BARRIERS TO SAFE ABORTION AND EXISTING LEGAL FRAMEWORK: OPINIONS OF WOMEN LEADERS IN RWANDA

“The word ‘abortion’ disturbs ... even with safe abortion, the word ‘abortion’ outweighs the word ‘safe’”

HDI
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EXECUTIVE SUMMARY

Rwanda's female representation in positions of influence is well known. Women who are empowered both legislatively and politically can have a multiplier effect on fellow women, including through their influence on sexual and reproductive health and rights policies—such as policies related to access to safe abortion.

Previous research indicated that 24,000 women were in need of emergency medical attention annually as a result of unsafe abortion complications in Rwanda. Between the years 2009 and 2010, approximately 60,000 induced abortions were carried out in Rwanda.

This qualitative research study used both key informant interviews and focus group discussions to gather the opinions of women leaders in order to explore barriers to accessing safe abortion, reluctance to fully support safe abortion and possible strategies to raise awareness for safe abortion within the available legal framework in Rwanda.

Women leaders discussed the lack of access to sexual and reproductive health services among adolescents. They mentioned barriers to accessing safe abortion for cultural, individual and structural reasons. In Rwandan culture, family planning services are expected to be accessed by married women. According to women leaders, unmarried adolescents are not expected to make use of sexual and reproductive health services, and health facilities were seen as lacking adolescent-friendly services.

Participants indicated they would stop their own adolescent children from seeking family planning services. It should be noted that some participants were community health workers, whose mandate includes providing these very services. According to community health workers, contraception is meant to be used by married people. Some participants said that adolescents do not have the right to access these services, even though they acknowledged that adolescents are often sexually active.

Many unreported fatalities happened as a result of unsafe abortion, which can result in serious bleeding causing death. Only in rare cases could daughters inform their mothers of an unwanted pregnancy, participants felt, due to the shame their parents/mothers would feel in such a situation. Other consequences of abortion included domestic violence and child abuse, infertility and post-abortion trauma, and for adolescents, a loss of family support and privileges, and an increase in the incidence of school drop-outs.

The subject of safe abortion was terribly misunderstood. Cultural beliefs, religion/faith, taboos and societal expectations influenced the decision-making process—regardless of the legal framework—when a family was faced with adolescent pregnancy. There is still significant stigma attached to abortion, a lack of awareness of the grounds for access to safe abortion, and a need to integrate safe abortion services into health center services.

ABBREVIATIONS

CHW:	community health worker
CSO:	civil society organisation
FGD:	focus group discussion
FP:	family planning
GBV:	gender-based violence
GMO:	Gender Monitoring Office
HDI:	Health Development Initiative-Rwanda
KII:	key informant interview
MIGEPROF:	Ministry of Gender and Family Promotion
MINIJUST:	Ministry of Justice
MP:	member of parliament
NWC:	National Women's Council
RDHS:	Rwanda Demographic and Health Survey
SRH:	sexual and reproductive health
SRHR:	sexual and reproductive health and rights
STI:	sexually transmitted infection
WHO:	World Health Organization

According to the World Health Organization, unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both (WHO, 2020).

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1. BACKGROUND TO THE STUDY

1.1 Background

Between 2010 and 2014, an estimated 25 million unsafe abortions were performed annually across the globe, with the majority occurring in developing countries. Africa accounted for 29% of all unsafe abortions, and 62% of unsafe abortion-related deaths (Ganatra B., Gerdts C., Rossier C., et al., 2017). It is estimated that 7 million women every year are admitted to hospital as a result of unsafe abortion in developing nations (Singh S. & Maddow-Zimet, I., 2016). Moreover, the risk of dying due to unsafe induced abortion is believed to be highest in Africa. The annual cost of treating unsafe abortion-related complications is approximately 553 million USD (Vlassoff, M. et al., 2008).

The barriers to accessing safe abortion are multidisciplinary and vary at different levels of the community. Adolescents with unwanted pregnancies often resort to unsafe abortion due to barriers such as restrictive laws, poor services or a lack of services, high cost, abortion-related stigma, health care provider objections, mandatory waiting periods, mandatory counselling, misleading information, unnecessary medical tests that delay timely care, and the requirement for third-party authorisation (WHO, 2019).

Between the years 2009 and 2010 an estimated 60,000 induced abortions were carried out in Rwanda (Basinga, P. et al., 2012).

Rwanda made significant progress between 2005 and 2015 in the areas of sexual and reproductive health (SRH) and maternal and child health. This has been partly attributed to the availability of community-based health insurance, which has improved access to health services and family planning (Berry, M. E., 2015).

However, a study conducted by Health Development Initiative (HDI) in 2017 to explore the causes, practices and consequences of terminating a pregnancy, found an estimated 24% of women in prison in Rwanda had been incarcerated on abortion-related charges (Health Development Initiative, 2017).

As stated in the Rwanda Demographic and Health Survey (RDHS), the trend of contraceptive use among adolescents has improved over the years from 3% of the adolescent population accessing contraception in 2005 to 24% in 2008 and 35% in 2015. The RDHS indicates that an unmet need for family planning (FP) among adolescents trended down from 22% in 2005 to 4% in 2015 (National Institute of Statistics of Rwanda, 2015). Yet teenage pregnancy prevalence

increased, from 4.1% of the adolescent population in 2005 to 6.1% in 2010 and 7.3% in 2018 ("Rwanda–Teenage pregnancy and motherhood", 2019). Pregnancy causes teenagers to be vulnerable to infection and increases their risk of unsafe abortion and obstetric complications (Gibbs, C. M., Wendt, A., Peters, S., & Hogue, C. J., 2012).

In 2009, 16,749 women were treated for complications arising from induced abortion (Basinga, P., et al., 2012). Although Rwanda ratified the Maputo Protocol (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) without reservations and allows access to safe, legal abortion under four circumstances in its reformed legal provisions on abortion of 2019 and changes as per the Ministerial Order N°002/MoH/2019, evidence suggests that every year 24,000 women need emergency treatment for medical complications resulting from unsafe abortions. In 2010, 30% of these women were not receiving any treatment for complications due to fear of arrest (Basinga, P., Moore, A. M., Singh, S., et al., 2012).

An unmet need for FP and sexual and reproductive health and rights (SRHR) care still existed by 2012, despite the progress in overall contraceptive coverage.

A study conducted in the Southern Province of Rwanda among community health workers (CHWs) and nurses indicates that women's reproductive decision-making is influenced by four factors: the cultural and historical precedent for large families; social pressure to conform to a husband's beliefs; the assumption among some men that FP is a woman's issue; and barriers to quality service provision characterized by stock-outs, limited time with providers and a prominent fear of side effects (Farmer, D. B., et al., 2015).

1.2 Rationale of the study

Rwanda's female representation in positions of influence is well known (Berry, M.E., 2015). The Constitution requires that at least 30% of elected senators in parliament be women (Ministry of Justice, 2003). As a result, in 2010 56% of lawmakers were women (Ghosh, P., 2012). Further, women have the right to inherit assets according to the 1999 inheritance law (The Republic of Rwanda, 1999), giving them access to resources and decreasing their vulnerability. It is evident that women parliamentarians have been empowered both legislatively and politically, and such empowerment can be used to influence SRHR policies.

There is a body of research that has looked at the impact of women's representation in parliament as distinct from their knowledge, attitudes and perceptions of SRHR.

