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*Knowledge and perception on the new abortion law in Rwanda:
Health professionals and clients' perspectives*

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KNOWLEDGE AND PERCEPTION ON THE NEW ABORTION LAW IN RWANDA: HEALTH PROFESSIONALS AND CLIENTS' PERSPECTIVES.

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ABSTRACT

OBJECTIVE: To assess the knowledge and perceptions about the new abortion law in Rwanda among health professionals and clients seeking abortion services.

METHODS: This was a cross-sectional study whose participants were healthcare professionals and women consulting for abortion care services at Muhima district hospital , Kacyiru district hospital and Kigali university teaching hospital. After getting an informed written consent, participants were interviewed using a data collection form, data were recorded on a questionnaire and entered in SPSS V 22 for analysis.

RESULTS: 697 Participants made of 424 patients with abortion and 273 healthcare providers were recruited in this study. Within the group of patients 78.3% knew that “any person who self-induces an abortion commits an offence”, 30.2% knew all 5 exemptions for criminal liability and 0.9% knew that the pregnancy should be less than 22 weeks of gestation for safe abortion. For patients’ perceptions, 50.5% of patients would vote for exemption of criminal liability for the person having abortion who “had become pregnant after being subjected to a forced marriage” and 97.2% would vote for exemption of criminal liability if “the pregnancy puts at risk the health of the pregnant person or of the foetus”.

For healthcare providers, 46.9% knew all 5 exemptions for criminal liability and 29.3% knew that the pregnancy should be less than 22 weeks of gestation for safe abortion. For perception, 9.5% of participants would vote for exemption of criminal liability for the person having abortion who “become pregnant as a result of incest up to the second degree” and 65.6% would vote for exemption of criminal liability if “the pregnancy puts at risk the health of the pregnant person or of the foetus”. 81.7% of healthcare professionals reported personal belief as a barrier for execution of abortion law.

CONCLUSION: Gaps in knowledge and perception of both health professionals and clients are evident. Effort should be made to improve the knowledge of patients and healthcare providers in regard to knowing all 5 exemptions for criminal liability and knowing that the pregnancy should be less than 22 weeks of gestation for safe abortion. Measures addressing the healthcare providers’ personal belief should be initiated to address barriers for execution of the new amended law governing abortion.

TABLE OF CONTENT

ABSTRACT.....	ii
TABLE OF CONTENT.....	iii
LIST OF TABLES.....	iv
LIST OF ABBREVIATIONS.....	v
DEDICATION.....	vi
ACKNOWLEDGEMENT.....	vii
INTRODUCTION.....	1
METHODOLOGY.....	2
RESULTS.....	4
DISCUSSION.....	6
CONCLUSION.....	7
REFERENCES.....	8
APPENDIX:.....	10
APPENDIX I: TABLES.....	10
APPENDIX II: QUESTIONNAIRE.....	0
APPENDIX 3: CONSENT FORM.....	9
APPENDIX 4: IRB APPROVAL.....	13

LIST OF TABLES

Table 1: Patients Demographics	10
Table 2: Knowledge of patients on new abortion law in Rwanda.	11
Table 3: Patients' Perception on Abortion Law	12
Table 4: Barrier for execution of abortion law from patients' perspective.....	13
Table 5: Healthcare Professionals' Demographics	14
Table 6: Knowledge of Healthcare Professionals	15
Table 7: Perceptions of Healthcare Professionals on Abortion in Regards to Exemptions for Criminal Liability.....	16
Table 8: Barrier of Execution of Abortion Law from Healthcare Provider Perspective	17

LIST OF ABBREVIATIONS

CHUK: University Teaching Hospital of Kigali

CMHS: College of Medicine and Health Sciences

DH: District Hospital

IRB: Institutional Review Board

SPSS: Statistical Package for the Social Sciences

DEDICATION

I dedicate this memoire to all my study participants at Kigali University Teaching Hospital (CHUK), MUHIMA and KACYIRU district hospitals who offered their precious time and served as participants in this study.

I deeply dedicate this memoire to all mothers whose abortion was a very traumatic experience and we keep in memory those whose lives were lost due to lack of safe abortion services.

I deeply dedicated this memoire to all midwives, nurses, doctors, caretakers, government officials and others who are working tireless to make access to abortion services safer than ever.

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INTRODUCTION

47% of all pregnancies conceived in Rwanda are unintended and unsafe abortion remains a public health threat for Rwandan women. For the total abortions happening in Rwanda, 67% happens in rural areas and are done without any medical assistance. Two third of such abortion are performed by traditional healers (1).

To address the existing gaps in abortion care services and allow more safe abortion, the Government of Rwanda through the Ministry of Health has amended the abortion law and exempted criminal liability if abortion is done by a trained health professional on pregnant women who fit preset legal criteria (2). However prior interviews of 20 women who were in prison in 2015 for abortion, they reported attitudes and behaviors of healthcare workers to be a challenge to women in need of safe abortion (3). Despite the above mentioned law amendment, knowledge and perceptions of health care professionals and of clients seeking abortion service in regard of this amended law are not known. In this regards, there is a need to assess the knowledge, and perceptions of health professionals and of clients seeking safe abortion about the new abortion law in Rwanda vis-à-vis the safe abortion practices.

We conducted this study whose aim was to assess the knowledge and perceptions about the new abortion law in Rwanda among health professionals and clients seeking abortion services.

