



UNIVERSITY *of*  
RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF MEDICINE AND PHARMACY

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

**QUALITY OF ABORTION AND POSTABORTION CARE FROM THE PERSPECTIVE  
OF CLIENTS ATTENDING MUHIMA, KIBAGABAGA, AND KACYIRU HOSPITALS**

A facility-based, prospective cross-sectional study

Dissertation submitted for partial fulfilment of the requirements for the award of the degree of  
Masters of Medicine in Obstetrics and Gynecology at the University of Rwanda

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25-Sep-22

# **QUALITY OF ABORTION AND POSTABORTION CARE FROM THE PERSPECTIVE OF CLIENTS ATTENDING MUHIMA, KIBAGABAGA AND KACYIRU HOSPITALS**

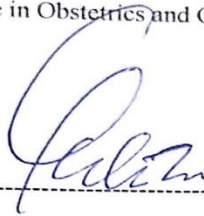
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## 1. CERTIFICATION FOR AWARD

This dissertation entitled "Quality of Abortion and Postabortion Care from the Perspective of Clients Attending Muhima, Kibagabaga and Kacyiru Hospitals" has been read and approved by the following supervisors, and hereby recommend for acceptance by the University of Rwanda in partial fulfillment of the requirements for the award of the Degree of Masters of Medicine in Obstetrics and Gynecology.



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**Dr. Patrick Gatsinzi Bagambe,**  
(Supervisor)

Date: -----

19/01/2023



-----  
**Dr. Kenneth Ruzindana**  
(Supervisor)

Date: -----

19/01/2023.

For and on behalf of the University of Rwanda.

## 2. DECLARATION

I, Theogene NIZEYIMANA, declare that this dissertation entitled “**Quality of Abortion and Postabortion Care from the Perspective of Clients Attending Muhima, Kibagabaga and Kacyiru Hospitals**” is a result of my own work except where specifically acknowledged and it has not been submitted for any other degree at the University of Rwanda or any other institution.

A handwritten signature in blue ink, appearing to be 'Theogene Nizeyimana', written over a horizontal line.

Signature

### **3. DEDICATION**

To all clinicians, researchers and policy makers who do their best to improve healthcare access,

To all women who have been deprived of safe abortion and those who have been victims of poor abortion care services

I dedicate this work

#### **4. ACKNOWLEDGEMENT**

This work has been funded by CIRHT-UM, I sincerely appreciate their support.

I also express my heartfelt gratitude to midwives Seraphine Nyiraneza, Mukagasore Hellen, and Umugwizawase Delphine, in the department of Obstetrics and Gynecology, and other facilitators at study sites, for their support during this tiresome work.

In particular, I would like to thank Dr Patrick Gatsinzi BAGAMBE, and Dr Kenneth RUZINDANA for their supervision and guidance despite their busy schedules, for the realization of this work.

Last but not least I express my gratitude to my fellow residents, and all persons that I unconditionally met, who contributed in one way or another to make this work possible.

## **5. LIST OF ABBREVIATIONS**

US\$: United States Dollar

ICPD: International Conference held on Population and Development

STIs: Sexually Transmitted Infections

HIV: Human Immunodeficiency Virus

DH: District Hospital

UR: University of Rwanda

CMHS: College of Medicine and Health Sciences

IRB: Institutional Review Board

PAC: Post Abortion care

CAC: Comprehensive Abortion Care

USAID: United States Agency for International Development

HDI: Health Development Initiative

COPE<sup>®</sup>: Client-Oriented, Provider Efficient

CIRHT-UM: Center for international reproductive health training-University of Michigan

## 6. ABSTRACT

### 6.1. Objectives

To evaluate implementation of abortion and postabortion care services, and to evaluate patients' satisfaction of abortion and postabortion care settings and services.

### 6.2. Methods

This was a facility-based prospective cross-sectional study, done over 6 weeks during June and July 2022. We obtained approval from IRB-CMHS and ethics committees at study sites. After informed consent, we conducted exit interviews (individually and in a private room) of women aged between 18-49 years, treated for spontaneous or induced abortion, using a questionnaire which included socio-clinical data and patient-centered quality indicators. Data were entered in Excel 2010 then analyzed in SPSS version 21. We used tables and charts for categorical data, mean and median values for continuous data. The chi-square ( $X^2$ ) test was used for statistical data interpretation, statistical significance for associations were taken at a p value = or < 0.05.

### 6.3. Results

The study recruited 180 participants. Participants' mean age was 26.72 years (SD: 6.367), and mean gestational age was 11.7 weeks (SD: 3.718). Mean hospital stay was 1.57 days (max. five). Fifty seven (31.6%) clients had voluntarily induced abortion, 54 (30%) clients had at least one previous voluntary abortion, and some had up to four. Forty-four clients (24.4%) said that abortion care services were not affordable (N=180). Only 51.1 to 75% of clients said they received post-abortion education and counseling, 17 (9.44%) said that the staff was not respectful and was not willing to provide abortion care, and 9 among them (52.9%, N=17) had consulted for safe abortion. In general 88.9% clients were satisfied with abortion care.