However, scholars disagree on the impact of women in politics. While one assertion is that women's different resources and interests in gender allow female parliamentarians to obtain different outcomes compared to their male counterparts (Devlin, C. & Elgie, R. 2008; Phillips, A., 1995) another view is that the increase in female parliamentarians changes only the social climate within the political arena to guarantee a gender agenda, but has little impact on policy outputs (Burnet, J. E., 2008; Devlin, C. & Elgie, R., 2008).

Noting what women who are empowered—both politically and legislatively—can achieve using their positions of influence, this study will seek to explore their influence and opinion in relation to advancing SRHR and specifically access to safe abortion in Rwanda.

1.3 Legal framework

The law of 2012 prescribes the circumstances under which a pregnancy can be terminated. They include: if the pregnant person requesting an abortion became pregnant as a result of rape; if the person requesting an abortion became pregnant after being subjected to a forced marriage; if the person requesting an abortion became pregnant as a result of incest with a person to the second degree of kinship. In all of the above circumstances, the law required the complainant to produce evidence for the grounds on which she is seeking an abortion.

However, Ministerial Order N°002/ MoH/2019 of 08/04/2019) states that "without prejudice to the provisions of Article 11 of this Order, the person requesting for abortion is not required to produce evidence of the grounds she invokes".

The ministerial order further states that if, after the abortion is performed, it is proven that the person who sought abortion provided false information, she is liable in accordance with the law.

The above description of the legal framework will be referred to as "legal safe abortion" in this study. The major aim of this research is to explore women leaders' awareness of perceived barriers to legal safe abortion, and possible strategies to advocate for legal safe abortion within the available legislative framework.

1.4 Overall objective

To explore perceived barriers to safe abortion, reluctance to fully support safe abortion, and possible strategies to raise awareness on safe abortion within the available legal framework.

1.4.1 Specific objectives

1. To explore perceived consequences of unmet SRHR needs among adolescents in the three districts of Rwanda

2. To explore the remaining perceived barriers to accessing safe abortion which are still impeding the ministerial order of 2019 on safe abortion

3. To explore the possible reasons preventing women leaders from supporting legal safe abortion

4. To identify possible strategies for raising awareness of the availability of legal safe abortion services

2. METHOD

2.1 Research design

This study used qualitative research methods. Both key informant interviews (KIIs) and focus group discussions (FGDs) were conducted to explore perceived barriers to safe abortion, reluctance to fully support safe abortion, and possible strategies to raise awareness for safe abortion using the available legal framework.

Details of each method of data collection, sampling information, and data analysis are provided below.

In this study, a literature review was conducted of both published and unpublished materials related to safe abortion.

PubMed, Cochrane Library and Google Scholar databases were used to search for publications. Other documents consulted were policies, reports and surveys of local and international organisations known to have interventions in SRHR. Some of these organisations include the WHO, UNAIDS, United Nations Population Fund (UNFPA), Rwanda Ministry of Health, and Rwanda Biomedical Centre.

Keywords used were: abortion, safe abortion, adolescent, pregnancies, barriers to safe abortion, FP and SRHR rights in Rwanda.

2.2 Study description

This was a qualitative study that explored opinions of women leaders toward safe abortion as provided for in the Rwanda legal provisions on abortion of 2012 on safe abortion and its 2019 revisions, which outline the circumstances under which legal safe abortion can be conducted in Rwanda.

The study also sought to understand the ways women leaders can advocate for strategies to improve access to legal and safe abortion. Focus group discussions were conducted with women leaders from the three districts of Kigali Province (Kicukiro, Gasabo and Nyarugenge).

However, KIIs targeted women leaders based on their responsibilities rather than their location.

2.3 Study site

The study was primarily conducted in Gasabo, Kicukiro and Nyarugenge districts. Female CHWs and women in charge of social affairs were interviewed to gather their opinions on safe and unsafe abortion in Rwanda. Civil society organizations (CSOs) located within the three districts were targeted for participation.

2.4 Study population

The study population comprised women leaders mainly working in Gasabo, Kicukiro and Nyarugenge districts. The study included women leaders from CSOs.

2.5 Data collection techniques

a. KIIs with:

- Members of parliament (MPs)
- Ministry of Justice (MINIJUST)
- Gender Monitoring Office (GMO)
- Ministry of Gender and Family Promotion (MIGEPROF)

b. FGDs with:

- National Women's Council (NWC)
- Social affairs workers
- Community health workers (CHWs)

2.6 Sampling procedures

We used purposive sampling to select the study population who met the inclusion criteria. Our participants were selected from female MPs, members of the NWC, women in charge of social affairs at the village level and frontline ministries familiar with the subject matter.

2.6.1 Inclusion criteria

- Self-identification as female
- Over 18 years old
- In a position of leadership in Gasabo, Kicukiro or Nyarugenge districts
- Has held a leadership position for at least six months
- Agrees to sign a consent form after receiving the study information

2.6.2 Exclusion criteria

- Under 18 years old
- Identification as male
- Is not in a leadership position or has held a leadership position for less than six months

2.7 Recruitment of study participants

A total of eight key informants were interviewed in addition to FGDs. After six FGDs, no new significant information was discussed, but a seventh FGD was performed to verify that there was data saturation.

a. Interviews

Participants in KIIs were selected by the research team with the assistance, in some cases, of a contact person from local SRHR implementing partners. The selected individuals were directly contacted by the research team and asked to participate. The KII interviews included the following participants:

- Three KIIs with female MPs
- Three KIIs with CSO women leaders
- One KII with a MIGEPROF participant
- One KII with a GMO participant
- One KII with a participant from MINIJUST

b. Focus group discussions

Seven FGDs were conducted to learn about women's perspectives on safe abortion as provided for by the law. Participants in the FGDs were selected from different districts or with different mandates and levels of responsibilities. Overall the study included three FGDs in each district/ sector. Each FGD was composed of at least six female participants (CHWs, social affairs and NWC).

2.8 Data collection procedures

Qualitative data collection was performed in three districts, which were selected due to the high rates of abortion cases within each district. Purposive sampling was used to identify the key informants based on their professional position, expertise and leadership in different fields, as well as on their presumed knowledge of the existing legal framework within which safe abortion services are provided in Rwanda.

Interviews and FGDs were conducted by two qualified and trained researchers. In some of the FGDs, one researcher took the role of a moderator while the other was a notetaker.

Interviews were conducted at the workplaces of the key informants or other places they felt comfortable. Interviews were conducted in person, with participants in FGDs sitting in a semicircle to facilitate discussion.

The data collectors started by filling out a prepared sociodemographic information sheet. Participants were assigned numbers to allow the notetaker to transcribe the interviews without mentioning names.

Two voice recorders were used to record both KIIs and FGDs to capture all the information and complement the field notes. Whenever necessary, field notes were expanded by the notetaker, with assistance from the moderator, to create a daily summary of data collected. All interviews and FGDs were conducted in Kinyarwanda and later translated to English.

2.9 Data management and analysis

Upon concluding the data collection process, the research team reviewed the audio recordings and transcripts for completeness and quality control. All Kinyarwanda transcripts of the FGDs and KIIs were read and reread for a deep understanding of the collected information. A codebook was developed in which key themes and research-specific objectives were noted, and all transcripts were coded.

