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POST ABORTION COUNSELLING METHOD AND EMOTIONAL COUNSELLING METHOD

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ABSTRACT: *This study was designed to investigate Post Abortion Counselling Method and Emotional Counselling among Mothers in Cross River State, Nigeria. The selection was done through the sampling and purposive sampling technique. The questionnaire (called SMCQ) was the instrument used for data collection. The instrument was subjected to face validity by one expert in guidance and counselling and two experts in measurement and evaluation in the Faculty of Education, University of Calabar. The reliability estimate of the instrument was established through the Cronbach Alfa reliability method. One-way analysis of variance (ANOVA) was the statistical analysis technique adopted to test the hypotheses under study. All hypotheses were subjected to testing at .05 level of significance. From the data analysis, the researcher found that post abortion counselling and emotional counselling methods significantly influence safe motherhood practices among women of reproductive age. Based on the findings of the study, the researcher recommended among others that women considered health facilities as not fully prepared to provide respectful maternal care. The researcher noted that when women are treated disrespectfully, these poor treatment discourages them from taking counselling and practising safe motherhood.*

KEYWORDS: Post abortion counselling method and emotional counselling, counselling method, prevention of mother to child transmission (PMTCT).

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INTRODUCTION

Post Abortion Counselling Method and Safe Motherhood Practices

Counselling after an abortion requires that most women will have a follow-up appointment in which they talk to a counsellor or health professional. They will normally discuss their physical and emotional recovery and go over options for contraception. The World Health Organization (WHO) estimated that 10-50 percent of women who undergo unsafe abortions require medical care (WHO, 2009). Post abortion counselling is needed to enable mothers know that help is available when they visit the health facilities. Unsafe abortion, however, is 'any procedure used for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards, or both" (WHO, 2008; Sedgh, Bearak & Bankole, 2016). In investigations conducted by Sedgh (2016), Levels (2014), Boland (2008) and Faundes (2008), they stated in previous works that unsafe abortion can lead to the termination of a woman's life, infertility and fatality.

The researcher communicated that death toll among mothers will also increase over decades due to abortion sepsis (Lancet, 2016). Okonofua, Onwudiehwu and Odunsi (2002) conducted a study in Ile Ife, Nigeria on induced illegal cases of abortion based on 74 studies. Seventy-four women with complications of induced abortion were studied prospectively at the Obafemi Awolowo University, Nigeria. Twenty of the women were interviewed privately to elicit confidential information and also to determine their attitudes to contraception counselling and usage and their response to the Nigerian national abortion law.

Interviews with the women revealed that most of them had knowledge of contraception counselling and services but were unwilling to use it because of wrong information. However, when women refuse to make use of contraception, the likelihood of abortion sepsis would increase and thereby increase the likelihood of maternal death toll. Bonet, Nogueira and Pleggi (2017) posited that there is a need for a clear and actionable definition of maternal sepsis, in order to better assess the burden of this condition. Bonet, Nogueira and Pleggi (2017) reiterated that maternal sepsis occurs when the body's response to infection damages its own organs and tissues, and if not recognized and treated, early sepsis can progress to shock and death.

Peach, Christopher Morgan and Michelle (2021) admitted that the global pregnancy rate decreased only slightly from 2008 to 2012, after declining substantially between 1995 and 2008, and eighty-five million pregnancies, representing 40 percent of all pregnancies, were unintended in 2012. Of these, 50 percent ended in abortion, 13 percent ended in miscarriage, and 38 percent resulted in an unplanned birth. For intended and unintended pregnancies worldwide in 2012 in a survey of 213 million pregnancies, the global pregnancy rate decreased only slightly from 2008 to 2012, after declining substantially between 1995 and 2008 (Peach, Christopher Morgan & Michelle, 2021).