Specifically, we wanted to assess the level of knowledge and perception of health professionals about the new abortion law in Rwanda; to assess the level of knowledge and perception of clients seeking abortion services and to assess clients' factors that affect seeking abortion care and health professional factors that determine abortion care delivery.

METHODOLOGY

This is was a hospital based cross-sectional study that was conducted at Muhima District Hospital (Muhima DH), Kacyiru District Hospital (Kacyiru DH) and Kigali University Teaching Hospital (CHUK). Kigali was selected because despite having only one-tenth of Rwanda's women of reproductive age, it accounts for one third of all induced abortions(17)

CHUK is the largest referral hospital in Rwanda and is teaching hospital with various specialized services including the Obstetrics and gynecology department which offers wide range of services in maternal and women's health.

Kacyiru and Muhima district hospitals are secondary health facilities in Rwanda with specialized services in maternal care including the safe abortion services, the reason why they have been chosen as study sites. No health center was considered because safe abortion is legally offered by a medical doctor and health centers are only run by nurses.

Our study population were doctors, nurses, midwives, anesthetists and pharmacists from Muhima Hospital, Kacyiru Hospital and CHUK and clients who were treated for abortion during the study period. Unconscious and mentally disabled clients were excluded

Data collection was done for a period of 4 months to get the calculated sample size of at least 250 for healthcare professionals and of 385 for clients.

The sample size for each group was calculated using the sample size calculation formula for a cross-sectional study (18):

$$N = \frac{Z^2 P(1 - P)}{\epsilon^2}$$

Where:

N = Expected minimum sample size for the study.

Z = Standard normal deviate corresponding to 95% confidence; 1.96

ϵ = Acceptable margin of error, 5%

P = Expected proportion from previous studies

From the study done in Ethiopia, it was found that only 20.5% of HCWs were trained on safe abortion and 23.4% of women have good knowledge, and this was used as our proportion to calculate the sample size.(5,19).

Before data collection, ethical clearance was obtained from University of Rwanda and from all the 3 participating hospitals that constituted our study sites. Consent and child assent where needed were obtained from the study participants prior to data collection.

RESULTS

In total, we recruited 697 Participants divided in two groups. Group A was made of 424 participants who were patients with abortion and Group B was made of 273 participants who were healthcare providers. For Group A, made of patients with abortion, the age range from 14 to 46years with a median age of 27 and 71.7% were aged between 20-35years. 84.9% were residence from Kigali, two third were married, half of participants were protestants, 71.9% had spontaneous abortion and 28.1% had induced abortion. (Table 1).

For knowledge on amended law, 78.3% of patients knew that “any person who self-induces an abortion commits an offence” and 57.5% knew that “any person who performs an abortion on another person, commits an offence”, 30.2% knew all 5 exemptions for criminal liability and less than 1% knew that the pregnancy should be less than 22 weeks of gestation for safe abortion but if “the pregnancy puts at risk the health of the pregnant person or of the foetus”, 67.9% of patients knew that abortion can be done at any gestational age. (Table 2).

In regards to patients’ perception on this law in regards to exceptions of criminal liability, 97.2% agrees with the law that if pregnancy puts at risk the health of the pregnant person or of the foetus, women should be allowed to have a safe abortion.

If the person having abortion “had become pregnant after being subjected to a forced marriage” 50.5% agree that such women should be allowed to have a safe abortion. (Table 3)

For barrier on execution of the amended law, 44.6% of patients expressed delayed to receive care and 24.3% of patients said that health care providers don’t want to take responsibilities. Patients with induced abortion were more likely to have noted above mentioned barriers that patients with spontaneous abortion. (All P value <0.05, Table 4).

Group B of the study participants was made of 273 participants who were healthcare providers, 57.9% working at CHUK and the rest working at Muhima and Kacyiru district hospitals. 42.5% and 28.9% were respectively midwives and medical doctors, the rest were nurses, anesthetists and one pharmacist. 74.4% of healthcare providers were married, 66.3% were female and 52% were Protestants. (Table 5).

79.1% of healthcare professionals knew that “any person who self-induces an abortion commits an offence” and 61.5% knew that “any person who performs an abortion on another person, commits an offence”, 46.9% knew all 5 exemptions for criminal liability and 29.3% knew that the pregnancy should be less than 22 weeks of gestation for safe abortion but if “the pregnancy puts at risk the health of the pregnant person or of the foetus”, 61.2% of healthcare professionals knew that abortion can be done at any gestational age. For abortion requested for a child, 55.3% of healthcare professionals knew that a person requesting abortion for the child should have child’s birth certificate (Table 6).

In regards to exceptions of criminal liability, 65.6% of healthcare professionals’ agree with the law that if pregnancy puts at risk the health of the pregnant person or of the foetus, women should be allowed to have a safe abortion. For other criteria of exemption from criminal liability, the healthcare professional positive perception for termination of pregnancy before 22weeks ranged from 9.9% for the person having abortion who “had become pregnant after being subjected to a forced marriage” to 13.2% for the person having abortion who had become pregnant as a result of rape. (Table 7).

For barrier on execution of the amended law, More than 80% of healthcare professionals expressed that abortion law is against their belief and faith.

Lack of infrastructures, medical and pharmaceutical supplies expressed as a challenge by healthcare professionals was under 20%. (Table 8).

DISCUSSION

Access to safe abortion is still a challenge to women seeking abortion care worldwide as it is the dread secret of societies which makes it to remain untouched and undiscussed (4). Legal framework, knowledge and perception of both health professionals and clients are the key challenges that are reported around the world (5).