Labels were attached to fragments of text to allow the research team to group and compare similar or related pieces of information when analyzing the qualitative data. ATLAS.ti v7.5.18 software was used for qualitative data analysis.

Finally, key information and quotes were reduced and displayed, and concurrence tables were produced to evaluate the saturation of the information. All five steps of qualitative data analysis (reading, interpreting, coding, reducing and displaying) were performed to ensure consistency within the data. The important quotations are included in this report.

2.10 Ethical considerations

The study received ethical approval. Written informed consent was obtained from all KII and FGD participants before any interview was conducted and all aspects of confidentiality were respected during and after data collection. No individual identifiers were entered into the analysis software.

3. FINDINGS

3.1 Sociodemographic characteristics of the study participants

In total, 44 women leaders participated in this study. Seven FGDs of five to seven participants were performed. Five FGDs were with CHWs, one was with social affairs workers and one was with workers from a government agency for gender empowerment. Eight KIIs were also conducted.

The age of the participants ranged from 28 to 60 years. More sociodemographic characteristics of participants at each venue are presented in Table 1 below:

Table 1: Sociodemographic characteristics of study participants

District	Site	# of FGD (N=7) # of KII (N=8)	# of participants (N=44)	Average age (range)	Marital status	Occupation	Education level
Gasabo	Berwa	FGD 1	5	44 (39–55)	Married (3) Widowed (2)	Tailor/social affairs (2) Farmer/social affairs (3)	Vocational (2) Secondary (2) University (1)
	Urugembo	FDG 2	7	39 (31–49)	Married 7	Tailor/CHW (2) CHW (5)	Primary (3) Secondary (4)
	Rugazi	FGD 3	6	38 (28–50)	Married (5) Widowed (1)	Farmer/CHW (1) CHW (4) Tailor/CHW (2)	Primary (1) Secondary (5)
Kicukiro	Niboye	FGD 4	6	52 (43–59)	Married (5) Divorced (1)	CHW (6)	Primary (3) Secondary (2) University (1)
Nyarugenge	Nyakabanda	FGD 5	6	42 (30– 56)	Married (5) Single (1)	CHW (6)	Primary (4) Secondary (2)
	Munini	FGD 6	6	38 (29–41)	Married (4) Single (1)	CHW (6)	Primary (1) Secondary (5)
Gasabo	NWC	FGD7	6	41 (36–45)	Married (4) Single (1) Widowed (1)	WMO (2) WEO (2) ERMO (2)	University (all participants)
Gasabo	Govt & CSOs	KII	7	47 (36–60)	Married (5) Single (2) Widowed (1)	SA (1) MP (3) GMO (1), ED (1) PO (1) ES (1)	University (all participants)

**ED: executive director*
**ERMO: entrepreneurship rural mobilization officer*
**ES: executive secretary*
**PO: program officer.*
**SA: state attorney*
**WEO: women empowerment officer*
**WMO: women mobilization officer*

3.2 Consequences of unmet SRHR needs

Study participants were asked if they were aware of the consequences of unmet SRHR needs. Their responses suggest that the consequences are numerous and include unprotected sex, unwanted pregnancies, unsafe abortion, and imprisonment due to unsafe abortion.

Participants also mentioned cases of school dropouts, exclusion from family, loss of family privileges and support, and death due to hemorrhage and other complications.

Some participants attributed the over-population of Rwanda to unmet FP needs. This unmet need and a resulting increase in teenage pregnancies are linked to the vicious cycle of poverty, according to study participants. Overall, participants felt that there were too many people imprisoned over abortion-related cases and that the issue was a serious one.

Imprisonment

"I remember recently the President of the Republic pardoned women in prison on abortion charges. They were many, [and] I ask myself: he just pardoned them [but] wasn't the law passed with his acknowledgment?" (Participant 2, FGD NWC)

"I don't think some have been released, cases are still there of those charged with murdering babies. According to abortion discussions on TV, cases are around 14,000, but recently the President of the Republic cited 429 cases." (Joint interview 1)

"What we hear [is] there are those who give birth and kill the babies or throw them away." (Participant 4, FGD CHWs Gasabo)

Death

Women leaders had serious concerns about the magnitude of deaths resulting from unsafe abortion, especially among teenagers. They wondered if there was enough evidence of the number of deaths, since many die before reaching hospital, and reasoned that although the death rate figures were estimates, it is a serious problem which can no longer be ignored.

"I believe there are many unreported cases of unsafe abortion that end up ... either in death or infirmity ... you hear [of] people that have used a wire to abort; you hear all sorts of scary things." (KII 7)

"Effects are there because there are those that abort illegally and lose their lives in the process ... they are many, honestly I have visited women's prisons and found young girls charged with abortion.

I can't give a proportion but on average every cell could have four to five charged with abortion." (KII, MP 1)

"...because of shame, the family [turns] to unsafe abortion, [it's] worse for poor families who often take their daughter to aunties that lead them to traditional doctors, and [the daughter] bleeds to death."(Joint interview 4)

"There is a case I know of a student that was helped to abort but later worsened and died because she could not go to the hospital without insurance." (Participant 1, FGD CHWs Nyarugenge)

"The traditional methods we cannot fully be aware of but we are sure when a woman aborts, she may lose too much blood and conditions may worsen." (Participant 4, FGD CHWs Gasabo)

"When one wishes to abort and doesn't have access to safe abortion services, as long as [she has] already made a decision, she will try all options, which leads to ba magendu [unskilled abortion providers] [and] eventually may lead to death." (KII 6)

Unwanted pregnancy

Unwanted pregnancy was perceived as both a gender and a women's rights issue, and some participants saw it as an urgent issue for the country. They emphasized that children born without a stable family environment would be hard to raise, and would potentially end up on the streets.

"I think the future of these unwanted children should be a critical concern for the government. I think they should sit urgently and analyse how this needs to be done. They are many in number and we need to think about the future of these children. The economy is affected because children from teenage pregnancies need to be taken care of. Their potential to get skills and formal employment to contribute to the economy is compromised." (KII 5)

Domestic violence and child abuse

The threat of increased gender-based violence (GBV) was also raised. Participants felt there tended to be blame placed between parents about each other's responsibilities, whether as partners dealing with their own unwanted pregnancy or as parents of a teenager who becomes pregnant.

"I have a neighbor who confessed to having given birth to a child, but always battered the child whenever she remembered how the father treated her, because the father never wished her to give birth to another child."
(Participant 5 FGD CHWs Nyarugenge)

"Even in married couples, because of the conditions and needs in the family the husband may not wish to have more children but unfortunately the lady ends up becoming pregnant. The husband orders her to abort, so she seeks traditional methods and when these aren't successful, the husband runs away from the home.

There are so many challenges in families today." (Participant 3, FGD Social Affairs).

School drop-out, loss of care and privileges from parents

Participants expressed concern about the number of school drop-outs as a result of unwanted pregnancies. They described adolescents who lost the privileges and rights they were receiving from their parents because they got pregnant out of wedlock. Due to beliefs in Rwandan culture this meant possible exclusion from their family.

"When the teenager does not access these services/abortion services, she might drop out of school and lose her rights and all privileges she has been receiving at home because of pregnancy. She might find herself isolated/excluded, and later may run away from home." (Participant 5, FGD CHWs Nyarugenge)

Infertility

Some of the participants cited infertility as a possible consequence of unsafe abortion.