### 6.4. Conclusion

Overall clients' satisfaction was high, but the rate of post-abortion education and counseling was low, maybe because providers are busy, not aware of PAC services, or forget. Some clients who have either induced or spontaneous abortion face disrespectful care even at formal health facilities. Some providers tend to overlook abortion clients in general; others judge or are hesitant to take care of clients who consult for voluntary abortion (termination of pregnancy).

**Key Words:** Abortion care, quality, clients' perspective, Rwanda



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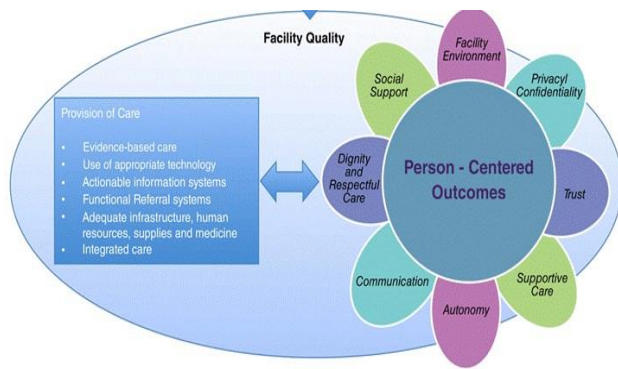
## 7. INTRODUCTION

In ten unintended pregnancies worldwide, six are voluntarily aborted, around 45% of all induced abortions are unsafe, and 97 percent of unsafe abortions occur in low-income countries.<sup>1</sup> Unsafe abortions make around thirteen percent of pregnancy-related deaths, and represents around 67,000 women each year.<sup>2</sup>

Of all pregnancies in Rwanda, 47% are unintended, 22% result in induced abortion, nearly a half of all abortions are done by non-trained persons—34% by traditional practitioners and 17% that are self-induced by women, this puts their health in great danger.<sup>3,4</sup> During the year 2009, in Rwanda, 16,700 women between 15 and 44 years of age were treated for complications from unsafe abortion.<sup>5</sup> Roughly, three to four hundred Rwandan women succumb each year from complications of unsafe abortion, which is one of the causes of maternal death most preventable.<sup>3</sup> In 1994, unsafe abortion was declared an important public health problem and a critical human rights issue at the International Conference held on Population and Development (ICPD).<sup>6</sup>

The cost for treatment of complications of unsafe abortions in low-income countries is US\$ 553 million per year.<sup>7</sup> In Rwanda, during the year 2012, the cost was estimated to be US\$1.7 million, which was equal to nearly 11% of the total public expenses on reproductive health.<sup>8</sup> In a systematic review comparing the difference in costs of treatment depending on methods used for abortion care, manual vacuum aspiration was found to have lower costs.<sup>9</sup>

Clients' dissatisfaction and incomplete package of abortion and postabortion care services can contribute, in one way or another, to future unsafe abortion, which can result in increased morbidity and mortality caused by abortion.<sup>10-12</sup>



**Figure 1.** Person-Centered Care Framework for Reproductive Health Equity. **Source:** Gates Open Res 2017, 1:1 (doi: 10.12688/gatesopenres.12756.1)

Studies showed that most widely prioritized indicators for client-centered quality of abortion are: **accessibility , facility physical environment, client-staff interaction , length of waiting time and hospital stay, treatment, education and counseling, and technical competence of care providers.**<sup>10,12,13</sup>

Post-abortion care (PAC) services also include provision of reproductive and other health services needed.<sup>2</sup> Unmet need for contraception is a primary cause of induced abortion, so when clients get quality abortion care, then their post-abortion contraception uptake is high.<sup>14</sup>

The penal code of Rwanda criminalizes abortion except when the pregnant person is a child, when the pregnancy is a result of rape, incest, or forced marriage or poses a risk to the health of the woman or the fetus<sup>15</sup>, however safe abortion services are still not easy to obtain for some women because of limited access to health facilities, both women and care providers who may be unaware of the law, some providers who may be disrespectful and not willing to offer safe abortion, stigma, issues of privacy and confidentiality, leading many women to go for unsafe abortions where 40% are estimated to lead to complications.<sup>3,16-19</sup>

This study aims to evaluate implementation of abortion and postabortion care services and to evaluate patients' satisfaction of abortion and postabortion care settings and services at Muhima, Kibagabaga and Kacyiru, three high-volume public hospitals in Kigali, the capital city of Rwanda.

## 8. METHODS

This was a facility-based prospective cross-sectional study, done over a period of 6 weeks in June and July 2022. It was carried out in the departments of gynecology and obstetrics of Muhima, Kibagabaga, and Kacyiru hospitals, three public hospitals in Kigali. These sites were selected because it is estimated that 1 out of 3 induced abortions in Rwanda take place in Kigali, though it has only 10% of the country's women of reproductive age.<sup>3</sup> So, this is where we expected to get enough participants because these hospitals generally receive on average 70, 60, and 50 abortion clients per month respectively.