79.1% of patients in this study excelled in knowing that “any person who self-induces an abortion commits an offence”, however we noted a profound gap in knowledge since only 0.9% of clients knew the limit of gestational age for abortion meeting the legal requirements for exemption of criminal liability. In line with our study findings, systematic reviews have shown that the general awareness and knowledge of the abortion law and legal grounds and restrictions amongst women is limited even in countries where the laws are liberal, hence the needs to disseminate accurate information on the legal context (10).

The same as for patients, healthcare professionals excelled in knowing that “any person who self-induces an abortion commits an offence”, and failed on knowing the limit of gestational age exemption from criminal liability. Similar results have been documented in other studies illustrating healthcare providers, and policy makers worldwide to have limited knowledge of the abortion law and policies in their countries (6).

Given the findings in our study, there is a need for law dissemination to both patients and healthcare professionals. Such dissemination of accurate information should include but not limited to information on 5 criteria to be fulfilled for exemptions for criminal liability, requirements for a child to have abortion and very importantly the limit of gestation age for a women seeking safe abortion services so that women in need of safe abortion seek service before their pregnancy progress beyond 22 weeks.

Unfavorable perception on abortion among health professionals in this study, despite that questions asked were extracted from the current laws related to abortion in Rwanda is also concerning since it may affect abortion care service delivery.

Rather than respecting national abortion laws, study done in Nigeria among doctors has found religious, moral and ethical considerations to be the major reasons given by some of the doctors for not serving women in need of safe abortion and only 18.2% of the doctors use standard procedures (13). In regards to safe abortion, such poor services delivery among healthcare workers has been reported to be linked to personal views, beliefs, and attitudes. Likewise we believe that

delayed service delivery expressed by patients in our study might be linked to health professionals who have an unfavorable perception on abortion. (14).

CONCLUSION

To increase knowledge and access on safe abortion services, there is a clear need to disseminate laws regulating abortion in Rwanda to both patients and healthcare professionals with a focus on topics where knowledge gap remains profound for both patients and healthcare professionals.

Intervention addressing negative perception of healthcare professionals in regard to abortion need to be identified and implemented to prevent delays in receiving abortion care reported by patients as a barrier for implementation of laws regulating abortion in Rwanda.

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APPENDIX:

APPENDIX I: TABLES

Table 1: Patients Demographics

Demographic data of participating patients.		<i>N= 424</i>
Age	<20years	<i>51(12%)</i>
	20-35years	<i>304(71.7%)</i>
	>35 years	<i>69(13.3%)</i>
Residence	Kigali city	<i>360(84.9%)</i>
	Rural Provinces	<i>64(15.1%)</i>
Marital status	Married	<i>273(64.4%)</i>
	Single	<i>151(35.6%)</i>
Religion	Protestant	<i>211(49.8%)</i>
	Catholic	<i>162(38.8%)</i>
	Muslim	<i>28(6.6%)</i>
	None	<i>23(5.4%)</i>
Type of Abortion	Spontaneous	<i>305(71.9%)</i>
	Induced	<i>119(28.1%)</i>

Table 2: Knowledge of patients on new abortion law in Rwanda.

		<i>N=</i>	<i>N%</i>
Knowledge of patients on new abortion law in Rwanda.		424	
Known that “any person who self-induces an abortion commits an offence”	Yes	332	78.3%
	No	92	21.7%
Know that “any person who performs an abortion on another person, commits an offence”	Yes	244	57.5%
	No	180	42.5%
Know all 5 exemptions for criminal liability	Yes	128	30.2%
	No	296	69.8%
Knows that if after abortion, it is evident that the person on whom abortion was performed applied for it with no legal basis, a person is punished as a person who performed a self-induced abortion	Yes	293	69.1%
	No	131	30.9%
Knows that Abortion for a child: If persons with parental authority over a child disagree among themselves or if they disagree with the child who wish abortion, the wish of the child prevails.	Yes	182	42.9%
	No	242	57.1%
Knows that a person requesting abortion for the child should have child’s birth certificate	Yes	315	74.3%
	No	109	25.7%
Know the pregnancy should be less than 22 weeks of gestation for safe abortion	Yes	4	0.9%
	No	420	99.1%
Know that if “the pregnancy puts at risk the health of the pregnant person or of the foetus”, abortion can be done at any gestational age	Yes	288	67.9%
	No	136	32.1%

Table 3: Patients' Perception on Abortion Law

		<i>N=</i>	<i>N%</i>
Patient's perception on new abortion law in Rwanda.		<i>424</i>	
The person having abortion had become pregnant as a result of rape	Yes	<i>260</i>	61.3%
	No	<i>164</i>	38.7%
The pregnant person is a child	Yes	<i>235</i>	55.4%
	No	<i>189</i>	44.6%
The person having abortion "had become pregnant after being subjected to a forced marriage"	Yes	<i>214</i>	50.5%
	No	<i>210</i>	49.5%
The person having abortion had "become pregnant as a result of incest up to the second degree"	Yes	<i>264</i>	62.3%
	No	<i>160</i>	37.7%
"the pregnancy puts at risk the health of the pregnant person or of the foetus".	Yes	<i>412</i>	97.2%
	No	<i>12</i>	2.8%