"There are those that abort and are not able to conceive again." (Participant 6, FGD Social Affairs)

Trauma

Women leaders also identified post-abortion trauma as one of the consequences of unmet SRHR needs. When the only option available is abortion, participants suggested that many adolescents end up traumatised.

"There's a colleague of mine, we studied together. She fell in love, but her boyfriend frustrated her, yet she got pregnant. She told me she went to Uganda and aborted but she's still traumatised to this day. It has haunted her; even after getting married and giving birth to children she continues to pray but cannot forgive herself." (KII 8)

3.3 Perceived barriers to and constraints of legal safe abortion

3.3.1 Perceived barriers to legal safe abortion

Although women leaders were aware of the large number of adolescents that die as a result of unsafe abortion, some felt that providing safe abortion services was tantamount to murder. They described instances where they thought legal safe abortion was not necessary. For example, a situation where a woman commits adultery and gets pregnant while her husband is serving a long prison sentence, and she is worried about the potential repercussions when the husband is released.

In their view, since the woman wasn't raped—it was her decision to engage in infidelity—she should have no right to access safe abortion services.

Furthermore, women leaders wished to focus more on efforts to prevent unwanted pregnancies among adolescents, rather than on discussing the provision of safe abortion. They urged all stakeholders to be brought on board to ensure effective preventive measures, mentioning inclusion of parents, teenagers, health providers and religious leaders to encourage a common understanding.

One leader was asked what she would talk about if she was requested to talk to the community about safe abortion. She simply replied, *"I don't support safe abortion." (KII, MP 1)*

Another leader was asked if she thought, from a body autonomy perspective, that a woman who becomes pregnant as a result of rape has rights over her body. She replied:

"Yes, she has rights, if the rape is a special case ... if the rape is within family, they should not abort because the unborn baby has a right to live too. Rights should not be absolute at the expense of others, thus I would not support abortion." (KII MP 3)

"Personally I would advocate for abstinence and adopt severe punishments for those who conduct unsafe abortions. I respect a person's life but cannot support abortion, even in the case of rape because even victims of rape during the genocide carried their children. Yes, it traumatised the mother but abortion traumatises more and I think the baby should be born. Who knows what the future holds for him or her." (KII MP 2)

Women leaders were concerned with the challenge of whether a community can freely discuss abortion like they do with gender issues. They called it a new initiative and said they are still tied to cultural barriers and need to change the community's mindset. One of the leaders said:

"The word 'abortion' disturbs. There is a bad connotation on hearing 'abortion' in Kinyarwanda; it portrays someone as a killer. Even with safe abortion, the word 'abortion' outweighs the word 'safe'." (KII MP 1)

Participants' opinions were sought regarding a situation where a teenager is too young to give birth. They were asked if, even in such circumstances, it was considered killing or instead if it is saving the mother's life. She replied, *"It is killing." (Participant 5, FGD Gasabo)*

In a FGD of six participants, another participant interjected immediately and said, *"It is killing because the baby is alive. What we are discussing is killing." (Participant 2, FGD Gasabo)*

"If you help your daughter to abort at the age of sixteen, you have shown her that killing is simple. As a mother I cannot imagine how your daughter looks at you when you tell her to abort. In the future, if anybody kills whenever they like, killing will be easy – as if killing a rat. I don't know the trust you are putting in your child, I don't know the trust they have for you if you tell them to abort the pregnancy ... It's murder because the unborn baby is innocent despite the circumstances. They should live." (Participant 6, FGD NWC)

"When [a woman is] made pregnant by her father it's a big problem. But even then, she should give birth to the child regardless of how she will look after the baby. [If she is] made pregnant by a brother it is also a big problem, but I don't understand how you resort to abortion." (Participant 4, FGD CHWs Gasabo)

To emphasise the issue of morality, a leader in one of the FGDs described how she used to tell her children that when they stole pencils from their contemporaries it would affect them when they grew up—according to her, that is how bad habits start. Participants said that they would rather look to their own culture for options instead of Western culture; that in Western countries a child takes a gun to class and kills students.

As if all current national efforts disregarded prevention and focused only on provision of safe abortion, one women leader questioned:

"Why are all efforts toward killing instead of educating the people? What's easier? I think all efforts should be directed toward education and awareness of prevention, and we can never fail because we have succeeded with bigger tasks in this country ... there are those who do it in hiding, it's all murder." (Participant 2, FGD NWC)

"While getting pregnant is a challenge for adolescents, I think they should give birth because life is irreplaceable and maybe with God's support they can raise the child, but I don't agree with abortion."(Participant 2, FGD CHWs Nyarugenge)

3.3.2 Perceived constraints related to the removal of a court order to access safe abortion

While the ministerial order removing the need for a court order to access safe abortion services was seen by some as an improvement, others viewed it with concern. After the amendment, the law allowed a person to seek abortion services without waiting for court approval. Women leaders raised concerns related to the removal of this step.

They expressed fear that the change in the law may not be helpful. The service might be abused because court was previously the means to learning what caused the pregnancy, and without it people might view abortion as a quick solution. Participants wondered what proof a victim could show to a doctor without a court's endorsement. For example, what documents would show that she was impregnated by a brother or relative, or confirm other forms of sexual violence? They wondered what type of documents victims could take to the health centers to say that they were raped and need safe abortion services.

Other concerns raised related to an increased risk of sexually transmitted infections (STIs) – knowing that she has a right to abort when she gets pregnant, a woman may not use protection during sex, which could lead to an increase in HIV infections. In addition, there would be an increased workload for health service providers because more people would access these services. Some might be unable to take annual leave. Participants' thoughts about these concerns are quoted below.

"Personally I don't support the removal of the need for a court order to access safe abortion. At least it was a means to scrutinise all circumstances, such as genuine rape. So without a means to approve or disapprove, personally I don't support it." (KII MP 1)

"Now men are going to impregnate women/adolescent women with ease because they won't face criminal charges, since justice/courts have been pushed away and there's a person who laughingly told me that 'now we going to impregnate them without being stopped because there is no more court involvement'. The safe abortion services shouldn't stop the court/justice process. The problem is always the evidence. So, if there is no evidence there will be no justice." (Participant 5, FGD NWC)

"The problem I see is that people are never going to be scared of pregnancy. They're never going to be scared of adultery and pregnancies. Because they'll say that when they get pregnant there's no need for a court order, I'll just go to a health service provider and explain my case." (Participant 2, FGD Social Affairs).

"The number of women aborting is going to increase. There are cases of girls who avoided having unprotected sex due to fear of pregnancy and the shame; this will cease to be the case." (Participant 4, FGD Social Affairs).

"Truthfully, I don't know how they will handle it like it's a simple matter – the service is complicated and will need a lot of employees. There'll be so many people seeking out the service I don't think they will ever get time to rest. There will also be cases of those that may die in the process because people's bodies react differently." (Participant 1, FGD Social Affairs).

"Girls use condoms not because of a fear of HIV, but fear of pregnancy. They don't mind the other consequences, just pregnancy. And HIV medicine is available – they're going to throw away condoms and HIV cases will increase." (Participant 6, FGD Social Affairs)

"But I think it should be made clear how doctors plan to conduct it. How will doctors weigh the reasons for abortion, because it shouldn't be just whoever wants it." (Participant 3, FGD NWC)

"But I cannot agree that a person is free to go and kill. As I understand it, even if you were not raped you can lie about it, you just make a declaration – it's been made too simple." (KII MP 3)

On finding out that participants were concerned about changes that made access to safe abortion services easier, the interviewer wanted to know why. A question was asked:

Interviewer: "So, making it simple [to access safe abortion services], do you find that a problem?"