Mellerup, Sorensen and Kuriigamba (2015) posited that unsafe abortions are estimated to account for 13% of maternal deaths globally. Mellerup, Sorensen and Kuriigamba (2015) brought forward that a large number of short- and long-term complications are as a result of improperly carried out abortion. An estimated 21.9 million unsafe abortions are performed in the world annually and 97 percent of these occur in low-income countries. Africa is responsible for the second largest proportion of unsafe abortions (44 percent), and the highest rates globally (18–39 per 1,000 women). Ansari, Zainullahi and Kim et al. (2015) posited that complications

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of abortion are one of the leading causes of maternal mortality worldwide. Abortion laws of many countries are restrictive, leaving women no choice other than to procure unsafe abortion (Grimes, Benson, Singh, Romero, Ganatra, Okonofua & Shah, 2006) and (World Health Organizaton, 2008–2011, Raseh, 2011).

The main independent variables for this study were:

Post abortion counselling method

Emotional counselling method.

Summary data and one-way ANOVA of the influence of post abortion counselling method on safe motherhood practices among women of reproductive age (N=586)

Table 1

Post abortion counselling method	N	$\bar{x}$	SD		
Low – 1	176	35.1818	3.06891		
Moderate – 2	236	36.6144	3.19169		
High – 3	174	36.4195	2.87542		
Total	586	36.1263	3.12165		
Source of variance	SS	df	Ms	F	Sig of F
Between group	228.189	2	114.094	12.155	.000
Within group	5472.466	583	9.387		
Total	5700.655	585			

* Significant at .05 level, p-value = .000, df = 2, 586.

The result in Table 1 revealed that the calculated F-value of 12.155 is higher than the p-value of .000 at .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result therefore implied that, post abortion counselling method significantly influenced safe motherhood practices among women of reproductive age. Since post abortion counselling method had a significant influence on safe motherhood practices among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

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Table 2: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of post abortion counselling method on safe motherhood practices among women of reproductive age

LSD

(I) Post abortion counselling method	(J) Post abortion counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-1.43259(*)	.30514	.000
	High	-1.23772(*)	.32754	.000
Moderate	Low	1.43259(*)	.30514	.000
	High	.19487	.30614	.525
High	Low	1.23772(*)	.32754	.000
	Moderate	-.19487	.30614	.525

* The mean difference is significant at the .05 level

The result of the analysis in Table 2 showed that women whose post abortion counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose post abortion counselling method was either moderate or high. Also, women whose post abortion counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

Post abortion counselling, emotional counselling methods: referral counselling methods and financial counselling methods.

Emotional Counselling and Safe Motherhood Practices

Emotional counselling and disclosure (ED) is a term used to describe the therapeutic expression of emotional counselling (ED). It underlies a variety of therapies aimed at improving well-being for various populations, including people with palliative-stage disease and their family cares. McGowan (2018) stipulated that to optimize maternal health, all women must have access to high quality counselling and care before, during and after childbirth. To complement the 2016 antenatal care (WHO, 2016) recommendations, the World Health Organization (WHO, 2016) has published new recommendations on intrapartum care for a positive childbirth experience.

In a quantitative interpretative study conducted by Mills and others (2021) (in Wood & Lavender, 2020) in Nairobi, Western Kenya, the study investigated mother's life experience of facility counselling usage and support following stillbirth in an urban and rural facility. A purposive sample of 75 women and 59 men, who had experienced the stillbirth of their baby (≤1 year previously) and received care in the included facilities, was taken. In an in-depth interview, the study was analyzed using Van Manen's reflexive approach findings; it revealed that parents in Kenya and Uganda were not always treated with compassion and lacked the care or support they needed after the death of their baby. The researcher noted that there is an urgent

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need to institute care and compassion in supporting bereaved parents, with appropriate interventions provided alongside community support for African parents.

Asefa, Bekele, Morgan and Kermode (2013) noted a service providers' experiences of disrespectful and abusive behavior towards women during facility based childbirth in Addis Ababa, Ethiopia**.** A facility based cross-sectional study was conducted in August 2013. The result showed that **t**he majority (83.7 percent) of the female participants were aged <30 years (mean = 27.25 ± 5.45). The majority of the participants (79.6 percent) believed that lack of respectful care discouraged pregnant women from coming to health facilities for delivery. The findings of the study provided that most service providers from these facilities had witnessed disrespectful treatment during childbirth, and recognized that such practices have negative consequences for mothers using health facilities.