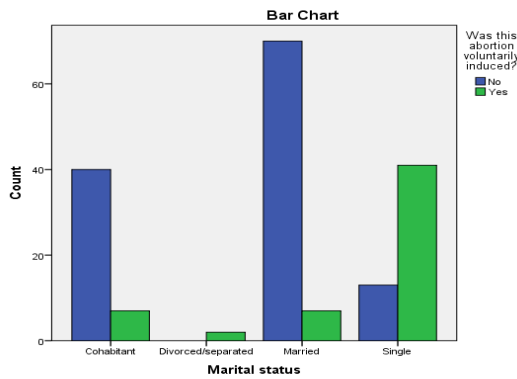
Prior to conducting the study, we got approval from CMHS - IRB and permission from all three study sites. Informed consent from participants was used including an explanation of the rationale for study; future use of data, rights to confidential and anonymous participation; and rights to withdrawal from the study. We worked with 2 trained midwives at each study site.

Women aged between 18 to 49 years, who consulted for either voluntarily induced or spontaneous abortion, were interviewed individually, face-to-face in a private room, about their perceptions on above-mentioned indicators of quality of abortion care services, before they get discharged from health facility, using a questionnaire adapted from COPE®'s "**Client Interview Guide for Comprehensive Abortion Care Services**" by Ipas.<sup>20</sup>

The questionnaire and consent forms were both in English, and Kinyarwanda. In addition to questions related to socio-clinical data, women were also asked questions about affordability of abortion care services, facility's privacy/confidentiality, cleanliness, comfort, staff respectfulness, willingness to provide abortion care, length of hospital stay, treatment methods used, pain management, post-abortion counseling, education on contraception, on STIs, on safer sexual practices, and on potential complications of unsafe abortion. Soft data were entered into Microsoft Excel 2010, and then analyzed in SPSS version 21. We used tables and charts for categorical data, mean and median values for continuous data. The chi-square ( $X^2$ ) test was used for statistical data interpretation, statistical significance for associations were taken at a p value = or < 0.05.

### 3. RESULTS

The study recruited in total 180 participants who consulted in three high-volume public hospitals in Kigali, 58 participants from Muhima, 69 participants from Kibagabaga, and 53 participants from Kacyiru. All participants were aged between 18 to 49 years old. Pregnancies were between 4 to 20 weeks of gestation (Mean: 11.7, Std. Dev=3.718), 123 (68.3%) were spontaneous, 57 (31.7%) were induced.



**Figure 2.** Rates of abortion according to marital status of participants

Fifty-four (30%) participants had history of previous voluntarily induced abortion(s): among them 41 (22.8%) had one abortion induced, 9 (5%) had two abortions induced, 3(1.7%) had three abortions induced, and 1 of the participants had history of four previous voluntarily induced abortions.

77 (42.8%) participants were married, 54 (30.0%) were single, 47 (26.1%) were cohabitant, 2 (1.1%) were divorced or separated. Rates of voluntary abortion were different according to marital status: 41/54 single (71.9%), 7/47 cohabitant (12.3%), 7/77 married (12.3%), and 2/2 divorced/separated (100%).



**Figure 3.** Abortion methods used among participants

Regarding methods used for abortion: 40 (22.2%) clients were managed medically, 22 (12.2%) managed surgically, 118 (65.5%) underwent both medical and surgical management.

Clients spent between 1 to 5 days in hospital for abortion care. Majority (110 clients, 61.1%) spent one day or less, 45 (25%) spent two days, 19 (10.6%) spent three days, 4 clients spent

four days, and 2 clients spent 5 days in hospital before complete uterine evacuation! Among all 180 participants, 44 (24.4%) said that abortion care services were not affordable, 21 among them were from Kacyiru Hospital, 29 (16.1%) clients said that pain management was not adequate.

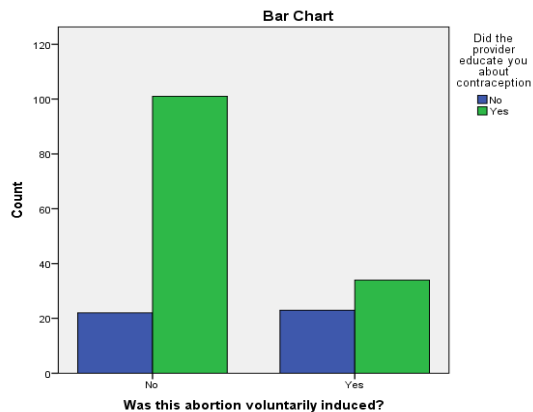


Figure 4. Education on contraception

Looking at clients who had come for voluntary abortion induction, 23 (40.3%) were not educated on contraception, 27 (47.3%) were not educated on STIs including HIV, 27 (47.3%) were not educated about safer sexual practices. Nine (15.7%) participants said that they did not have enough time with the provider to discuss their needs (N=57).

