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Women's and Healthcare Workers' Beliefs and Experiences Surrounding Abortion: The Case of Haiti

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Abstract

Purpose—Women in developing countries usually encounter serious inequities in terms of women's health. To date, there is limited understanding of abortion from the perspective of Haitian women. As a limited-resource country, Haiti faces complex social issues and healthcare challenges. With abortion being illegal, many adult and teenage women seek clandestine abortions. The aim of this study was to explore and gain a greater understanding of women's and healthcare workers' beliefs and experiences about abortion in Haiti.

Methods—Descriptive qualitative design was used to elicit information for the study. Eight focus groups were conducted with Haitian women and healthcare workers in five communities in the south of Haiti: Les Cayes, Aquin, St. Louis du Sud, Cavaillon, Maniche, and Ile a Vache. Participants were purposively selected and consented to participate and to be tape recorded. Content analysis followed using the verbatim transcripts, with triangulation of four researchers; saturation was reached with this number of focus groups.

Findings—The transcripts revealed six main themes regarding beliefs and experiences about abortion in Haiti: cultural aspects, consumers, perils of care, and legal concerns. Both women and healthcare workers discussed the repercussions of illegal abortion and the role of the government

and hospitals. Participants identified similar perils and complications of unsafe abortions, such as postpartum hemorrhage and infection.

Conclusions—Results showed an urgent need to create a public health response that addresses different dimensions of abortion by engaging women and healthcare providers in rapid and concrete actions that promote access and safe care of women. It is imperative to conduct more research related to abortion in order to examine other associated factors to better understand the links between abortion and sexual health disparities among Haitian women. These results highlight the need for a rapid response to the need of this vulnerable group, who are experiencing high rates of mortality. This can also serve as a directive to approach this issue in other developing countries in the Caribbean region, particularly from its clinical relevance.

Clinical Relevance—Unsafe abortions are prevalent in developing countries; yet limited research exists on the topic. It is paramount to gain an understanding of the women's and healthcare workers' beliefs and experiences surrounding abortion, in order to develop interventions that prevent abortion complications in Haitian women.

Keywords

Abortion; Haiti; health care; sexual health; women

Haiti, located on the western portion of the Caribbean island Hispaniola, faces many geopolitical and healthcare issues. Haiti carries the highest maternal mortality rate in the Western Hemisphere, and many women and children lack access to healthcare (WHO, 2015b). Various obstacles to access exist, including economics, transportation, and low ratios of healthcare providers to citizens. Haiti is one of the poorest countries in the world, with an annual gross national income per capita of \$820 in 2014 (The World Bank, 2015b), making economics a barrier to accessing health care (The World Bank, 2015a). According to the International Monetary Fund (2015), Haiti lacks infrastructure and an appropriate number of health professionals for each inhabitant. Data available from the World Health Organization (WHO, 2015c) show that in 1998 there were 0.25 physicians per 1,000 inhabitants and 0.107 nurses and midwifery personnel per 1,000 inhabitants, making it difficult for Haitians to find a healthcare provider.

The maternal mortality rate in Haiti is 380 deaths per 100,000 live births, compared to 85 deaths per 100,000 live births in the Latin American and Caribbean region (Pan American Health Organization, 2014). The adolescent fertility rate per 1,000 women was 65, based on the latest data available from 2009 (WHO, 2015a). In addition, no formal reports on abortion and its occurrence are available for the country. In particular, data about beliefs and practices as they relate to abortion in a country where it is an illegal practice could help illuminate some of the needs of the Haitian people (Martin, 2013). Because of the social stigma, unsafe abortions disproportionately affect developing nations, with more than 55% of abortions being performed in unsafe environments, compared to 92% of abortions in developed countries being performed in safe environments (Sedgh, Henshaw, Singh, Åhman, & Shah, 2007).

