregnancy but the pregnancy did not come out. So I had no choice but to come to the hospital for medical measures to be used to terminate the pregnancy."; "I just wanted to terminate the pregnancy*"

In essence, women advanced different motivations for seeking PAC services in their state, and emphasis was laid mostly on the fact that most of these women needed urgent medical attention because of the critical state they were in.

6.5 PAC Services Offered to Women in Buea

The study found that women received different PAC service treatments depending on the time and state they arrived in the hospital milieu. As one the women explained: "When I arrived at the hospital, I was warmly received and the Dr explained to me that my baby had stopped growing inside and they had to put some medicine in my vagina and later aspirate to help completely remove the baby." This reveals warm reception of the patience despite induced abortion. Another participant said "When I reached the hospital, I was immediately rushed to the ward, and the procedure was carried out on me. I received some blood transfusion and I was happy with the care as it saved my life." This shows blood transfusion is needed for first aid as PAC services are concerned. However, most of the participants indicated warm reception as one stated "Well, I was well received and I felt I could be shouted at because of the act I did, but surprisingly everyone was concerned about my case as I was bleeding seriously."

However, another reception seems not to have had a good experience as she indicated: "I was shouted at for the act I committed. The midwife even added that I could lose my life over the process of taking drugs at home. I felt ashamed." Basically, these women were mostly offered emergency treatments.

7. CHALLENGES CLIENTS FACED ACCESSING PAC SERVICES IN THE BUEA

Women mentioned different challenges they faced in accessing PAC services in the Buea. Prominent among which were: the pains associated with the procedure, the cost in acquiring the services, the absence of some family planning methods, the shame in facing medical personnel, absence of counselling prior to PAC to prepare the patients' mind. One of the challenges that the patients indicated was non constant availability of blood in the bood bank for transfusion.

7.1 Limited Blood in the Hospital

One participants stated: *"I had difficulty in having blood which was very much required. Moreso, others indicated: "Was unable to have blood, no procedure was explained to me, no counseling*

on the pain and complications and even some reported difficulty during blood transfusion. *"I developed complications, I was transfused two pints of blood and my mother shouted and refused to pay my bills"*

7.2 Financial Challenges

Another challenge the clients indicated was ability to handle the financial needs *""High bills, the procedure was painful and no drugs given to me at the end of the procedure"and more of the women were like "The challenge I had was that I could not meet up with the payment required of me. I could not buy my medications. Another recounted a host of challenges: "I had severe pains, no money to pay my bills, no money to buy medicine and I was ashamed of myself".*

"I felt ashamed because I was alone and no one to pay my bills, I had severe pains, and I was asked to receive blood and no one to help me with blood".

7.3 Experiencing Serve Pains

The women reported pains in the procedure and this made their experience very bad*:one participant revealed:" I was not happy because the procedure wasn't well explained to me and Also, I felt a lot of pains during the evaluation process and worse still family planning method I desired was not available."*

7.4 Shame

"I could not face the staff because of the shame, no family planning method was provided for me immediately, and I was linked to see a gynecologist but could not face them because of shame".

In essence, the women mentioned similar challenges although they witnessed them at different visits and with different severity of abortion state at the point of arrival.

8. DISCUSSION

This study was designed to assess women's experiences and challenges faced with post abortion care (PAC) services in Buea. The results showed that the majority of women in Buea did not use contraceptives for different reasons ranging from personal, spousal consent, ignorance, and the fear of side effects of contraceptive use. The low contraceptive use accounts highly for unwanted pregnancy cases which results in the decisions to induce. Most of these women involuntarily engage in induced abortion, highly driven by second party influence like the request from spouse/partner, disappointment from the spouse, and fear of parents' reactions; while some occur as a result of missed abortion. This could be accounted for by the fact that most of these women are single and do not have legal partners with whom to plan for their pregnancies. Most of them suffer the challenge of engaging in unsecured relationships when pregnancy comes untimely, as their partners either force them to abort or completely abandoned them to suffer as single parents. [16] Mentioned that the commonly identified causes of induced abortion in Africa might not be different in Cameroon. They range from; low contraceptive uptake, restrictive abortion laws, gender-based violence, economic hardships; among others; which lead to induced abortion. Also, in Cameroon, contraceptive uptake is still low among women despite the increase in the use of modern contraceptives from 21% in 2014 for women between 15-49 years [17].