Seventeen (9.4%) clients said that the staff was not respectful and was not willing to provide abortion care. (N=180)

High percentages of participants were satisfied with abortion care settings and services (ranging from 74.4% to 92.8%). In general, at all three study sites, 160 (88.9%) participants were satisfied with overall quality of received abortion care, the remaining 20 (11.1%) were not satisfied (N=180).

45 (25%) clients were not educated about contraception, 78 (43.3%) were not educated on STIs/HIV, 52 (28.9%) did not receive any supportive post-abortion counseling, 71 (39.4%) were not educated about potential complications of unsafe abortion, 88 (48.9%) were not educated on safer sexual practices (N=180).

## 9. DISCUSSION

The general aim of this study was to evaluate the quality of abortion care from clients' point of view in three of Kigali's high-volume public hospitals.

The mean time spent was reasonable and similar at study sites. Most (65.5%) cases were managed using combined methods. Both findings could be different among health facilities or countries depending on a number of factors. In a study done in Democratic Republic of Congo and Tanzania, use of surgical methods alone was 80% and 79.0% respectively.<sup>11,21</sup>

Our study found that there was a gap in education and counseling. Only 51.1% reported that they were educated about safer sexual practices, 56.6% educated about STIs/ HIV, 60.5% educated about potential complications of unsafe abortion, 75% educated about contraception, 71.1% got supportive counseling. Reasons could be that providers were busy, or forget, or may be unaware of post-abortion care services. These results were similar to those found in a study done in Senegal and Tanzania where lowest rating was for client information and counseling.<sup>12,21</sup> In Tanzania, education on STIs/HIV was only 2.7%, while only 30.1% discussed contraception with provider (N=412).<sup>21</sup>

In a previous study done at two hospitals in Kigali, post abortion contraception use before discharge was low at 36.5% despite 88.5% who were educated on contraception<sup>22</sup>, in this study post-abortion education on contraception was 75% (N=180). Comparing both data we can roughly say that almost a half of post-abortion women educated on contraception are unlikely to take any form of contraception before being discharged.

Considering 57 clients who had come for voluntary abortion, only 59.6% were educated on contraception. The reason could be that almost a half of all induced abortions were treated at the same hospital, Kacyiru DH (28 out of 57 clients) where post abortion education on contraception was the lowest (39.6%, N=53).

Fifty four (54) participants had at least one previous pregnancy voluntarily aborted: this repetitive abortion clearly shows that there is a gap in post-abortion contraception (education and uptake), which contributes to vicious cycle of unwanted pregnancy, abortion.

In our study, twenty-two clients (12.2%) revealed that they did not have enough time to discuss their needs with the abortion care providers (N=180).

With regard to pain management, 29 (16.1%) clients said that their pain was not adequately managed. In Ethiopia, 14% (N=400) of abortion clients reported that providers did not give them any painkillers though they had pain.<sup>6</sup>

About a quarter of all participants reported that the abortion care services were not affordable, but we think this result could be partly associated with having health insurance or not, which we did not ask.

Participants who were single were more likely to have induced abortion since among 57 who consulted for voluntary abortion, 41(71.9%) were single. This result may reflect how, for unmarried women in Rwandan society, pregnancy is regarded as a taboo. Again, this could be because of lack of support from the partner.

Among 17 (9.4%) clients who claimed that the staff was not respectful, 9 (52.9%) had come for voluntary abortion. This reflects that there is still some stigma faced by some clients who come for safe abortion, and may lead them to not return, and therefore go for unsafe abortion during future pregnancies. In general 90.5% were treated with respect and willingness to provide care. In a study done in Guraghe zone, Ethiopia, 93.5% said they were treated with politeness and respect.<sup>6</sup>

In general, high percentages of clients said they were satisfied with facilities' physical environment, and with the quality of abortion care services that they received. Overall, 88.9% participants were satisfied by received abortion care (N=180). This rate of satisfaction was similar in a study done in Ethiopia (83.5%, N= 422).<sup>6</sup>

All studied variables were statistically associated with client overall satisfaction of abortion care services ( $p < 0.05$ ) except facility cleanliness, privacy and confidentiality, education on STIs, and on safer sexual practices ( $p > 0.05$ ).



## 10. LIST OF TABLES

### 10.1. Demographic characteristics of study participants

		Name of Health facility			Total (N=180)
		Kacyiru (N=53)	Kibagabaga (N=69)	Muhima (N=58)	N (%)
Marital status	Cohabitant	11 (20.8%)	17 (24.6%)	19 (32.8%)	47 (26.1%)
	Divorced/separated	1 (1.9%)	0 (0.0%)	1 (1.7%)	2 (1.1%)
	Married	13 (24.5%)	34 (49.3%)	30 (51.7%)	77 (42.8%)
	Single	28 (52.8%)	18 (26.1%)	8 (13.8%)	54 (30.0%)
Was this abortion induced?	No	25 (47.2%)	56 (81.2%)	42 (72.4%)	123 (68.3%)
	Yes	28 (52.8%)	13 (18.8%)	16 (27.6%)	57 (31.7%)
Number of previous abortions induced	None	24 (45.2%)	61 (88.4%)	41 (70.6%)	126 (70%)
	One	22 (41.5%)	7 (10.1%)	12 (20.7%)	41 (22.8%)
	Two	7 (13.2%)	0 (0.0%)	2 (3.4%)	9 (5.0%)
	Three	0 (0.0%)	1 (1.4%)	2 (3.4%)	3 (1.7%)
	Four	0 (0.0%)	0 (0.0%)	1 (1.7%)	1 (0.6%)