Haitian women state that abortion stigma prevents access to care, and following abortion women often present with symptoms for more than a week before pursuing necessary postabortion care (Berry-Bibee et al., 2014). Generally, Haitian women do not have access to contraception, abortion is illegal, and women who seek an abortion endure a social stigma both culturally and religiously (Maternowska, 2006).

Abortions in Haiti are governed by provisions of the Haitian Penal Code. The law regulating abortion is based on Article 317 of the French Penal Code of 1810. Under this law, any person performing an abortion is subject to imprisonment, and a medical professional who performs abortions is subject to forced labor (United Nations, 2011).

With the cultural beliefs and judicial rulings in Haiti making abortion both illegal and illicit, many women seek clandestine abortions. International studies have revealed unsafe conditions for women seeking abortions, with many women acquiring severe infections postabortion and needing to go to tertiary care facilities when possible, potentially increasing women's mortality (Berry-Bibee et al., 2014; Martin, 2013; Maternowska, 2006; Sundaram, Juarez, Bankole, & Singh, 2012).

In underdeveloped nations, such as Haiti, with strict abortion laws, women are susceptible to unsafe conditions for abortions. Often in these countries, women receive abortion services from people lacking the necessary skills and in environments deemed below the minimum medical standards. The legality of abortion plays a role in the safety of abortion procedures performed yet shows no correlation with the number of abortions performed (Sedgh et al., 2007).

Women feeling the burden of childrearing often resort to herbal remedies and other concoctions to terminate pregnancy (Editorial, 2009; Maternowska, 2006). Often, women with available funds go to a private hospital or clinic and receive an abortion with anesthesia. However, women without monetary resources resort to herbal potions and unsafe abortion practices. Additionally, while the law states abortion is illegal, it is unclear whether abortion is legal when saving the life of the mother. The Haitian Health ministry as of 2013 has been making an effort to address this lack of clarity (Martin, 2013).

The aim of this study was to reveal women's and healthcare workers' (HCWs') beliefs and experiences about abortion in the south of Haiti.

Methods

A qualitative descriptive design was used with focus groups as the data collection method. This technique was selected because it allows the researcher to stay close to the data and to the surface of words and events, while not penetrating their data at an interpretive depth (Sandelowski, 2000).

Setting and Participants

A convenience sample, consisting of 40 Haitian women and 39 HCWs, was recruited from communities located in the South of Haiti: Les Cayes, Aquin, St. Louis du Sud, Cavaillon, Maniche, and Ile a Vache. These communities were selected because they are the ones that

confront a huge burden related to maternal–child health morbidity and mortality in the south of Haiti.

Eligibility criteria for women included the following: (a) Haitian woman from 18 to 49 years old; (b) residing in one of the selected towns; and (c) having had at least one pregnancy in the past 10 years. Eligibility criteria for HCWs included the following: (a) Haitian HCW (e.g., nurses, physicians, technicians) and (b) practicing in one of the selected towns.

Eight focus groups, four with HCWs and four with women, were conducted. Saturation was used to determine the sample size (Office of Behavioral and Social Sciences Research, National Institutes of Health, 2001). When this was reached, the focus groups were discontinued. This project achieved saturation of data with eight focus groups.

Recruitment

Participants were recruited from healthcare centers, public places, and other community-based organizations in Les Cayes, Aquin, St. Louis du Sud, Cavaillon, Maniche, and Ile a Vache. Flyers were posted in health centers inviting HCWs to participate in the study. The flyers included the purpose of the study, eligibility criteria, and the time and date when the focus groups would be conducted. Two local Haitian female nurses trained by the research team recruited local women in the community and health centers. Using a script, the recruiters approached participants in these settings, introduced themselves, and asked potential participants if they were interested in the study. Once the eligibility of the participants was established and contact information collected, a time and date was scheduled to participate in a focus group. This study was approved by the Institutional Review Board of the University of Miami.

Data Collection

Data were collected through focus groups to obtain information about beliefs and experiences among participants who share common experiences and interests (Morgan, 1998). The focus groups were facilitated by a Haitian nurse and co-investigator experienced in focus group facilitation.