"Personally I don't agree that making the law simple played a positive role. Accepting it remains a challenge for me." (KII MP 1)

Interviewer: "What can be done to remove those constraints?"

"In order for people not to be afraid, there should be ongoing awareness. But I'm not going to endorse it, and I can't steer anyone that might seek it from me." (KII)

3.4 Perceived relevance of changes to the legal provisions on abortion

Study participants were asked whether they saw any impact from the changes that were made to the law (removing the need for a court order to access safe abortion services).

They reiterated the reasons for scrapping the court order process: it was simplified to avoid any person who may have become pregnant as a result of rape having to face a long process to access safe abortion services. Previously, a woman could give birth while her case was still being followed up in court. In some cases babies ended up being born despite mothers appealing at two months of pregnancy.

According to study participants, a woman in this situation will never forget that she did not intend to give birth. They suspected such mothers throw babies out on the street.

"We all know when you think of seeking a court order and the processing time involved in issuing judgement ... imagine the time wasted! ... But with the new law, the doctor has the appropriate powers without waiting on a decision from a judge." (KII 5)

"A pregnant woman could give birth before completion of the court process. A lawyer tells you to get evidence of the circumstances of how you got pregnant. So now they have simplified it, we can say that's good, it's welcomed." (Joint interview 4)

"No problem. If there were documents required to confirm that their claims are true, now the process has been removed, any time you need a health service you run to the health center and access, isn't it simple! No more waiting on a decision from authorities." (Participant 1, FGD Social Affairs Gasabo)

"Before, they would go to court first, but with the law change it will be simple for many and those that would have accessed unsafe abortions can go to the health center without fear." (Participant 7, FGD CHWs Gasabo)

"Personally what I appreciate is that there is individual freedom, those that don't agree have the right, the doors are open and they can easily access that service." (KII MP 1)

3.5 Perceived reluctance to fully support legal safe abortion

Athough women leaders acknowledged that many adolescents were dying as a result of unsafe abortions, the majority think that those adolescents should be taught that once a pregnancy has happened, the child should be allowed to be born. They cannot promote safe abortion because of their faith in God and their culture.

The reluctance of women leaders to sanction or support safe abortion was partly due to their fear that Rwandans would probably not listen to any related messages due to the sensitivity of the subject.

"I don't know if Rwanda's culture will embrace the safe abortion message. You need research around this to know how Rwandans will receive this message. Find out if they want it or not. You know laws are made for Rwandans but you should pay attention to how they interpret them. The way I understand Rwandans, I am not sure they can cope with it. Maybe the youths can embrace it, but in our culture it will not be well-received." (KII MP 2)

"The concern I have is that in Rwanda when you are talking to people it should be to people that are listening and understand the message. For example, when you are talking about development, someone pays attention. But when you are talking about the subject of abortion to Rwandans, you should think deeply about how it is interpreted." (KII MP 3)

They find it very difficult to confront the issue, instead they prefer more preventative measures.

"I think we should focus more on prevention than safe abortion. Safe abortion should be for those with health/medical problems, in cases where the child will never survive. We should promote prevention and abstinence instead of safe abortion." (Participant 4, FGD NWC)

"We told you the truth as parents; it is difficult to tell a parent that if your child has an unwanted pregnancy, this [abortion] is how to help her." (Participant 3, FGD NWC).)

"In our briefs and culture, aborting is a sin. When it's an embryo it's already a human being in the eyes of God, so aborting it is killing a person. Those who believe this cannot promote such a practice. In addition, our culture does not accept it, which makes it a bigger challenge for people to encourage what they don't believe in." (KII MP 2)

"We can't encourage people to go for safe abortion. Instead, as my colleague said, we should encourage them to have the same understanding. Myself, as a woman and as a former care provider, you cannot approach me for assistance to abort, I can't manage it. I can direct you to others, but I can't manage it." (Participant 2, FGD NWC).

"For me, of all the available solutions, there shouldn't be one that legalises killing. There are other solutions. Instead there should be more promotion of condom use to prevent pregnancy and STDs. To me this [abortion] is not the first solution to think about." (Participant 5, FGD NWC).

"If somebody is already pregnant and I am encouraging her to abort, who will be guilty for such a sin? It is me who will be guilty since it is me who encouraged it." (Participant 4, FGD Social Affairs).

A respondent from the CHW FGDs from Kigali was also reluctant to support safe abortion, as highlighted in the quote below:

Respondent 3: "Let me tell you, those things are difficult to say that at the health facility there's a service, go there tomorrow morning ...go there and abort if you don't want to give birth to that child. I can't manage that."

Interviewer: "Uuu! You wouldn't dare?"

Respondent 3: "Please, please. I can't do that."

3.6 Lack of enthusiasm among women to support legal safe abortion

As well as grappling with the issue of cultural beliefs, some of the leaders portrayed themselves as mothers with emotions that are different from those of men. They felt that a mother's merciful feelings toward children will not allow them to accept abortion. This lack of enthusiasm to promote safe abortion was mainly perceived as due to how these women were raised to believe that any child should be born regardless of the circumstances. Women were reluctant to support safe abortion as they thought it would be a violation of the rights of the unborn child.

"Women are always merciful ... unlike men who always turn on women and blame them for poorly raised children, even though it's a collective effort. In such a case, instead of thinking about abortion, a merciful mother

will say when this baby is born we will collectively raise him/her. I don't have a grandchild and I cannot let this baby be killed. An embryo is already a child'. That's why you're seeing that women tend not to agree [with abortion], because of the mercy of a mother." (Participant 6, FGD CHWs Kigali)

"I think it's because of the way we, as women, were raised. Plus our character means that, whatever condition you're in, you feel that a child should be born irrespective of your capabilities. It's obvious even in the way mad women handle their babies." (KII 8)

They imagined a situation where a grandparent is raising a grandchild who becomes pregnant. They assumed the grandparents would not support abortion. They noted:

"I raised you after your mother gave birth to you and gave you to me, give birth to that baby and I will raise it as long as I live. And if not, you can raise the baby too." (Participant 4, FGD CHWs Kicukiro)

"You mentioned women leaders ... me, I cannot go there, grab a microphone and encourage fellow women to go and kill those in their womb. Anybody who knows pregnancy and the joy of having a child cannot do it, maybe men can manage because they don't get pregnant, so let them take on the job of encouraging abortion." (Participant 1, FGD NWC).

"The reason men support safe abortion is because it's men who cheat. They say 'whoever tells me I got her pregnant, I'll tell her to abort' ... You find that he made them his mistresses… women are visionary, they're preventing adultery, men are going to benefit." (Participant 5, FGD Social Affairs).

According to most of the women, mothers have rights over their bodies and so does the unborn fetus.

"Mothers have rights but also the unborn fetus has rights. You cannot put your own rights above the rights of the unborn baby. The child already exists, finished. This is how I understand it. I can't really support it." (Participant 2, FGD Kigali)

An interviewer asked a group of CHWs from the city of Kigali the questions below in an FGD:
Interviewer: "What will be your role when it comes to educating the community in order to get safe abortion services?"

Participant 1: "I would rather resign immediately."

Interviewer: "Would you resign?"