		Was this abortion voluntarily induced?		Total
		No	Yes	
Marital status	Cohabitant	40 (32.5%)	7 (12.3%)	47 (26.1%)
	Divorced/separated	0 (0.0%)	2 (3.5%)	2 (1.1%)
	Married	70 (56.9%)	7 (12.3%)	77 (42.8%)
	Single	13 (10.6%)	41 (71.9%)	54 (30.0%)
Total		123 (68.3%)	57 (31.7%)	180 (100%)

## 10.2. Days spent in hospital for abortion care

		Name of Health facility			Total (N=180)
		Kacyiru (N=53)	Kibagabaga (N=69)	Muhima (N=53)	
		N (%)	N (%)	N (%)	N (%)
Number of days spent in Hospital	One	24 (45.3%)	40 (58.0%)	46 (79.3%)	110 (61.1%)
	Two	18 (34.0%)	17 (24.6%)	10 (17.2%)	45 (25%)
	Three	8 (15.1%)	10 (14.5%)	1 (1.7%)	19 (10.6%)
	Four	2 (3.8%)	1 (1.4%)	1 (1.7%)	4 (2.2%)
	Five	1 (1.9%)	1 (1.4%)	0	2 (1.1%)
Mean (days)	1.57	1.83	1.64	1.26	

## 10.3. Participants' perspectives on abortion care settings and services

		Name of Health facility			Total (N=180)
		Kacyiru (N=53)	Kibagabaga (N=69)	Muhima (N=58)	
		N (%)	N (%)	N (%)	N (%)
Staff respectful and willing to provide abortion care?	No	4 (7.5%)	7(10.1%)	6 (10.3%)	17 (9.4%)
	Yes	49 (92.5)	62 (89.9%)	52 (89.7%)	163 (90.6%)
Were abortion care services affordable?	No	21(39.6%)	19 (27.5%)	4 (6.9%)	44 (24.4%)
	Yes	32 (60.4%)	50 (72.5%)	54 (93.1%)	136 (75.6%)
Was abortion unit comfortable?	No	3 (5.7%)	10 (14.5%)	0 (0.0%)	13 (7.2%)
	Yes	50 (94.3%)	59 (85.5%)	58 (100%)	167 (92.8%)
Was abortion unit clean?	No	1 (1.9%)	8 (11.6%)	5 (8.6%)	14 (7.8%)
	Yes	52 (98.1%)	61 (88.4%)	53 (91.4%)	166 (92.2%)
Was the abortion unit private and confidential?	No	20 (37.7%)	19 (27.5%)	7 (12.1%)	46 (25.6%)
	Yes	33 (62.3%)	50 (72.5%)	51 (87.9%)	134 (74.4%)
Which method was used for abortion?	Both medical & surgical	30 (56.6%)	42 (60.8%)	46 (79.3%)	118 (65.5%)
	Medical	21 (39.6%)	17 (24.6%)	2 (3.4%)	40 (22.2%)
	Surgical	2 (3.8%)	10 (14.4%)	10 (17.2%)	22 (12.2%)
Was pain management adequate?	No	12 (22.6%)	14 (20.3%)	3 (5.2%)	29 (16.1%)
	Yes	41 (77.4%)	55 (79.7%)	55 (94.8)	151 (83.9%)
Are you satisfied with received abortion care	No	10 (18.8%)	6 (8.6%)	4 (6.8%)	20 (11.1%)
	Yes	43 (81.1%)	63 (91.3%)	54 (93.1%)	160 (88.9%)