In a study conducted by Gebremichael, Worku, Medhanyie, Edin and Berhane (2018), women suffer more from disrespectful and abusive care than from the labour pain itself, in a qualitative study from women's perspective. Biomed Central (BMC) pregnancy and childbirth (2021). Findings showed that counselling of institutional delivery services could be hampered by women's experiences of disrespectful and abusive care during childbirth. A qualitative phenomenological study was conducted in Tigray, Ethiopia. A semi-structured discussion guide was used to elicit the discussion. The study participants described disrespect and abuse as serious obstacles to counselling and maternal health services. Women considered health facilities as not fully prepared to provide respectful maternal care. Positive birth means a birth in which a woman feels she has freedom of choice, access to accurate information, and that she is in control, powerful and respected.

Positive birth according to Rosand, Slinning and Eberhard-Gran (2011) is about approaching birth realistically, having genuine choice, and feeling empowered by your experience. Røsand, Slinning and Eberhard-Gran (2011) carried out a study in Norway, a research on partner relationship satisfaction and maternal emotional distress in early pregnancy. Pregnant women enrolled in the Norwegian mother and child cohort study, and emotional distress was estimated by multiple linear regression analysis. Findings revealed that relationship dissatisfaction was the strongest predictor of maternal emotional distress (β = 0.25). To further buttress the emotional distress mothers encounter when pregnant, Taheri, Takian and Taghizadeh (2018) carried out a study on creating a positive perception of childbirth experience in a systematic review and meta-analysis of prenatal and intrapartum interventions. In a randomized controlled trial of interventions in pregnancy or labour result after screening of 7832 titles/abstracts, 20 trials including 22,800 participants from 12 countries were included. Findings divulged that the most effective strategies for creating a positive birth experience are supporting women during childbirth.

In support of the previous study Nilsson, Thorsell, Hertfelt Wahn and Ekströ (2013) in "Factors Influencing Positive Birth Experiences of First-Time Mothers" reported on the description of first-time mothers' experiences and reflections of their first birth. This study was part of a larger study which was carried out in South Western Sweden in 2008. A qualitative method with content analysis was chosen for this study. The unit of data was 14 written narratives from the first-time mothers according to Gebremichael, Worku, Medhanyie, Edin and Berhane (2018), a study in Tigray, Ethiopia. The study pointed out that women suffer more from disrespectful and abusive care than from the labour pain itself, in a qualitative study from women's perspective. The research circulated that counselling on institutional delivery services

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could be hampered by women's experience of disrespectful and abusive care during childbirth, in a qualitative phenomenological study. A semi-structured discussion guide was used to elicit the discussion. Data were analyzed using thematic analysis approach assisted by the open code qualitative data management software. The investigation revealed described participants disrespect and abuse as serious obstacles to accessing maternal counselling and health services.

Moreso, women considered health facilities as not fully prepared to provide respectful maternal care. Shimoda, Horiuchi, Leshabari and Shimpuku (2018) conducted a research study on midwives' respect and disrespect of women during facility-based childbirth in urban Tanzania, a qualitative descriptive study. The result revealed that all the 14 midwives showed both respectful and disrespectful care and some practices that have not been explicated in previous reports of women's experiences. Findings showed that both respectful care and disrespectful care of midwives were observed in the two health facilities in urban Tanzania. The researcher explained that to promote respectful care of women, pre-service and in-service training, improvement of working conditions and environment, empowering pregnant women, and strengthening health policies are crucial.