Findings also revealed that despite the painful state most women find themselves in after induced abortion, some immediately seek medical care while others are either ignorant or reluctant to seek PAC services until they reach a life-threatening state. Some seek PAC services because of the feeling of being traumatized and the stigma that may accompany any underlying health complications. Nevertheless, others risk their lives while patiently waiting for a third-party approval from either their spouse/partners and parent especially those in unsteady relationships. There is a need for good quality post-abortion care in these countries to save lives and to minimize the long-term consequences of unsafe abortions. Hence, abortion complications are among the major reasons women seek emergency obstetric care [4]. The quality of PAC services received by most of these women was poor – merely emergency treatments. Other PAC activities like family planning counseling, provision of some modern contraceptive methods, linkages to other reproductive health care services like screening for sexually transmissible infections and gynecological cancers, [18]; were all absent. The absence of medical equipment accounted greatly for the standard of PAC services and a major and consistent bottleneck to healthcare access is the critical shortage and maldistribution of health care workers, with the majority of the practicing

physicians serving in the urban centers while the rural areas are understaffed though with the highest population [15,19]. Also, there is a shortage of midwives and nurses, with a health care population ratio of 1.07 (doctor, midwife, nurse) per 1000 population which is beyond the WHO standard of 2.3 per 1000 inhabitants) [20]. Cameroon is presently facing a growing crisis in the medical field due to an acute shortage of qualified personnel, especially medical doctors [21].

Prominent challenges women in Buea encounter in the use of PAC services are the pains associated with the procedure, the cost in acquiring the services/financial challenges, the absence of family planning methods, the shame in facing medical personnel, the absence of counselling before PAC to prepare the patients' mind and above all the non constant availability of blood for transfusion. Emergency services are not accessible, few paramedical staff is trained in PAC, patients arrive late and in poor condition [22]; services are not available on an emergency immediate basis.

9. CONCLUSION

The study established that most women in Buea engage in induced abortions because of the pressure to terminate an unwanted pregnancy; resulting from low contraceptives use. However, these women are forced to induce the abortion to avoid problems from their spouses/partners as well as establish peace with their parents to continue their education. The study also concluded that the quality of PAC services offered to women in Buea especially those who participated in this study was emergency treatment; void of important aspects like family planning counseling and provision of some modern contraceptives, linkage to other reproductive health care services, and facilitating their social reinsertion, thus preventing future unsafe abortion cases. This is basically due to the absence of medical facilities and restrictive abortion laws in the country.

RECOMMENDATIONS

As such, women in Buea be properly sensitized to enable them to know the true state of these various contraceptives vis a vis their side effects and how counselling prior to contraceptive use can minimize the side effects. The ignorance expressed by some women account to their nonuse of contraceptive; hence women and men should be sensitized intensely in settings like schools and markets possibly accompanied by the distribution of contraceptives like a condom which are less costly.

SPOUSAL CONSENT

Another key motive for the nonuse of contracptive from these participants was spousal consent. One of the women said she cannot use becaue the husband is not agreement. One of the women mentioned:"No, my husband doesn't like contraceptives", "I do not want my husband to be angry with me"; and another stated "Because I am not married and I'm not in a regular relationship"etc. the spousal consent is a predictor of whether some women use contraceptives or not. This means that the use of contraceptives would be probably high among these women if their husbands give their consent to the use of family planning.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Bongfen MC, Abanem EEB. Abortion practices among women in Buea: A socio-legal investigation. Pan Afr Med J. 2019;32:1–9.
2. El-Dairi M, House RJ. Optic nerve hypoplasia. Handbook of Pediatric Retinal OCT and the Eye-Brain Connection. 2019:285–7.
3. Cotter SY, Sudhinaraset M, Phillips B, Seefeld CA, Mugwanga Z, Golub G, et al. Person-centred care for abortion services in private facilities to improve women ' s experiences in Kenya. Cult Health Sex. 2021;23(2):224–39.
4. Ngowa JDK, Neng HT, Domgue JF, Nsahlai CJ, Kasia JM. Voluntary Induced Abortion in Cameroon: Prevalence, Reasons, and Complications. Open J Obstet Gynecol. 2015;05(09):475–80.
5. Mcharo EG. Factors Associated With Utilization of Post-abortion Care (PAC) Services in Tanzania: a Case Study of Temeke District of Dar es Salaam. 2016;19–180.
6. Leke R. Reducing Maternal Mortality