Table 4: Barrier for execution of abortion law from patients' perspective

Barriers for execution of the amended abortion law		Induced Abortion	Spontaneous Abortion	TOTAL N(%)	P-Value
Health care providers don't want to take responsibilities	No	68	253	321(75.7%)	<0.001
	Yes	51	52	103(24.3%)	
Lack of infrastructures/medical/pharmaceutical supplies	No	95	270	365(86.1%)	0.02
	Yes	24	35	59(13.9%)	
Delayed to receive care	No	50	185	235(55.4%)	0.01
	Yes	69	120	189(44.6%)	

Table 5: Healthcare Professionals' Demographics

Demographic data of participating Healthcare professionals.		<i>N= 273</i>	<i>N%</i>	
	CHUK	<i>158</i>	<i>57.9%</i>	II.2:
Hospital	MUHIMA	<i>67</i>	<i>24.5%</i>	
	KACYIRU	<i>48</i>	<i>17.6%</i>	
Profession	Midwives	<i>116</i>	<i>42.5%</i>	
	Medical doctors	<i>79</i>	<i>28.9%</i>	
	Nurses	<i>67</i>	<i>24.5%</i>	
	Anesthetist	<i>10</i>	<i>3.7%</i>	
	Pharmacist	<i>1</i>	<i>0.4%</i>	
Age range	≤ 30years	<i>56</i>	<i>20.5%</i>	
	>30 years	<i>217</i>	<i>79.5%</i>	
Marital status	Married	<i>203</i>	<i>74.4%</i>	
	Single	<i>62</i>	<i>22.7%</i>	
	Widow	<i>8</i>	<i>2.9%</i>	
Religion	Protestant	<i>142</i>	<i>52%</i>	
	Catholic	<i>104</i>	<i>38.1%</i>	
	Muslim	<i>10</i>	<i>3.7%</i>	
	None	<i>17</i>	<i>6.2%</i>	
SEX	Female	<i>181</i>	<i>66.3%</i>	
	Male	<i>92</i>	<i>33.7%</i>	

Table 6: Knowledge of Healthcare Professionals

		<i>N</i> =	<i>N</i> %
Knowledge of healthcare professionals on new abortion law in Rwanda.		273	
Known that “any person who self-induces an abortion commits an offence”	Yes	216	79.1%
	No	57	20.9%
Know that “any person who performs an abortion on another person, commits an offence”	Yes	168	61.5%
	No	105	38.5%
Know all 5 exemptions for criminal liability	Yes	128	46.9%
	No	145	53.1%
Knows that if after abortion, it is evident that the person on whom abortion was performed applied for it with no legal basis, a person is punished as a person who performed a self-induced abortion	Yes	219	80.2%
	No	54	19.8%
Knows that Abortion for a child: If persons with parental authority over a child disagree among themselves or if they disagree with the child who wish abortion, the wish of the child prevails.	Yes	206	75.5%
	No	67	24.5%
Knows that a person requesting abortion for the child should have child’s birth certificate	Yes	151	55.3%
	No	122	44.7%
Know the pregnancy should be less than 22 weeks of gestation for safe abortion	Yes	80	29.3%
	No	193	70.7%
Know that if “the pregnancy puts at risk the health of the pregnant person or of the foetus”, abortion can be done at any gestational age	Yes	167	61.2%
	No	106	38.8%

Table 7: Perceptions of Healthcare Professionals on Abortion in Regards to Exemptions for Criminal Liability

Abortion criteria exempted from criminal liability	Abortion at 22 weeks	Abortion at other specific gestational ages	Abortion at any gestational age	No abortion at any gestational age
The person having abortion had become pregnant as a result of rape	36 (13.2%)	109 (39.9%)	8 (2.9%)	120 (44%)
The pregnant person is a child	32 (11.7%)	113 (41.4%)	9 (3.3%)	119 (43.6%)
The person having abortion “had become pregnant after being subjected to a forced marriage”	27 (9.9%)	89 (32.6%)	5 (1.8%)	152 (55.7%)
The person having abortion had “become pregnant as a result of incest up to the second degree”	26 (9.5%)	106 (38.9%)	8 (2.9%)	133 (48.7%)
“the pregnancy puts at risk the health of the pregnant person or of the foetus”.	N/A	63 (23%)	179 (65.6%)	31 (11.4%)

Table 8: Barrier of Execution of Abortion Law from Healthcare Provider Perspective

Barriers for execution of the amended abortion law		N=273	N%
Abortion law is against my belief/faith	No	50	18.3%
	Yes	223	81.7%
Lack of infrastructures/medical/pharmaceutical supplies	No	229	83.9%
	Yes	44	16.1%
Patients not aware of the law	No	176	64.5%
	Yes	97	35.5%

APPENDIX II: QUESTIONNAIRE

Part One: Healthcare Professionals

1. Demographics

Age	
Sex	
Profession	
Religion	
Working place	
Marital status	

2. “any person who self-induces an abortion commits an offence”. Yes No

2. “any person who performs an abortion on another person, commits an offence”. Yes No

3. The following are exempted from criminal liability for abortion

	Yes	No
The pregnancy is unwanted		
The person having abortion had become pregnant as a result of rape		
The pregnant person is a child		
The person having abortion “had become pregnant after being subjected to a forced marriage”		
The person having abortion had become pregnant as a result of failed contraception		
The person having abortion had “become pregnant as a result of incest up to the second degree”		
The pregnant person is a student who want to continue school		
“the pregnancy puts at risk the health of the pregnant person or of the foetus”.		
The pregnant person is a poor (unable to raise a child)		

4. If after abortion, it is evident that the person on whom abortion was performed applied for it with no legal basis.

	Yes	No
A person is punished as a person who performed a self-induced abortion.		
The doctor is punished as any person who performs an abortion on another person		
Both the doctor and the person on whom abortion was performed are punished		
Neither the doctor nor the person on whom abortion was performed are punished		

5. Abortion for a child: If persons with parental authority over a child disagree among themselves or if they disagree with the child who wish abortion

	Yes	No
The wish of the Father prevails.		
The wish of the Mother prevails.		
The wish of the child prevails.		