Participant 1: "Very much so."

Participant 2: "Even me, I can't afford to say it. I cannot manage to say it."

Some women leaders were not enthusiastic about supporting safe abortion, because they felt it would result in a rise in sexual activity among adolescents, increasing the incidence of HIV/AIDS transmission.

They reiterated the belief that young Rwandan women are afraid of unprotected sex due to the risk of pregnancy rather than the risk of HIV.

"But won't making safe abortion services available increase sexual promiscuity amongst adolescents? Because when she gets pregnant she can easily abort. Another lady in an unstable relationship will simply say let me go abort your 'useless kid' and never see you again. Is this not denying a human being a chance to live?" (Participant 1, FGD Social Affairs).

"Secondly, adolescents used to be afraid of unprotected sex because they thought about the shame of unwanted pregnancy. But now abortion services will be freely accessible, so there'll be more sexual activity and an increase in HIV/AIDS. Another problem is that health facilities will be overrun; providers will not even have public holidays." (Participant 3, FGD Social Affairs).

"In most cases girls use condoms for preventing pregnancy rather than avoiding HIV infection. They say now there's medication for HIV, if safe abortion is freely provided and becomes common, condoms will be ignored completely and HIV will increase." (Participant 5, FGD CHWs Kicukiro)

3.7 Community-awareness campaigns and strategies for raising awareness on safe abortion

3.7.1 Community-awareness campaigns

Participants were asked their views on raising awareness of the new ministerial order to change mindsets and promote safe abortion services. In addition, they were asked which platforms could best suit the campaign. They were also asked the role different stakeholders could play to ensure effective awareness raising.

Participants felt that everyone should know the law. They said that, as with all laws and in particular those regulating safe abortion, everyone responsible should put in more effort to raise awareness of the law at every level of the community. They also indicated that more effort was needed to understand why communities seemed to not be aware of safe abortion legislation.

Participants were cautious about what message should be used to inform communities about safe abortion, given the sensitivity and taboos associated with the subject in Rwandan culture. They thought abortion was no small matter to each individual and that any messaging should go through stages, be well thought out and target a specific group of people.

They proposed counselling services that would give advice on how to access post-abortion health care services before an abortion procedure and avoid negative effects. Potential post-abortion trauma was among the issues that needed to be considered. Participants thought the impact of the legal provisions on abortion were not well thought out during the making of the law.

A number of study participants wondered whether Mutuelle de Santé (health insurance scheme) could cater for safe abortion-related care costs.

"The community needs awareness for anything to change their mindset ... So, personally I can't say the community will change its mindset today or tomorrow, it's a journey – we'd rather continue with awareness raising about the grounds for carrying out safe abortions." (KII 6)

"Personally, after understanding I can raise awareness among my colleagues who can then explain the same to their colleagues, and the next person does the same ... [we should make] more effort to interpret the concept so we can have a common understanding." (Participant 2, FGD Social Affairs)

3.7.2 Strategies for awareness raising/advocacy for safe abortion

Along with reservations participants had already expressed there was also skepticism and hesitancy.

They were asked if there were any strategies that could be used to reduce the individual and societal barriers. Participants thought that CSOs have a large role to play in awareness strategy. They indicated that a number of the organisations operate all over the country – all districts have CSOs, so they operate at a grassroots level.

Using CSOs

"People would listen to us because we are a women- and children-oriented organisation, so they have trust in Haguruka. Meaning they welcome our messages and receive them as the truth, and our contribution could be a meaningful one." (KII 5)

"I think non-state actors that agree with the law should help create awareness if doctors agree as well, but I don't know ... as a former care provider I personally don't agree [with the law]. If there is a doctor who doesn't agree and thinks [abortion] is killing the unborn baby, they should not be charged. If [a pregnant woman] meets with a doctor that agrees with the law then he/she can provide the service. Otherwise people's beliefs should be considered—that's human." (KII MP 1)

Leadership in advocacy campaign

Another strategy suggests that there should be an organisation that takes the lead in advocacy about safe abortion.

Haguruka, (Rwandan nongovernmental organisation that advocates for the rights of women and children) was cited as an organisation that is at the forefront of combatting GBV. The awareness message should focus on the reasons for seeking safe abortion. The participants felt that involving a high-profile political personality was central to the success of any strategy.

"Let me show you how we went about the GBV pathway. We wished to reduce GBV, we explained the GBV pathway at the village level, exposed cases of GBV and detailed where victims could go to seek help. We identified who was ready to go into the communities to explain in detail how to overcome the challenges. We need committed activists and institutions to promote awareness of the cause." (KII 5)

"Any awareness strategy that is well organised should include parents and children. It should be a strategy that can allow parents to freely discuss the topic with their children and should spark discussion in the family. The conversation needs to begin from there, before [a pregnant woman] goes to the health center or clinic." (Joint interview 4)

"We should work together on how to talk about it [safe abortion] and come up with a message the community will accept. Otherwise, just reading the law to them, you would face backlash. And I think we should even go beyond just the civil society. Even the government needs to sit down with us and be able to design messages." (Joint interview 4)

CHWs are adults, and youths do not open up to adults. When it comes to information delivery, CHWs cannot effectively reach young people.

Budgeting and peer youth supporters

There is a need to budget for peer support activities nationally as an investment in reproductive health and family planning.

"If the community health workers [CHWs] included peer youth supporters that could reach out to youths ... Maybe the National Youth Council could integrate it into their activities." (KII 6)

Women's advocacy groups that advocate for human rights, local leaders, and youth and women's councils should collectively develop a document with responsibilities and structures for community mobilisation

Division of labour among stakeholders

There is a need for a clear division of labour in terms of awareness-raising to better coordinate efforts. The government can do the usual, larger campaigns.

"Like we do sixteen days of activism against GBV; coordinate that big activity. Or like our first lady supports the campaign 'Fata umwana wese nk'uwawe' and President Kagame heads and champions 'HeForShe'. So, what should be the campaign message about this law?" (Joint interview 4)

The National Youth Council and NWC should adopt a strategy and share how to approach the matter. CSOs have different useful ways of doing things.

"But the whole question is: how do we really take responsibility? So that they know that the problem concerns everyone and the strategy can be done during Umugoroba Wababyeyi [parents' evenings] to take the lead as we're now doing in our paralegal movements, like how we work with our community facilitators. For the young women champions to take the lead in sharing messages through performance, through all sorts of things." (KII 5)

Positioning of CSOs

As individuals and as women leaders, participants concluded they could understand abortion and think of it as a right. Some felt they could do something, but their organisation might be against it. They asked themselves how CSOs could be encouraged to take a stand on the subject.

"We can't run away from the fact that it's a complex and controversial issue. And controversy is not going to end because of this research. In the meantime, what can be done?" (Joint interview 4)

Talk shows on national television/radio

Participants mentioned that there was a need to invite people such as the Prosecutor General to speak about the subject on TV and radio. They felt it would be a very good starting point to understanding the perspectives of actual decision-makers

"There shouldn't be slowness; this is an emergency (laughs). It's an emergency because it should be awakening different levels of society. If you've been following 'The Square' [current affairs tv show], they now have ways of engaging different leaders." (Joint interview 4)

Integrate safe abortion services into health center services

Care at the district hospital level was regarded as unlikely to be accessed by the majority of Rwandan citizens. Participants wondered which was more accessible to the community: hospitals or health centers. In their view, health center nurses were closer to the community, and nurses could perform safe abortions.