Through the Prevention of Unsafe Abortion and Their Complications in Cameroon. Int J Gynecol Clin Pract. 2018;5(1).
7. Schuster S. Women's experiences of the abortion law in Cameroon: "What really matters." Reprod Health Matters. 2010;18(35):137–44.
8. Pierre-Marie T, Gregory HE, Maxwell DI, Robinson EM, Yvette M, Nelson FJ. Maternal mortality in Cameroon: A university teaching hospital report. Pan Afr Med J. 2015;21:1–8.
9. Tripney J, Kavanagh J. Systematic review The impact of post-abortion care family planning counselling and services in low-income countries : a systematic review of the evidence by; 2011.
10. Woodruff K, Biggs MA, Gould H, Foster DG. Attitudes Toward Abortion After Receiving vs. Being Denied an Abortion in the USA. Sex Res Soc Policy. 2018;15(4):452–63.
11. Cockrill K, Weitz TA. Abortion Patients' Perceptions of Abortion Regulation. Women's Heal Issues. 2010;20(1):12–9.
12. Altshuler AL, Ojanen-Goldsmith A, Blumenthal PD, Freedman LR. A good abortion experience: A qualitative exploration of women's needs and preferences in clinical care. Soc Sci Med. 2017;191:109–16.
13. Erdman JN, Ronald B, Jr J. Access to knowledge and the Global Abortion Policies Database. ETHICAL Leg ISSUES Reprod Heal Access. 2018:120–4.
14. Arambepola C, Rajapaksa LC, Galwaduge C. Usual hospital care versus post-abortion care for women with unsafe abortion : a case control study from Sri Lanka. 2014;1–9.
15. Ik HIŞ, Ndifusah H. Health Care System And Health Financing Structure , The Case Of Cameroon. 2013;1(2).
16. World Health Organization. Abortion laws: Asurvey of current world legisation. Who; 1971.
17. URT. Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12. Ci [Internet]. 2013;3:1–70. Available:http://linkinghub.elsevier.com/retrieve/pii/S2214109X14703389%5Cnhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3990612&tool=pmcentrez&rendertype=abstract%5Cnhttp://www.nejm.org/doi/abs/10.1056/NEJMe1410977%5Cnhttp://www.ncbi.nlm.nih.gov/pubmed
18. Yegon E, Ominde J, Baynes C, Ngadaya E, Kahando R, Kahwa J, et al. The quality of postabortion care in Tanzania: Service provider perspectives and results from a service readiness assessment. Glob Heal Sci Pract. 2019;7:S315–26.
19. WHO, MOH A. Cameroon Health Analytical Report. 2016;23–143.
20. Amani A. The Health Workers Crises In Cameroon Institute of Public Health. Public Health; 2010.
21. Egbe EM. Country Report : The Healthcare System of Cameroon : Socio-Economic Characteristics ; Historical Context ; organizational & Financial Aspects ; Major Public Health Programs & Challenges ..Country Report : The Healthcare System of Cameroon : Socio-Econom. 2014;(May):1–15. Available:https://www.researchgate.net/publication/236166490_COUNTRY_REPORT_The_Healthcare_System_of_Cameroon_SocioEconomic_Characteristics_Historical_Context_organizational_Financial_Aspects_Major_Public_Health_Programs_Challenges_Strength_and_Weaknesses
22. Facts & figures; 2021.
23. El-Dairi M, House RJ. Optic nerve hypoplasia. Handbook of Pediatric Retinal OCT and the Eye-Brain Connection. 2019:285–7.
24. Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. Lancet Glob Heal. 2020;8(9):e1152–61.
25. Kongnyuy EJ, Ngassa P, Fomulu N, Wiysonge CS, Kouam L, Doh AS. A survey of knowledge, attitudes and practice of emergency contraception among university students in Cameroon. BMC Emerg Med. 2007;7.

Peer-review history:
The peer review history for this paper can be accessed here:
https://www.sdiarticle4.com/review-history/72515