In Sando, Ratcliffe and McDonald (2016), in a research conducted on the prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania, the method adopted was postpartum interviews immediately before discharge from the facility with 1914 systematically sampled women with follow-up interviews of 64 women four to six weeks post-delivery. During postpartum interviews, 15% of women reported experiencing at least one instance of depression and anxiety. The prevalence of disrespect and abuse during facility-based childbirth in health facilities has deterred mothers from using the system. Fair brother, Young and Janseen (2015) disclosed that mood and anxiety and related disorders (AD) account for a significant proportion of mental health conditions. Ishola, Owolabi and Filippi (2017) reported that disrespect and abuse of women during childbirth in Nigeria is at an "epidemic" level.

A systematic review was conducted in a qualitative synthesis using the Bowser and Hill landscape analytical framework on disrespect and abuse of women during childbirth. Fourteen studies were included in this review, a qualitative study with a mixed method approach. Findings showed that this systematic review documented a broad range of disrespectful and abusive behavior experienced by women during childbirth in Nigeria, their contributing factors and consequences to negative birth outcomes, and how this menace should be seriously looked into and remedied. Maternal emotional counselling serves as a needed skill employed to ensure that mothers do not fall into postpartum depression during the postpartum period or slip into anxiety at the facility during or after delivery. In the face of this acute challenge, numerous research studies have been conducted which include a similar study by Bohren, Vogel, Hunter and Lutsiv (2015) conducted on the mistreatment of women during childbirth in health facilities globally. A mixed-methods systematic review was carried out finding which showed that this systematic review presented a comprehensive, evidence-based typology of the mistreatment of women during childbirth in health facilities globally, and demonstrated that mistreatment can occur at the level of interaction between the woman and provider, as well as through systemic failures at the health facility and health system levels.

Wikipedia (2021) declared that giving birth and bringing a baby into the world is generally considered a time of happiness. As a new parent, however, not all mothers might experience this straight away. Often, parents go through a period of exhaustion, shock and stress following

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the birth of their baby, and may initially feel emotional and tearful as they come to terms with such a life-changing experience. This period of 'baby blues' is very common among new parents and usually only lasts for a few weeks. For some though, baby blues develop into a much deeper and longer-term form of depression known as postnatal depression (PND) (Bohren, Vogel & Hunter, 2015). In Meghan and Bohren (2015), the global mistreatment of pregnant women and women that are at the verge of delivery is heartbreaking and at the global level, there is no consensus on how this mistreatment is defined and measured.

Due to this global problem that drastically affects mothers and their usage of the health facility, counselling as a helping service will encourage and foster mothers into forging ahead to still have their babies in the facility and have positive outcomes. Counselling falls under the umbrella term 'talking therapies' and allows people to discuss their problems and any difficult feelings they encounter, in a safe, confidential environment. The term can mean different things to different people, but in general, it is a process people seek when they want to change something in their lives or simply explore their thoughts and feelings in more depth.

What is postnatal depression? Medical dictionary (2021) defined postnatal depression as a condition that usually develops within the first year following the birth of a baby, either gradually or suddenly. It affects one in 10 women and one in 10 men. Postnatal depression tends to be triggered (Basto, Furuta, Small, McKenzie-McHarg & Bick, 2015). A meta-analysis was conducted; the population of women contributing data to each outcome varied from 102 to 1745. The result was based on two trials, respectively. Findings unveiled that among women who experienced a distressing or traumatic birth, there was no evidence of an effect of psychological debriefing on the prevention of PTSD (measured by the MINI-PTSD) at four to six weeks postpartum (RR 1.15; 95 percent CI 0.66 to 2.01; n = 102) or at six months (RR 0.35; 95 percent CI 0.10 to 1.23; n = 103). Despite growing recognition of neglectful, abusive and disrespectful treatment of women during childbirth in health facilities, there is no consensus at the global level on how these occurrences are defined and measured (Meghan, Bohren & Joshua, 2015).

Bohren, Hofmeyr, Sakala, Fukuzawa and Cuthbert (2019), in a qualitative research, maintained in continuous counselling and support for women during childbirth (2017) that historically, women have generally been attended and supported by other women during labour in cluster-randomised trials comparing continuous support during labour with usual care. The findings from the study included a total of 27 trials, and 26 trials involving 15,858 women provided usable outcome data for analysis. Kobayashi, Hanada, Matsuzaki, Takehara, Ota, Sasaki, Nagata and Mori (2017) in Tanzania conducted an investigation on the assessment and counselling support received by mothers during early labour for improving birth outcomes in a cochrane database system review. In the progress of labour, the early or latent phase is usually slow and may include painful uterine contractions.