"So, why put it at hospital level? Nurses in health centers when explaining a given topic, such as encouraging people to have health insurance, can also include a message about safe abortion services because there may be youths that have come for treatment who can take on the message ... There are meetings like Inteko z'Abaturage [community assemblies] where a person could leverage the event's dynamic [to share the message]." (Joint interview 4)

Using community platforms to disseminate information

Health centers could send representatives advocating for safe abortion services to various community platforms.

"Since they're all over the country they should get involved and inform the youth. It is a platform to pass on that message since it attracts a lot of youths." (Participant 2, FGD Kicukiro)

A number of platforms were mentioned that would be useful for disseminating information and raising awareness. They included:

- Television talk shows
- Social media
- Radio show series such as *Urunana*
- Umuganda (monthly community work days)
- Umugoroba Wababyeyi (parents' evenings)

3.8 Strengths and limitations of the study

3.8.1 Strengths

• The major strength is the study participants' varied educational backgrounds and work at different levels of the community. They are directly or indirectly involved in efforts geared toward empowering women.

• FGDs included women who willingly discussed all aspects of SRH, with a special focus on abortion.

• The data collection tool was presented to a wider research audience for inputs and validation.

• The study received ethical approval.

• The research team consisted of two researchers: one an experienced medical doctor and one with a social science background. The researchers collaborated closely throughout the entire process of tool development, data collection, analysis and report writing. This process contributes to the trustworthiness of the findings.

3.8.2 Limitations

• The study targeted women leaders, some of whom were high-profile politicians. Securing an appointment for an interview that takes more than 45 minutes was quite a challenge due to their busy schedules.

• The participants are members of Rwandan society, so might have been influenced by the prevailing norms, customs and taboos, and may not have been aware of their own preconceptions about gender roles and aspects of abortion

• The findings are limited to the observations and experiences of the study's participants and others (their counterparts in similar settings).

• There was poor understanding among participants of the law regarding safe abortion, making it difficult to discuss conditions under the current legal provisions on abortion.

4 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

As evidenced by these findings, the subject of abortion or safe abortion evoked mixed reactions among participants, and in some cases was terribly misunderstood. Participants said that the word 'abortion' is disturbing. Even when talking about safe abortion, the word 'abortion' overshadowed the word 'safe'.

Participants' opinions were mostly based on religious beliefs and cultural expectations with little or no regard for the aspects of the current law. Stigma and taboos attached to adolescent pregnancy seemed to guide most of their ideas about a course of action, rather than the prevailing legal framework.

Among CHWs and social affairs workers, there was little or no knowledge of the grounds on which one would seek safe abortion, and no awareness of the removal of the requirement to obtain a court order before seeking legal safe abortion.

Therefore, there is an urgent need for a paradigm shift in the current mindset of women leaders. The shift will mostly be effected by using available mass media tools to raise awareness and by implementing strategies to advocate for the support of safe abortion as provided for by the law. Strategies should include utilising CSOs, alternating leadership of advocacy campaigns between organisations, and integrating safe abortion services into health centers.

4.2 Recommendations

- Deal with abortion-related stigma as an enabling strategy to implement the legal provisions on abortion. Abortion in Rwandan culture is a very sensitive subject. The reluctance of women leaders to support safe abortion was partly due to the fear that Rwandans would not be willing to listen due to the sensitivity of the topic.

- Strive to bring safe abortion information and services to health centers. Currently abortion information and services can be accessed at the district level.

- Use various platforms to disseminate awareness-raising information including, but not limited to, television talk shows, social media, radio show series such as *urunana*, umuganda (monthly community work days), and umugoroba w'ababyeyi (parents' evenings).

- Raise awareness for and disseminate the Ministerial Order No 002/moh/2019 (of 08/04/2019) determining the conditions to be satisfied for a medical doctor to perform an abortion to all stakeholders. The ministerial order was unknown to the majority of study participants.

- Awareness campaign about the legal provisions on abortion should include discussion of HIV prevention and other STIs as they perhaps have more far reaching consquences than unwanted pregnancy.

- In order to better coordinate intervention efforts, SRHR institutions and/or organisations should work together to advocate for safe abortion. Awareness campaigns should focus more on explaining the provisions for safe abortion. These institutions and organisations should use carefully tailored messages to avoid being misunderstood by parents, teenagers, health providers, religious leaders and all stakeholders to ensure a common understanding of safe abortion.

- Build women champions among high-profile female leaders as a pillar awareness-raising for fellow women across the country.
- Community health workers can play an important role of raising awareness about the legal provisions on abortion and awareness against abortion-related stigma in their communities.
- Develop communication strategies for coordination and messaging among all stakeholders working on SRHR including community health workers, civil society organisations, women-focused organisations, and others.

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ANNEX

ANNEX 1. INTERVIEW GUIDE

Topic: Barriers to safe abortion and the existing legal framework: Opinion of women leaders in Rwanda

Instructions for interviewers: Use the introduction letter to introduce yourself and to explain the objectives of the assessment. Answer any questions respondent may have, and provide further information as appropriate. Confirm that the interview results will be kept confidential and ask for permission to use the voice recorder. When asking questions, follow-up with appropriate probes, as necessary. Ask interviewee to sign informed consent form.

Please complete this form for each interviewee including summaries of responses. This summary form should be completed immediately after the interview is completed. Include any important verbatim quotes in the summary. Also complete the "overall assessment of the interview" section at the end. Use more space as required.

Interviewee number: ______________________ Date: ______________
Place:_______________
Duration of the interview: _________
Tape recorded (circle): Yes/No

A. Background

Names____
Age____
Sex____
What is your occupation? _________________________
Marital status _________________________

What is your level of

1 = Primary
2= Secondary
3= University/Higher

B. Information and perceptions on SRHR issues understanding SRHR issues, such as detriments to limited FP and abortion access

a. To what extent are you aware of the consequences of unmet needs for modern contraception?

b. To what extent are you aware of the number women treated for or dying of unsafe abortion To what extent are you aware of the magnitude of women in prison on abortion charges?

c. To what extent do you think abortion should be on the political agenda?

d. Which places do you suggest safest and most comfortable to speak about the issue of safe abortion?

e. To what extent do you feel they have personal and professional responsibility in advancing females' reproductive decision-making including safe abortion?

f. How do you perceive the work that Government of Rwanda is doing to promote safe abortion What more can be done by the government?

C. Information and perceptions on the Organic Law N 01/1012/OL of 02/05/2012 instituting the Penal Code, Official Gazette, special issue, June 14, 1012 and its revisions as per the Ministerial Order N002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion.

Now I would like to ask some questions about Rwanda's Penal Code of 2012 that provides exemptions from criminal liability for abortion.

a. Have you ever heard about the Rwandan penal code for abortion?
b. What do you know about the exemptions for abortion in the Organic Law N° 01/2012/OL of 02/05/2012 instituting the Penal Code, Official Gazette, special issue, June 14, 2012?

If yes, then ask:

a. Who told you about it?
b. How / where did you learn about it?
c. If you discussed about the Penal Code, what was discussed?

I will provide you some information on the 2012 Penal Code:

[READ AND EXPLAIN the Organic Law N° 01/2012/OL of 02/05/2012 instituting the Penal Code, Official Gazette, special issue, June 14, 2012 FOR ABORTION RELATED

INFORMATION

Any person who carries out self-induced abortion, or any person who helps a woman to abort without her consent shall be liable to a term of imprisonment and financial penalty.