#### 10.4. Participants' perspectives on education and counseling

		Name of Health facility			Total (N=180)
		Kacyiru (N=53)	Kibagabaga (N=69)	Muhima (N=58)	
Did the provider explain treatment options?	No	12 (22.6%)	1 (1.4%)	0 (0.0%)	13 (7.2%)
	Yes	41 (77.4%)	68 (98.6%)	58 (100.0%)	167 (92.8%)
Did the provider explain procedures before they are done?	NA/em	0 (0.0%)	0 (0.0%)	1 (1.7%)	1 (0.6%)
	No	9 (17.0%)	4 (5.8%)	0 (0.0%)	13 (7.2%)
	Yes	44 (83.0%)	65 (94.2%)	57 (98.3%)	166 (92.2%)
Did the provider educate you about contraception	No	32 (60.4%)	8 (11.6%)	5 (8.6%)	45 (25.0%)
	Yes	21 (39.6%)	61 (88.4%)	53 (91.4%)	135 (75.0%)
Were you offered post-abortion counseling?	No	36 (67.9%)	14 (20.3%)	2 (3.4%)	52 (28.9%)
	Yes	17 (32.1%)	55 (79.7%)	56 (96.6%)	128 (71.1%)
Did the provider educate you about STIs / HIV	No	46 (86.8%)	31 (44.9%)	1 (1.7%)	78 (43.3%)
	Yes	7 (13.2%)	38 (55.1%)	57 (98.3%)	102 (56.7%)
Did the provider explain potential complications of unsafe abortion?	No	42 (79.2%)	23 (33.3%)	6 (10.3%)	71 (39.4%)
	Yes	11 (20.8%)	46 (66.7%)	52 (89.7%)	109 (60.6%)
Did the provider educate you about Safer sexual practices	No	47 (88.7%)	39 (56.5%)	2 (3.4%)	88 (48.9%)
	Yes	6 (11.3%)	30 (43.5%)	56 (96.6%)	92 (51.1%)
Did you have enough time with the provider to discuss your needs?	No	8 (15.1%)	8 (11.6%)	6 (10.3%)	22 (12.2%)
	Yes	45 (84.9%)	61 (88.4%)	52 (89.7%)	158 (87.8%)

### 10.5. Association between abortion care settings and satisfaction

		Are you satisfied with received abortion care (N=180)		p-value
		No N (%)	Yes N (%)	
Was abortion unit comfortable?	No	4 (2.2%)	9 (5.0%)	0.019
	Yes	16 (8.9%)	151 (83.9%)	
Was abortion unit clean?	No	2 (1.1%)	12 (6.7%)	0.694
	Yes	18 (10.0%)	148 (82.2%)	
Was the abortion unit private and confidential?	No	8 (4.4%)	38 (21.1%)	0.116
	Yes	12 (6.7%)	122 (67.8%)	
Were abortion care services affordable?	No	11 (6.1%)	33 (18.3%)	0.001
	Yes	9 (5.0%)	127 (70.6%)	
Staff respectful and willing to provide abortion care?	No	8 (4.4%)	9 (5.0%)	< 0.001
	Yes	12 (6.7%)	151 (83.9%)	
Was pain management adequate?	No	7 (3.9%)	22 (12.2%)	0.015
	Yes	13 (7.2%)	138 (76.7%)	
Did you have enough time with the provider to discuss your needs	No	5 (2.8%)	17 (9.4%)	0.064
	Yes	15 (8.3%)	143 (79.4%)	

### 10.6. Association between education/counseling and satisfaction

		Are you satisfied with received abortion care (N=180)		p-value
		No N (%)	Yes N (%)	
Did the provider explain treatment options?	No	7 (3.9%)	6 (3.3%)	< 0.001
	Yes	13 (7.2%)	154 (85.6%)	
Did the provider explain procedures before they are done?	NA/ em	0 (0.0%)	1 (0.6%)	< 0.001
	No	6 (3.3%)	7 (3.9%)	

	Yes	14 (7.8%)	152 (84.4%)	
Did the provider educate you about contraception	No	9 (5.0%)	36 (20.0%)	0.028
	Yes	11 (6.1%)	124 (68.9%)	
Were you offered post-abortion counseling?	No	10 (5.6%)	42 (23.3%)	0.027
	Yes	10 (5.6%)	118 (65.6%)	
Did the provider educate you about STIs including HIV	No	12 (6.7%)	66 (36.7%)	0.111
	Yes	8 (4.4%)	94 (52.2%)	
Did the provider explain potential complications of unsafe abortion?	No	14 (7.8%)	57 (31.7%)	0.003
	Yes	6 (3.3%)	103 (57.2%)	
Did the provider educate you about Safer sexual practices	No	12 (6.7%)	76 (42.2%)	0.292
	Yes	8 (4.4%)	84 (46.7%)	

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**12.APPENDICES**

**12.1. CONSENT  
INFORMATION SHEET**

I, **Theogene NIZEYIMANA**, am a medical doctor, in the last year of specialization in Obstetrics and Gynecology. I am conducting a research entitled **“Quality of abortion and postabortion care from the perspective of clients attending Muhima, Kibagabaga, and Kacyiru hospitals”**.

The study aims at understanding the perspectives of clients about the quality of abortion care in the specified hospitals. The results will help to determine the gaps and challenges in abortion and post-abortion care services delivery.

If you decide to be part of this study, you will be asked questions related to the study. We won't do anything dangerous to your life and being part of the study will not affect your treatment. You are free to join the study and free to leave without any consequence. Your name won't appear anywhere, and the information you will provide will be kept confidential.

For any question, contact:

Investigator: **Dr NIZEYIMANA Theogene** Tel: 0788 76 42 24

Email: **theokazindu@gmail.com**

**CONSENT FORM**

I, .....agree to participate in the study

**“Quality of abortion and postabortion care from the perspective of clients attending Muhima, Kibagabaga, and Kacyiru hospitals”**

I am aware that participation in the study is voluntary and I will not be paid for the participation. In addition, all information provided will be treated with confidentiality and that my anonymity will be maintained. I am aware that the result of this study may be published but I will not be identified as an individual. I reserve the right to withdraw from the study at any time if I wish to.