After obtaining consent, the facilitator conducted the focus groups using a semistructured guide, which allowed the focus group facilitators to cover similar areas with each focus group (Lofland, Snow, Anderson, & Lofland, 2005). The focus group is very useful for needs assessment and project evaluation purposes. Given their qualitative nature, focus groups allow researchers to look beyond the facts and numbers that might be obtained via other types of data collection (Leung & Savithiri, 2009). The questions chosen to guide the discussion were based on literature review, input from experts, and opinions from Haitian community leaders. The focus groups lasted an average of 60 min, and all of them were audio recorded. Active listening and sensitivity to the verbal and nonverbal responses of the study participants were important aspects considered by the facilitator. The facilitator responded neutrally to the participants throughout the focus groups, without influencing their answers (Patton, 2001).

Data Analysis

A trilingual (English, French, and Haitian Creole) native Haitian interpreter translated and transcribed the audio recordings directly into English (Cianelli et al., 2013, 2014). To help ensure accuracy and fidelity of the transcriptions and verify that there were no discrepancies between the Haitian Creole and English versions, the transcriptions were carefully reviewed by the native Haitian nurse who was member of the research team and who conducted the focus groups. The research team did not include any identifying information in the transcriptions. Research files were stored in a locked area, and digital files were saved in password-protected computers. Qualitative content analysis was used to recognize, code, and categorize patterns from text data (Patton, 2001; Sandelowski, 2000). More specifically, directed content analysis was used to analyze the transcripts from the focus groups (Hsieh & Shannon, 2005). A codebook and a coding sheet were developed to facilitate the coding process. Four research team members independently coded line by line, without input from others. At the point of completion, the results were compared and a 90% agreement of transcription was obtained between four members of the research team. The coders together determined the final themes and subthemes from the predetermined codes and new findings in the coding process.

Results

Six main categories emerged from the focus groups regarding abortion in Haiti: (a) cultural aspects, (b) specific circumstances where abortion is justified, (c) concealing abortions from others, (d) abortion complications, (e) abortion performer, and (f) legal concerns.

The 40 women participants ranged in age from 19 to 56 years, with a mean age of 32 years. Twenty-four women lived in rural settings and 16 lived in urban settings. Twenty-nine of the women had a partner, while 11 did not. The women's level of education ranged from grades 2 through 8, with a mean grade of 3.8.

A total of 39 HCWs participated in the study, ranging in age from 23 to 52 years, with a mean age of 33 years; the HCWs included 3 physicians, 16 nurses, 1 nurse midwife, 12 certified auxiliary nurses, 1 community health worker, and 5 personnel from other specialty areas.

Cultural Aspects of Abortion

In addition to the illegality of abortion, several cultural factors emerged from both the women and HCW focus groups as reasons why pregnant women would have a secret and unsafe abortion. One of the women stated, "Abortion is a bad thing, so nobody will talk to you openly about that." Regarding the social stigma associated with having an abortion, one of the women participants made the following observation:

It's very hard to know because they will not tell you. Even though they do it, they will not let you know. They will not let other people learn about it. In the future, they can be criticized for having done an abortion.

The majority of the women participants across all focus groups indicated that women who had abortions did so mainly due to economic reasons. One participant explained, "Besides

teenagers, adults also do abortion. I have a friend who has six children. She didn't want to have more. So every time she is pregnant, she drinks some pills that allow her to terminate the pregnancy early." Another added, "They have economic problems. They don't want to have more children."

Concerning their personal views of abortion, a vast majority of the HCWs had a negative view. One HCW noted,

I think it's a bad thing. When women came to me and ask me if we perform abortion, I always answer no. I tell them that they have knocked on the wrong door. Here, we take care of people but we don't destroy people's life. Our job is to help women give birth.