6. A person requesting abortion for the child should have child’s birth certificate Yes No

7. Any person who, by any means, advertises drugs, materials or any other substances believed to induce abortion, commits an offence. Yes No

8. Tick the gestational age below which abortion is allowed under the following condition.

	Not allowed at any gestational age	12	16	22	24	Allowed at any gestational age
The pregnancy is unwanted						
The person having abortion had become pregnant as a result of rape						
The pregnant person is a child						
The person having abortion “had become pregnant after being subjected to a forced marriage”						
The person having abortion had become pregnant as a result of failed contraception						
The person having abortion had “become pregnant as a result of incest up to the second degree”						
The pregnant person is a student who want to continue school						
“the pregnancy puts at risk the health of the pregnant person or of the foetus”.						
The pregnant person is a poor (unable to raise a child)						

9. In your own perception, if you were a member of parliament under which circumstance would you vote for abortion?

	I cannot vote for abortion at any gestational age	<12 weeks	<16 weeks	<22 weeks	<24 weeks	I would vote for abortion at any gestational age
The pregnancy is unwanted						
The person having abortion had become pregnant as a result of rape						
The pregnant person is a child						
The person having abortion “had become pregnant after being subjected to a forced marriage”						
The person having abortion had become pregnant as a result of failed contraception						
The person having abortion had “become pregnant as a result of incest up to the second degree”						
The pregnant person is a student who want to continue school						
“the pregnancy puts at risk the health of the pregnant person or of the foetus”.						
The pregnant person is a poor (unable to raise a child)						

10. What do you think are the main obstacles to the implementation of the new abortion law in Rwanda?

- a. Health care providers don’t want to take responsibilities
- b. Abortion law is against my belief/faith
- c. It’s against my personal will
- d. Lack of infrastructures/medical/pharmaceutical supplies
- e. Others

8. Tick the gestational age below which abortion is allowed under the following condition.

	Not allowed at any gestational age	12	16	22	24	Allowed at any gestational age
The pregnancy is unwanted						
The person having abortion had become pregnant as a result of rape						
The pregnant person is a child						
The person having abortion “had become pregnant after being subjected to a forced marriage”						
The person having abortion had become pregnant as a result of failed contraception						
The person having abortion had “become pregnant as a result of incest up to the second degree”						
The pregnant person is a student who want to continue school						
“the pregnancy puts at risk the health of the pregnant person or of the foetus”.						
The pregnant person is a poor (unable to raise a child)						

9. In your own perception as a health care provider, under which circumstance would you seek abortion?

	I can't seek abortion at any gestational age	<12 weeks	<16 weeks	<22 weeks	<24 weeks	I can seek abortion at any gestational age
The pregnancy is unwanted						
The person having abortion had become pregnant as a result of rape						
The pregnant person is a child						
The person having abortion “had become pregnant after being subjected to a forced marriage”						
The person having abortion had become pregnant as a result of failed contraception						
The person having abortion had “become pregnant as a result of incest up to the second degree”						
The pregnant person is a student who want to continue school						
“the pregnancy puts at risk the health of the pregnant person or of the foetus”.						
The pregnant person is a poor (unable to raise a child)						

10. What do you think are the main obstacles to the implementation of the new abortion law in Rwanda?

- a. Health care providers don't want to take responsibilities
- b. Abortion law is against my belief/faith
- c. It's against my personal will
- d. Lack of infrastructures/medical/pharmaceutical supplies
- e. Others

11. What are the challenges did you face while seeking the abortion services?

- a. Delayed to receive care
- b. Healthcare professional not aware of the law
- c. Hesitation of the healthcare provider
- d. None

12. How happy are you with the services provided to you?

- a. They are adequate
- b. They are somehow adequate
- c. Inadequate

URUPAPURO RW'IBIBAZO BIGENEWE ABARWAYI

1. Umwirondoro

Imyaka	
Akarere atuyemo	
Umwuga akora	
Idini	
Irangamimirere	

2. Umuntu wese wikuyemo inda, aba akoze icyaha. Yego Oya

2. Umuntu wese ukuramo undi muntu inda, aba akoze icyaha. Yego Oya

3. Nta buryozwacyaha bubaho iyo gukuramo inda byakozwe kubera impamvu zikurikira

Kuba utwite inda atayifuza.	Yego	Oya
kuba uwakuriwemo inda yarakoreshejwe imibonano mpuzabitsina ku gahato		
kuba utwite ari umwana		
kuba uwakuriwemo inda yarayitwaye nyuma yo kubanishwa n'undi nk'umugore n'umugabo ku gahato		
kuba usaba gukurirwamo inda yarasamiye ku buryo bwo kuringaniza urubyaro.		
kuba uwakuriwemo inda yaratewe inda n'uwo bafitanye isano ya hafi kugera ku gisanira cya kabiri		
Kuba usaba gukurirwamo inda ari umunyeshuli wifuza gukomeza amashuri		
kuba inda ibangamiye ubuzima bw'utwite cyangwa ubw'umwana atwite.		
Kuba usaba gukurirwamo inda ari umukene (Ntabushobozi bwo kurera umwana)		