Names and Signature of participant .....

Names and Signature of researcher: .....

Date: .....

For further queries, you can call:

Supervisors: **Dr Patrick BAGAMBE** Tel: 0788 302 804,

**Dr Kenneth RUZINDANA** Tel: 0788 642 551

**Institutional Review Board/ CMHS: 0788 56 33 11**

## **AMAKURU K'UBUSHAKASHATSI**

Njyewe **NIZEYIMANA Theogene**, ndi umuganga wiga kwita ku buzima bw'abagore, nkaba ndi mu mwaka wa nyuma w'icyiciro cya gatatu cya kaminuza. Ndimu gukora ubushakashatsi bwitwa **“Quality of abortion and postabortion care from the perspective of clients attending Muhima, Kibagabaga, and Kacyiru hospitals”** Ubu bushakashatsi bugamije gukusanya amakuru y'abakiliya mu rwego rwo kumenya icyuho n'imbogamizi zikiri mu mitangire ya serivise zo gukuramo inda no kwita kubo zavuyemo.

Niba wemeye kwitabira ubu bushakashatsi, hari ibibazo turibukubaze. Nta kintu tuzakora gishobora kwangiza ubuzima bwawe, uzavurwa uko wakagombye kuvurwa, kandi kujya mu bushakashatsi ni ubushake, nta kiguzi. Amakuru yawe azabikwa mw'ibanga kandi ntabwo amazina yawe azagaragazwa. Uramutse ufite ikibazo wabaza:

Urimo gukora ubushakashatsi: **Dr NIZEYIMANA Theogene**

Telefoni: **0788 76 42 24**, Email: **theokazindu@gmail.com**

## **AMASEZERANO YO KWEMERA KUJYA MU BUSHAKASHATSI**

Jyewe, .....nemeye kujya mu ubushakashatsi bwitwa: **“Quality of abortion and postabortion care from the perspective of clients attending Muhima, Kibagabaga, and Kacyiru hospitals”**.

Nasobanuriwe ko kujya muri ubu bushakashatsi ari ubushake, ko ntagihembo ntegereje guhabwa, kandi ko nzagirirwa ibanga kugiti cyanjye ndetse n'amakuru yose nzatanga. Nasobanuriwe ko ibizava muri ubu bushakashatsi bizatangazwa ariko ko ntazerekanwa nk'umuntu kugiti cye. Mfite uburenganzira bwo kwikura muri ubu bushakashatsi igihe cyose nabishakira.

Amazina n'Umukono by'uwitabiriye ubushakashatsi .....

Amazina n'Umukono by'urimo gukora ubushakashatsi .....

Itariki .....

Ukeneye ibindi bisobanuro wahamagara:

Abagenzuzi: **Dr Patrick Gatsinzi BAGAMBE** Tel: 0788 302 804

**Dr Kenneth RUZINDANA** Tel: 0788 642 551

**Institutional Review Board/CMHS: 0788 56 33 11**

## 12.2. DATA COLLECTION TOOL

### A. SOCIO-CLINICAL DATA

1. Age (*imyaka*) \_\_\_\_\_
2. Marital status (*Icyiciro cy'irangamimerere*)
  - a) Married (*Yarashyingiwe byemewe n'amategeko*)
  - b) Divorced/separated (*Yatandukanye n'uwo bashakanye*)
  - c) Cohabitant (*Abana n'umugabo batasezeranye*)
  - d) Single (*Ingaragu*)
3. What was the gestational age? (igihe inda imaze): Ibyumweru \_\_\_\_\_ weeks
4. Was this abortion voluntarily induced? (ese iyi nda yavuyemo ku bushake?)
  - a) Yes (*Yego*)
  - b) No (*Oya*)
5. Number of previous unwanted pregnancies which were aborted (Umubare w'inda wasamye utabishaka ukazikuzamo)
  - a) Zero (*Zeru*)
  - b) One (*Imwe*)
  - c) Two (*Ebyiri*)
  - d) Three (*Eshatu*)
  - e) Four and above (*Enye no kuzamura*)

### B. ABORTION CARE

6. Were the staff respectful and willing to provide abortion care? (Ese wabonye abaganga baguha agaciro, kandi bafite ubushake bwo kugufasha gukuramo inda?)  
Yes (*Yego*)  ..... (Oya)
7. Are the abortion services in this facility affordable for you? (Ese kuri wowe serivisi zo gukuramo inda hano zirahendutse?) Yego  ..... Oya
8. How long time did you spend in this hospital for abortion care? (Umaze igihe kingana iki muri ibi bitaro ufashwa gukuramo inda?): Iminsi \_\_\_\_\_ Days
9. What are your comments on the abortion unit in this hospital? (Ni iki wavuga ku hatangirwa serivisi yo gukuramo inda muri ibi bitaro?)
  - a) It is comfortable (*ni heza*) Yes (*Yego*)  ..... No (*Oya*)
  - b) It is clean? (*Hafite isuku*) Yes (*Yego*)  ..... No (*Oya*)
  - c) It has privacy (*Hafite ibanga/harihereye*) Yes (*Yego*)  ..... No (*Oya*)
10. Did the service provider explain to you the options of treatment? (Ese muganga yagusobanuriye uburyo butandukanye ushobora kuvurwamo?) Yego  ..... Oya