Regarding teenage girls who choose to have abortions, social stigma and religious belief were major contributing factors mentioned by the participants in the study. One HCW gave the following reasons as to why a teenage girl may want to have an abortion: "First of all, she doesn't want to lose a year of school; second, she doesn't want to have problems with her parents; finally, she doesn't want her classmates to know she is pregnant." Another HCW shared that based on her personal survey, "90% of induced abortion was perpetrated by teenagers." She continued to explain why teenagers have abortions: "They would be in big trouble if their parents know they are having sex. According to their religious belief, only married couples should have sex. Therefore, they use abortion as a birth control method."

Specific Circumstances Where Abortion Is Justified

Though women in the focus groups expressed hard stances regarding abortions, there appeared to be some ambivalence regarding their perceptions, ideas, and beliefs about the situations in which abortion may happen. A woman participant stated, "There are circumstances where they should be allowed to do that [abortion], like when a woman has five or six children and don't want to have more." In the focus groups conducted with HCWs, some also expressed that abortion is justified in certain situations. Commenting on adult women who have abortions, the HCWs mentioned economics as a major factor. One HCW stated,

Some adults choose to have abortion because of their economic situation.... They decide to terminate the pregnancy because they think that if they have one more [child] they won't be able to take care of him since they already have three or four.

Another HCW gave the example of a woman "who had six children but didn't want to have a seventh one."

Concealing Abortions From Others

It is important to note that the majority of the women and HCWs participating in the focus groups expressed that it was mostly teenagers and young people who had abortions. One HCW stated that teenagers having abortions are ages "from 15 to 20." A woman participant placed the age of girls "from 10 to 16 years old." The woman participant further expounded,

Yes, there are girls who have their period since 9 years old. If they start having sex early, they can get pregnant. Since they don't want their parents and their schoolmates or teachers to know about it, they try to find a way to get rid of the fetus.

Another woman participant noted, "The girls, they don't think before having sex. They just want to have fun. When they get pregnant, they get scared and that's when they want to do abortion."

Abortion Complications

Participants in the women's focus group identified similar perils and complications of unsafe abortions as described by the HCWs: hemorrhage, infection due to fetal remains, sepsis, uterine perforation, infertility, and death. One woman stated, "When the abortion is performed by a matron [traditional birth attendants], she gives her a potion to drink. This potion can cause the woman to bleed." Another woman noted, "Women can also die after drinking the portion given by the matron." A woman pointed out that "hemorrhage is one of the reasons. If it's a late abortion, the remains of the fetus can stay inside the woman's body and causes infection." Another woman participant shared the following: "I know a teenager who died as a result of an abortion.... The healthcare professionals found remains of the fetus inside her body. After a few days she died."

Ways Abortions Are Practiced

HCWs across all focus groups indicated that abortions are mainly performed under unsafe conditions. The abortions are performed either by the pregnant women themselves or charlatans. Women seeking to have abortions often resort to dangerous methods to induce an abortion, such as potions made of leaves and herbs, "pills," and nonsterile instruments such as hangers. This often results in serious complications. One HCW stated, "Sometimes they contact a traditional medical doctor who gives them some potion made of leaves and herbs." Another HCW added,

Besides that, there is also a pill that is sold in the pharmacy, and used by a lot of women. However, this pill is not designed for that. They use it because the side effect of this pill is abortion.

Elaborating on who performs abortions, one HCW stated, "They always get help from someone to buy the pills or to use the hanger. However, this person is never a healthcare worker." The major complications overwhelmingly reported by HCWs across the focus groups were exemplified by one HCW stating that "the complications range from hemorrhage, infection, uterine perforation and atony, and even loss of the uterus." This coincides with the complications mentioned by women participating in the focus groups as well.

Legal Concerns About Abortion

The majority of the women in the focus groups gave similar comments about why women did not talk openly about abortion. One woman said,

It is very hard to know [who has abortions] because they [women] will not tell you. Even though they do it, they will not let you know. They will not let people learn about it. In the future, they can be criticized for having done an abortion.