4. Iyo nyuma yo gukurirwamo inda bigaragaye ko uwayikuriwemo yabisabye nta mpamvu yemewe n'itegeko ashingiraho.

Ahanwa nk'uwikuyemo inda.	Yego	Oya
Muganga wemewe na Leta ahanwa nkundi muntu wese ukuramo undi muntu inda		
Uwakuwemo Inda hamwe na Muganga bombi barahanwa		
Yaba uwakuwemo Inda cyangwa Muganga wemewe na leta ntanumwe uhanwa		

5. Gukuriramo Umwana Inda: Iyo abafite ububasha bwa kibyezi ku mwana batumvikanye hagati yabo cyangwa se batumvikanye n'umwana

Icyifuzo cya Se nicyo kitabwaho.	Yego	Oya
Icyifuzo cya Nyina nicyo kitabwaho		
Icyifuzo cy'umwana nicyo kitabwaho		

6. Usabira Umwana gukuramo Inda yitwaza inyandiko igaragaza igihe umwana yavukiye Yego Oya

7. Umuntu wese wamamaza, akoresheje uburyo ubwo ari bwo bwose, imiti, ibikoresho cyangwa ibindi bivugwaho

	Ntibyemewe uko inda yaba ingana kose	12	20	22	24	Bireemewe uko inda yaba ingana kose
Kuba utwite inda atayifuzza.						
kuba uwakuriwemo inda yarakoreshejwe imibonano mpuzabitsina ku gahato						
kuba utwite ari umwana						
kuba uwakuriwemo inda yarayitwaye nyuma yo kubanishwa n'undi nk'umugore n'umugabo ku gahato						
kuba usaba gukurirwamo inda yarasamiye ku buryo bwo kuringaniza urubyaro.						
kuba uwakuriwemo inda yaratewe inda n'uwo bafitanye isano ya hafi kugera ku gisanira cya kabiri						
Kuba usaba gukurirwamo inda ari umunyeshuli wifuzza gukomeza amashuri						
kuba inda ibangamiye ubuzima bw'utwite cyangwa ubw'umwana atwite.						
Kuba usaba gukurirwamo inda ari umukene (Ntabushobozi bwo kurera umwana)						

ubushobozi bwo gukuramo inda, aba akoze icyaha. Yego Oya

8. Ni igihe kingana gute inda ikurwamo igomba kuba itarengeje kumpamvu zivugwa hasi (Umubare ugaragaza ibyumweru inda igize)

9. Kubwawe, iyaba wari mu nteko ishingamategeko ni ryari watora itegeko ryemera gukuramo inda? (Imibare iri mu byumweru inda igize)

	Sinaritora uko inda yaba ingana kose	<12	<20	<22	<24	naritora uko inda yaba ingana kose
Kuba utwite inda atayifuza.						
kuba uwakuriwemo inda yarakoreshejwe imibonano mpuzabitsina ku gahato						
kuba utwite ari umwana						
kuba uwakuriwemo inda yarayitwaye nyuma yo kubanishwa n'undi nk'umugore n'umugabo ku gahato						
kuba usaba gukurirwamo inda yarasamiye ku buryo bwo kuringaniza urubyaro.						
kuba uwakuriwemo inda yaratewe inda n'uwo bafitanye isano ya hafi kugera ku gisanira cya kabiri						
Kuba usaba gukurirwamo inda ari umunyeshuli wifuza gukomeza amashuri						
kuba inda ibangamiye ubuzima bw'utwite cyangwa ubw'umwana atwite.						
Kuba usaba gukurirwamo inda ari umukene (Ntabushobozi bwo kurera umwana)						

10. Ni izihe mbogamizi mugushyira imbogamizi itegeko ryemera gukuramo inda?

- a. Abakozi bo mu buvuzi bitaza inshingano zabo
- b. Itegeko ryo gukuramo inda ritandukanye n'imyemerere yanjye
- c. Bitandukanye n'ubushake bwanjye
- d. Kubura ibikorwaremezo cyangwa imiti
- e. Ibindi

11. Wahuye n'izihe mbogamizi mugihe washakaga ubufasha inda ivamo?

- e. Gukererwa kuvurwa
- f. Abakozi bo kwa muganga batazi itegeko
-

g. Gushidikanya kw'abaganga

h. Ntazo

12. Wanyuzwe bingana iki na serivise wahawe?

d. Zirahagije

e. Zenda kuba zihagije

f. Ntibihagije

APPENDIX 3: CONSENT FORM

UNIVERSITY OF RWANDA INFORMED CONSENT FORM (English Version)

Study Title: “**Knowledge and perception of the new abortion law in Rwanda: Health professionals and clients’ perspectives.**”

Researcher: Brigitte IRANKUNDA, MD

Institution: University of Rwanda, College of Medicine and Health Sciences.