Women may feel distressed and lose their confidence during this phase. For randomised controlled trials of any assessment or support intervention in the latent phase of labour, cluster-randomised trials were used. Findings revealed that the study included five trials with a total of 10,421 pregnant women in this review update (Apgar scored less than seven at five minutes: RR 1.07, 95 percent CI 0.64 to 1.79; 4989 infants, moderate-quality evidence). Findings revealed that emotional counselling interventions will increase maternal satisfaction with giving birth.

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Research Question

1. To what extent does post-abortion counselling method influence safe motherhood practices among women of reproductive age?

2. To what extent does emotional counselling method influence safe motherhood practices among women of reproductive age?

Hypotheses

1. Post-abortion counselling method does not significantly influence safe motherhood practices among women of reproductive age.

2. Emotional counselling method does not significantly influence safe motherhood practices among women of reproductive age.

The main independent variables for this study were:

Post abortion counselling method

Emotional counselling method.

METHOD

Summary data and one-way ANOVA of the influence of post abortion counselling method on safe motherhood practices among women of reproductive age (N=586)

Table 1

Post abortion counselling method	N	$\bar{x}$	SD		
Low – 1	176	35.1818	3.06891		
Moderate – 2	236	36.6144	3.19169		
High – 3	174	36.4195	2.87542		
Total	586	36.1263	3.12165		
Source of variance	SS	df	Ms	F	Sig of F
Between group	228.189	2	114.094	12.155	.000
Within group	5472.466	583	9.387		
Total	5700.655	585			

* Significant at .05 level, p-value = .000, df = 2, 586

The result on Table 18 revealed that the calculated F-value of 12.155 is higher than the p-value of .000 at .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result therefore implied that, post abortion counselling method significantly influenced safe motherhood practices among women of reproductive age. Since post abortion counselling method had a significant influence on safe motherhood practices

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among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

Table 2: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of post abortion counselling method on safe motherhood practices among women of reproductive age

LSD

(I) Post abortion counselling method	(J) Post abortion counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-1.43259(*)	.30514	.000
	High	-1.23772(*)	.32754	.000
Moderate	Low	1.43259(*)	.30514	.000
	High	.19487	.30614	.525
High	Low	1.23772(*)	.32754	.000
	Moderate	-.19487	.30614	.525

* The mean difference is significant at the .05 level

The result of the analysis in Table 5 showed that women whose post abortion counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose post abortion counselling method was either moderate or high. Also, women whose post abortion counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

Table 3: Summary data and one-way ANOVA of the influence of emotional counselling method on safe motherhood practices among women of reproductive age (N=586)

Emotional counselling method	N	$\bar{x}$	SD
Low – 1	74	35.5000	2.51707
Moderate – 2	329	35.7903	3.36523
High – 3	183	36.9836	2.69610
Total	586	36.1263	3.12165

Source of variance	SS	df	Ms	F	Sig of F
Between group	200.676	2	100.338	10.636	.000
Within group	5499.980	583	9.434		
Total	5700.655	585			

* Significant at .05 level, p-value = .000, df = 2, 586

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The result on Table 3 revealed that the calculated F-value of 10.636 is higher than the p-value of .000 at .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result therefore implied that, emotional counselling method has a significant influence on safe motherhood practices among women of reproductive age. Since the emotional counselling method had a significant influence on safe motherhood practices among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

Table 4: Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of post abortion counselling method on safe motherhood practices among women of reproductive age

LSD

(I) Post abortion counselling method	(J) Post abortion counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-1.43259(*)	.30514	.000
	High	-1.23772(*)	.32754	.000
Moderate	Low	1.43259(*)	.30514	.000
	High	.19487	.30614	.525
High	Low	1.23772(*)	.32754	.000
	Moderate	-.19487	.30614	.525

* The mean difference is significant at the .05 level

DISCUSSION OF FINDINGS

Post abortion counselling method and safe motherhood practices among women of reproductive age

The result of the seventh hypothesis revealed that there is a significant influence of post abortion counselling method on safe motherhood practices among women of reproductive age.