11. Did the service provider explain to you what will happen during the clinical procedure or examination before they are undertaken? (Ese muganga yagiye agusobanurira ibyo agiye kukorera mbere yuko abikora?)

Yes (Yego)  ..... No (Oya)  Not applicable (Ntibyari bikenewe)

12. Were you given verbal or written information/education? (Ese hari inyigisho muganga yaguhaye haba mu magambo cyangwa mu nyandiko?)

Yes (Yego)  ..... No (Oya)

If yes (Niba ari yego): Which kind of education/information? (Ni iyihe nyigisho wahawe?)

- a) Contraception methods available at a site or by referral (Ibijyanye no kwirinda gusama ndetse n'uburyo bukoreshwa buboneka aha cyangwa ahandi).....
- b) Postabortion counseling (Ubujuanama nyuma yo kuvamo kw'inda) .....
- c) Genital tract infections/sexually transmitted infections including HIV (Indwara zandurira mu mibonano mpuzabitsina zirimo na virusi itera SIDA).....
- d) Potential complications of unsafe abortion (Ingaruka zishobora guterwa no gukuramo inda iyo bikoze nabi).....
- e) Safer sexual practices (Uburyo imibonano mpuzabitsina yakorwa riko idashyize ubuzima mu kaga).....

13. What treatment method was used (wavuwe hakoreshejwe ubuhe buryo?)

- a) Medical (ibinini)
- b) Surgical (agapira koza munda)
- c) Both (byombi)

14. Was pain managed adequately during or after the clinical procedure? (Ese warinzwe ububabare uko bikwiye mbere na nyuma yo gukurirwamo inda?)

Yes (Yego)  ..... No (Oya)

15. Did the service provider spend adequate time with you to discuss your needs? (Ese muganga yaguhaye umwanya uhagije wo kumva ibyifuzo byawe?)

Yes (Yego)  ..... No (Oya)

16. Are you satisfied with received abortion care ? (Ese wanyuzwe n'ubuvuzi wahawe bwo gukuramo inda?)

Yes (Yego)  ..... No (Oya)

**Thank you for your help, your ideas, and your time! (Murakoze kubw'inkunga yanyu, ibitekerezo byanyu, n'umwanya wanyu!**

### 12.3. IRB-CMHS approval



UNIVERSITY of  
RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

DIRECTORATE OF RESEARCH & INNOVATION

#### CMHS INSTITUTIONAL REVIEW BOARD (IRB)

**Dr Theogene Nizeyimana**  
School of Nursing and Midwifery, CMHS, UR

Kigali, 19<sup>th</sup> /April /2022

#### Approval Notice: No 262/CMHS IRB/2022

Your Project Title "*Quality Of Abortion Care From The Perspective Of Clients Attending Muhima, Kibagabaga, And Kacyiru Hospitals*" 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		
Prof 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	
Prof Gishoma Darius	UR-CMHS	X		
Prof Donatilla Mukamana	UR-CMHS	X		
Prof Kyamanywa Patrick	UR-CMHS		X	
Prof Condo Umutesi Jeamine	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 14<sup>th</sup> April 2022, **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](mailto:researchcenter@ur.ac.rw)

P.O Box 3286 Kigali, Rwanda

[www.ur.ac.rw](http://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 19<sup>th</sup> April 2022

Expiration date: The 19<sup>th</sup> April 2023

**Prof Stefan JANSEN**  
**Ag. Chairperson Institutional Review Board,**  
**College of Medicine and Health Sciences, UR**

**Cc:**

- Principal College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate Studies, UR

---

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P.O Box 3286 Kigali, Rwanda

[www.ur.ac.rw](http://www.ur.ac.rw)

## 12.4. PLAGIARISM REPORT & LIBRARY APPROVAL

### QUALITY OF ABORTION AND POSTABORTION CARE FROM THE PERSPECTIVE OF CLIENTS ATTENDING MUHIMA, KIBAGABAGA AND KACYIRU HOSPITALS

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Note

The Study Entitled "QUALITY OF ABORTION AND POSTABORTION CARE FROM THE PERSPECTIVE OF CLIENTS ATTENDING MUHIMA, KIBAGABAGA AND KACYIRU HOSPITALS", is approved by the Directorate of Research and Innovation for submission in UR\_CMHS Library. The plagiarism report is 04% with the following parameters:

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Sincerely



Emile Nisingizwe

Research and Innovation Officer, CMHS