Women in the focus groups also discussed the role of the government and hospitals in issues related to abortion and asked for a more active role from them. Comments from women in relation to the government's role in abortion included the following: "the hospitals should stop performing abortions"; "the government knows about people who sell pills or knows the places where abortions are performed, they should close them"; and "the government should arrest and put in jail people who perform abortion and those who sell those types of pills."

Many HCWs expressed knowledge of the consequences of abortion and the illicit character of it. One HCW mentioned, "Abortion is illegal in Haiti, if a woman wants to have an abortion it has to be clandestine. If the state knows about it, this woman could be prosecuted." Additionally, another HCW stated, "I think some people do it [abortion], but secretly." Shrouded in fear, the topic of abortion or access to a safe abortion is not openly discussed, as one HCW explained:

We have to remember that abortion is a clandestine activity. Therefore, if a woman wants to have an abortion, she has to do it in a secret location. Nobody, besides the persons involved in the abortion, will know about it.

One participant noted, "You could try to find out [where they go for abortions] but that will be a waste of time. You will never know."

Discussion

This study is the first qualitative study conducted in Haiti that examines abortion. Our study's findings contribute to the knowledge regarding abortion and have important implications for public health and the reproductive rights of women in Haiti. Considering the lack of research that has targeted abortion, being able to understand the women's and HCWs' beliefs and experiences about abortion is paramount in developing culturally tailored interventions to prevent abortion complications in Haitian women.

Abortion in Haiti is illegal and is a culturally unacceptable practice that remains a taboo subject. The illegality of abortion is related to social stigma, cultural beliefs, and religion (Maternowska, 2006). Despite the fact that abortion is illegal, women participants in this study placed the legal responsibility for abortions on the government, hospitals, and HCWs. In contrast, the HCWs saw the women as responsible for abortions and therefore believed the women should face the legal ramifications.

The women and HCW participants recognized an increase in the number of abortions performed and the number of serious complications resulting from abortion among the teenage population. This places teenagers at an increased risk of morbidity and mortality in relation to abortions performed in Haiti. This situation is similar to the one described by the United Nations Population Fund (2004).

Because of the illegality of abortion, participants noted that often the abortions are done clandestinely and in unsafe and deplorable conditions in Haiti. This places women at risk for complications, disability, and death (WHO, 2012). Women often resort to herbal remedies and pharmaceutical interventions. Traditional medicine in Haiti is still frequently practiced; at least 20 plants that supposedly have contraceptive and abortifacient properties are reported to be in use, and some women reportedly have used high doses of antimalarial drugs (Prins, Kone, Nolan, & Thatte, 2008). HCWs often do not reach the women until they require postabortion care, and it is routinely provided as part of obstetrical care (Prins et al., 2008). To enable every Haitian woman to have access to high-quality abortion services, before, during, and after the procedure, policies must be developed to protect them. In this regard, policies and the legal environment should encompass protecting the human rights of women and respecting them as individuals, coupled with policies and public health practices that grant women access to high-quality contraceptive and family planning services, regardless of age, socioeconomic status, and location (WHO, 2012).

Conclusions

Unsafe abortions are concentrated in developing countries and those that have judicial systems unfavorable to the legality of abortion; nonetheless, there is a responsibility from healthcare providers to acknowledge their role in protecting women's health. The results of this study show an urgent need to react to what is happening with women in Haiti. A public health response that incorporates and addresses different dimensions of abortion, engaging women and healthcare providers in public health interventions, is needed.

Haiti's government, international agencies, and HCWs have the unique opportunity to develop and implement sexual health interventions designed for Haitian women, in general, and for teenagers, in particular, to decrease abortions and their complications.

It is imperative to conduct more research related to abortion in order to examine other factors associated with abortion and to gain a better understanding of the links between abortion and sexual health among Haitian women. A quick response can help this vulnerable group, who are experiencing high rates of mortality. This can also serve as a directive to approach this issue in other developing countries in the Caribbean region, particularly from its clinical relevance.

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