The finding of this hypothesis is in line with the view of WHO (2009) that post abortion counselling is needed to enable mothers know that help is available when they visit the health facilities. Unsafe abortion, however, is 'any procedure used for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standards, or both. The researcher in consonance with Faundes (2008) also stated in previous works that unsafe abortion can lead to the termination of a woman's life, infertility and fatality. In support of Angèle, Abel and Jacques (2021), the researcher agreed in accordance to the finding of the study that in improving the physical, mental and social health of mothers, their babies and their households would be placed at an advantage.

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Emotional counselling method and safe motherhood practices among women of reproductive age

The result of the eighth hypothesis indicated that there is a significant influence of emotional counselling methods on safe motherhood practices among women of reproductive age. The findings of this hypothesis are in agreement with the view of Asefa, Bekele, Morgan and Kermode (2013). The researcher noted from the findings that women who had experienced disrespectful practices during childbirth perhaps may not return to use the facilities. As epitomized by Gebremichael, Worku, Medhanyie, Edin and Berhane (2018), the study indicated that counselling on institutional delivery could be hampered by women's experience of disrespectful and abusive care during childbirth. The researcher pointed out that women considered health facilities as not fully prepared to provide respectful maternal care. Gebremichael, Worku, Medhanyie, Edin,l and Berhane (2018) they evinced that positive birth means a birth in which a woman feels that she has freedom of choice, access to accurate information, and that she is in control, powerful and respected. The disrespectful treatment the researcher observed would discourage women from taking counselling and practicing safe motherhood.

The main independent variables for this study were:

Post abortion counselling method

Emotional counselling method.

METHOD

Table 3: Summary data and one-way ANOVA of the influence of Emotional counselling method on safe motherhood practices among women of reproductive age (N=586)

Emotional counselling method	N	$\bar{x}$	SD
Low – 1	74	35.5000	2.51707
Moderate – 2	329	35.7903	3.36523
High – 3	183	36.9836	2.69610
Total	586	36.1263	3.12165

Source of variance	SS	df	Ms	F	Sig of F
Between group	200.676	2	100.338	10.636	.000
Within group	5499.980	583	9.434		
Total	5700.655	585			

* Significant at .05 level, p-value = .000, df= 2, 586

The result on Table 3 revealed that the calculated F-value of 10.636 is higher than the p-value of .000 at .05 level of significance with 2 and 586 degrees of freedom. With this result, the null hypothesis was rejected. This result therefore implied that, emotional counselling method has a significant influence on safe motherhood practices among women of reproductive age. Since the emotional counselling method had a significant influence on safe motherhood practices

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among women of reproductive age, a post hoc analysis was employed using Fishers' Least Significant Difference (LSD) multiple comparison analysis.

Table 4

Fishers' Least Significant Difference (LSD) multiple comparison analysis of the influence of emotional counselling method on safe motherhood practices among women of reproductive age

LSD

(I) Emotional counselling method	(J) Emotional counselling method	Mean Difference (I-J)	Std. Error	Sig.
Low	Moderate	-.29027	.39517	.463
	High	-1.48361(*)	.42313	.000
Moderate	Low	.29027	.39517	.463
	High	-1.19333(*)	.28324	.000
High	Low	1.48361(*)	.42313	.000
	Moderate	1.19333(*)	.28324	.000

* The mean difference is significant at the .05 level

The result of the analysis in Table 21 showed that women whose emotional counselling method was low were significantly different in their safe motherhood practices among women of reproductive age from those whose emotional counselling method was either moderate or high. Also, women whose emotional counselling method was moderate were significantly different from those who were high in safe motherhood practices among women of reproductive age.

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