Contact: Brigitte IRANKUNDA, MD

Email: brigitteirankunda@gmail.com

Cell number: +250 783 308 169

Dear participant,

We are working to assess the “**knowledge and perception of the new abortion law in Rwanda for both health professionals and clients’ perspectives.**”

We hope that this information will lead to improvements in the quality of care in Rwanda. We are inviting you to consider helping us in this research. Your participation in this research is voluntary. If you do not wish to participate, this will not affect in any way the care or services that you receive from your doctors, nurses, and other healthcare workers here at the hospital. If you agree to participate, the study interviewer will ask you to answer short questions about you. The interview will take about 5 minutes. If at any time you would like to stop the interview or withdraw from the study, you are free to do so, and this will not affect in any way the care or services that you receive from your doctors, nurses, and other healthcare workers at the hospital. The information you provide for the research shall be kept confidential. We will do this by keeping the entire interview questionnaire safe in locked cabinets and password locked folder on the computer. In addition, the study interviewer who speaks with you will not discuss your answers with anyone I else outside the research study without your permission when required. There may be no benefit to you of participating in this research. Your name will not be connected to the information you provide. Please feel free to ask any questions to the interviewer for more information on this research. Should you wish to talk with us at any time about this consent form or for more information, you may contact Dr. Brigitte IRANKUNDA at 0783308169. Questions about your rights as a participant, please contact: Director of Research and Publication at University of Rwanda, College of Medicine and health sciences.

I hereby confirm that I have been informed by the study interviewer about the nature, conduct, benefits and risks

of the study “**Knowledge and perception of the new abortion law in Rwanda: Health professionals and clients’ perspectives.**”

- I have read or heard and understood the above information
- I am aware that the results of the study, including personal details such as my sex, age, will be made anonymous (separated from my name) and then processed into a study report.
- In view of the requirements of research, I agree that the data can be processed in a computerized system by the research team or on their behalf.
- I have understood that I can, at any stage, without disadvantage to the care and services I receive, withdraw my consent and participation in the study.

PARTICIPANT:

Printed Name

Signature

Date and Time

Study Staff:

Name

Signature

Date and Time.

KWEMERA KUJYA MU BUSHAKASHATSI

Izina ry'ubushakashatsi: "Ubumenyi n'imyumvire y'itegeko rishya ryo gukuramo inda mu Rwanda:

Inzobere mu by'ubuzima n'ibitekerezo by'abakiriya. "

Umushakashatsi: Brigitte IRANKUNDA

Ikigo: Kaminuza y'u Rwanda, Ishuri Rikuru ry' ubuvuzi n'ubumenyi bw'ubuzima.

Twandikire: Brigitte IRANKUNDA

Imeri: brigitteirankunda@gmail.com

Numero y'akagari: +250 783 308 169

Kubitabiriye ubushakashatsi,

Turimo gukora ubushakashatsi ngo dusuzume "ubumenyi n'imyumvire ku itegeko rishya ryo gukuramo inda mu Rwanda ku bahanga mu by'ubuzima ndetse no ku bitekerezo by'abagana amavuriro kumpamvu zo gukuramo inda."

Turizera ko aya makuru azaganisha ku kuzamura ireme ry'ubuvuzi mu Rwanda. Turagutumiye kudufasha muri ubu bushakashatsi. Kujya muri ubu bushakashatsi ni ubushake. Niba udashaka kwitabira, ibi ntibizagira ingaruka muburyo ubwo aribwo bwose ubuvuzi cyangwa serivisi uhabwa n'abaganga bawe, abaforomo, n'abandi bakozi bashinzwe ubuzima hano mu bitaro. Niba wemeye kwitabira, Ubaza ibibazo usabwa gusubiza ibibazo bigufi. Ikiganiro kiratwara iminota 5. Niba igihe icyo ari cyo cyose wifuza guhagarika ikiganiro cyangwa kuva mu bushakashatsi, ufite uburenganzira bwo kubikora, kandi ibyo ntibizagira ingaruka ku buryo ubwo ari bwo bwose ubuvuzi cyangwa serivisi uhabwa n'abaganga bawe, abaforomo, n'abandi bakozi bashinzwe ubuzima ku bitaro. Amakuru utanga kubushakashatsi arabikwa kandi agakomeza kuba ibanga. Ibi tuzabikora dukomeza ibibazo byose byabajijwe umutekano mumabati afunze hamwe nububiko bwibanga ryibanga kuri mudasobwa. Mubyongeyeho, umushakashatsi ubaza ibibazo ntazaganira kubisubizo byawe nundi muntu wese hanze yubushakashatsi. Nta nyungu ziteganirijwe abazitabira ubu bushakashatsi. Izina ryawe ntirizahuzwa namakuru utanga. Wemerewe kubaza ikibazo icyo ari cyo cyose kuri ubu bushakashatsi. Niba wifuza kuvugana natwe umwanya uwariwo wose kubyerekeye uru rupapuro rwo kwemera kujya mu bushakashatsi cyangwa kubindi bisobanuro, ushobora guhamagara Dr. Brigitte IRANKUNDA kuri 0783308169. Ibibazo bijyanye n'uburenganzira bwawe nk'uwitabiriye ubushakashatsi, wahamagara Umuyobozi ushinze ubushakashatsi muri kaminuza yu Rwanda,

Ishuri Rikuru ry' ubuvuzi n'ubumenyi bw'ubuzima.

Ndemeza rero ko namenyeshejwe nuwabajije ubushakashatsi ku miterere, imyitwarire, inyungu n'ingaruka z'ubushakashatsi "Ubumenyi n'imyumvire y'itegeko rishya ryo gukuramo inda mu Rwanda:

Inzobere mu by'ubuzima n'ibitekerezo by'abakiriya. "

- Nasomye cyangwa numvise kandi numvise amakuru yavuzwe haruguru
- Nzi neza ko ibyavuye mu bushakashatsi, harimo amakuru yihariye nk'igitsina cyanyje, imyaka yanjye, bizamenyekana (bitandukanijwe n'izina ryanjye) hanyuma bigakorerwa raporo y'ubushakashatsi.
- Nkurikije ibisabwa mubushakashatsi, nemera ko amakuru ashobora gutunganywa muri sisitemu ya mudasobwa nitsinda ryubushakashatsi cyangwa mu izina ryabo.
- Nasobanukiwe ko nshobora, mu cyiciro icyo ari cyo cyose, nta mbogamizi kuri serivisi na serivisi nahawe, gukuramo uburenganzira bwanjye no kugira uruhare mu kwiga.

Uwitabiriye ubushakashatsi:

Izina	Umukono	Itariki n'igihe
-------	---------	-----------------

Uwafashe amakuru y'ubushakashatsi:

Izina	Umukono	Itariki n'igihe.
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APPENDIX 4: IRB APPROVAL



UNIVERSITY of
RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES
DIRECTORATE OF RESEARCH & INNOVATION

CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 1st /March /2021

Dr IRANKUNDA Brigitte
School of Medicine and Pharmacy, CMHS, UR

Approval Notice: No 061/CMHS IRB/2021

Your Project Title "*Knowledge and Perception of the New Abortion Law in Rwanda: Health Professionals and Clients' Perspectives*" has been evaluated by CMHS Institutional Review Board.

Name of Members	Institute	Involved in the decision		
		Yes	No (Reason)	
			Absent	Withdrawn from the proceeding
Prof Kato J. Njunwa	UR-CMHS	X		
Dr Stefan Jansen	UR-CMHS	X		
Dr Brenda Asimwe-Kateera	UR-CMHS	X		
Prof Ntaganira Joseph	UR-CMHS	X		
Dr Tumusiime K. David	UR-CMHS	X		
Dr Kayonga N. Egide	UR-CMHS	X		
Mr Kanyoni Maurice	UR-CMHS		X	
Prof Munyanshongore Cyprien	UR-CMHS	X		
Mrs Ruzindana Landrine	Kicukiro district		X	
Dr Gishoma Darius	UR-CMHS	X		
Dr Donatilla Mukamana	UR-CMHS	X		
Prof Kyamanywa Patrick	UR-CMHS		X	
Prof Condo Umutesi Jeannine	UR-CMHS		X	
Dr Nyirazinyoye Laetitia	UR-CMHS	X		
Dr Nkeramihigo Emmanuel	UR-CMHS		X	
Sr Maliboli Marie Josee	CHUK	X		
Dr Mudenge Charles	Centre Psycho-Social	X		

After reviewing your protocol during the IRB meeting of where quorum was met and revisions made on the advice of the CMHS IRB submitted on 22nd January 2021, **Approval has been granted to your study.**

Please note that approval of the protocol and consent form is valid for **12 months**.

Email: researchcenter@ur.ac.rw

P.O Box 3286 Kigali, Rwanda

www.ur.ac.rw

You are responsible for fulfilling the following requirements:

1. Changes, amendments, and addenda to the protocol or consent form must be submitted to the committee for review and approval, prior to activation of the changes.
2. Only approved consent forms are to be used in the enrolment of participants.
3. All consent forms signed by subjects should be retained on file. The IRB may conduct audits of all study records, and consent documentation may be part of such audits.
4. A continuing review application must be submitted to the IRB in a timely fashion and before expiry of this approval
5. Failure to submit a continuing review application will result in termination of the study
6. Notify the IRB committee once the study is finished

Sincerely,



Date of Approval: The 1st March 2021

Expiration date: The 1st March 2022

Dr Stefan Jansen
Ag. Chairperson Institutional Review Board,
College of Medicine and Health Sciences, UR

Cc:

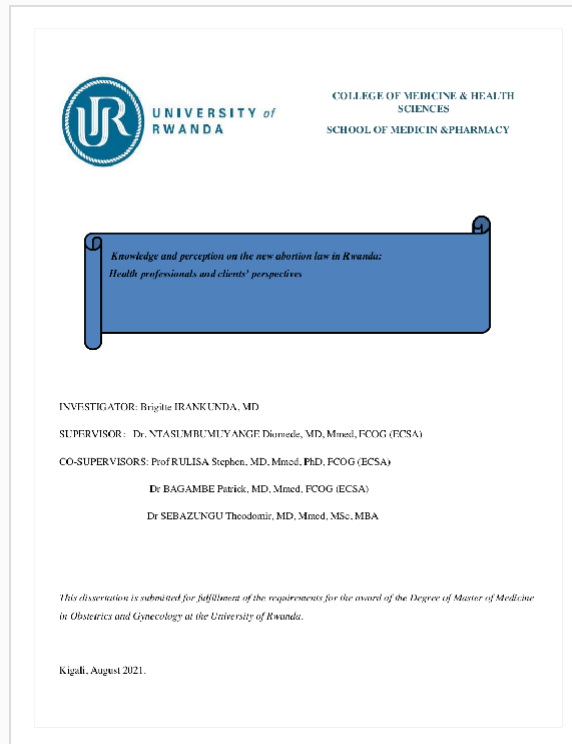
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