There is no criminal liability for a woman who commits abortion and a medical doctor who helps a woman to abort if one of the following conditions is met: 1° when a woman has become pregnant as a result of rape; 2° when a woman has been subjected to forced marriage; 3° when a woman has become pregnant due to incest in the second degree; 4° when the continuation of pregnancy seriously jeopardizes the health of the unborn baby or that of the pregnant woman.

A doctor can perform an abortion for the exemptions, after provision of a court order to confirm that the pregnancy was as a result of rape, incest or forced marriage. Court order is not required when pregnancy is terminated to save the health of pregnancy woman, or when there is fetal impairment.

a. What are your thoughts about the conditions in which the Rwanda's Penal Code of 2012 for abortion and its requirements of the complainant to produce evidence for the grounds she is seeking for abortion?

b. Were you comfortable with Rwandan penal code for abortion?

c. Have you ever heard about the changes as per the Ministerial Order N°002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion?

If yes, then ask:

a. Who told you about it?
b. How / where did you learn about it?
c If you discussed about the Penal Code, what was discussed?
d. What were the changes?

If not, provide the following key changes of the penal code of abortion:

The Ministerial Order N°002/MoH/2019 of 08/04/2019) states that "without prejudice to the provisions of Article 11 of this Order, the person requesting for abortion is not required to produce evidence of the grounds she invokes". The ministerial order further states that if, after abortion, it is proved that the person on whom abortion was performed provided false information, she is liable in accordance with the law.

a. How relevant were the changes?
b. How comfortable are you with the changes what social and cultural obstacles face young women seeking legal safe abortion?
c. How should the social and cultural obstacles to safe abortion be tackled? (e.g. abortion - related stigma)
d. Are there any more barriers to safe abortion in view of the new Ministerial Order N°002/MoH/2019 of 08/04/2019 ?

Community Awareness

Key messages and communication methods for community awareness
In your opinion,
a. what are some of the key messages that the community needs to be
b. informed about the Penal Code and the exemptions?
c. What do they need to know?
d. What do young women need to know?
e. What do young men need to know?
f. How about older women and men, what do they need to know?
g. What it is your role in community sensitization for the safe abortion?

Use diverse advocacy strategies to promote women's health and rights

a. What strategies should can apply to raise awareness for safe abortion issues?
b. Why are women leaders not more enthusiastic to support legal safe abortion?
c. What should be done to make women leaders more supportive of legal safe abortion Do you have any other questions for me?

(Respond to any questions as appropriate)
Thank you very much for your time.

ANNEX 2. CONSENT FORM

ICYEMEZO CYAGENEWE UMUNTU UFITE CYANGWA URENGEJE IMYAKA 18 WEMEYE KUGIRA URUHARE MU BUSHAKASHATSI.

ISUZUMA KW'IKURIKIZWA RY'ITEGEKO NGENGA NIMERO 01/2012/OL RYO KUWA 02/05/2012 RISHYIRAHO IGITABO CY'AMATEGEKO AHANA IBIJYANYE NO GUKURAMO INDA NDETSE N'ITEKA RYA MINISITIRI N°002/MOH/2019 RYO KUWA 08/04/2019 RIGENA IBIGOMBA KUBAHIRIZWA KUGIRA NGO MUGANGA AKURIREMO UMUNTU INDA

Amazina y'uhagarariye ubu bushakashatsi: Dr. Rugema Lawrence
Ikigo baturutsemo: Ishuri ry' ubuzima rusange cya Kaminuza y'u Rwanda
Uwateye inkunga ubushakashatsi: Umushinga w'iterambere mu buzima witwa HDI (Health Development Initiative)

IGICE CYA I: Amakuru kuri ubu bushakashatsi

Intangiriro

Mwiriwe,

Nitwa ___________________________________ nkaba ndimo gukorera ishuri ry'Ubuzima Rusange rya Kaminuza y'u Rwanda. Dufatanyije n'Umushinga w'iterambere mu buzima witwa HDI (Health Development Initiative). Turimo gukora ubushakashatsi kugirango turusheho kumva ibijyanye n'itegeka ngenga nimero 01/2012/OL ryo kuwa 02/05/2012 rishyiraho igitabo cy'amategeko ahana ibijyanye no gukuramo inda ndetse n'iteka rya Minisitiri N°002/MoH/2019 ryo kuwa 08/04/2019 rigena ibigomba kubahirizwa kugira ngo muganga akuriremo umuntu inda. Turashaka kandi kumva uko Umushinga w'iterambere mu buzima witwa HDI (Health Development Initiative) uzarushaho gukangurira no gushyira imbaraga mu buvugizi bw'ibigomba kubahirizwa kugira ngo muganga akuriremo umuntu inda.

Kubijyanye n'ubu bushakashatsi, tuzagirana ibiganiro n'abantu banyuranye bakorera mu mumujyi wa Kigali harimo abadamu b'abadepite, abadamu b'abayobozi b'uturere bungirije bashinzwe imibereho myiza y'abaturage, abadamu bari munzego za leta zitandukanye zifata ibyemezo, abaganga bafite ubushobozi bwo gutanga serivisi yo gukurirwamo inda, abaganga bakorera mu kigo Isange One Stop Center gishinzwe gufasha, kwita, kuvura, kumva no gukurikiranira hafi abagore n'abana bakorewe ihohoterwa rishingiye ku gitsina, abakozi bashinzwe kuryoza icyaha cyo gukuramo inda, ajyanama bw'ubuzima ndetse n'abayobozi b'imidugudu bungirije bashinzwe imibereho myiza y'abaturage.

Ubu ngiye kugusobanurira ubu bushakashatsi mu buryo burambuye. Niba hari ikintu utumva neza, ushobora kumbaza mugihe ndimo kugusomera uru rwandiko maze ngagusobanurira. Nindangiza kugusomera aya makuru, ndaza kugusaba niba wemera kugira uruhare muri ubu bushakashatsi. Mbere y'uko ufata icyemezo, ushobora kugisha inama undi muntu wumva wizeye kuri ubu bushakashatsi.

Impamvu y'ubushakashatsi

Birashoboka cyane ko abagore, abagabo, abana, n'urubyiruko batabona amakuru ahagije ku bijyanye n'ubuzima bwabo by'umwihariko ku miterere n'imikorere y'imyanya myibarukiro ndetse n'ubuzima bw'imyororokere harimo na gahunda y'ikigo cy'ubuvuzi cyemerewe gutanga serivisi yo gukuriramo umuntu inda. Muri ubu bushakashatsi tuzibanda cyane cyane ku bumenyi, imitekereze n'imyitwarire ku buzima bw'imyororokere, itangwa rya serivisi yo gukuriramo umuntu inda hagendewe kw'itegeko ngenga nimero 01/2012/ol ryo kuwa 02/05/2012 rishyiraho igitabo cy'amategeko ahana ibijyanye no gukuramo inda ndetse n'iteka rya minisitiri n°002/moh/2019 ryo ku wa 08/04/2019 rigena ibigomba kubahirizwa kugira ngo muganga akuriremo umuntu inda.

Uburyo bw'ubushakashatsi bukoreshwa:

Amakuru azakusanywa biciye mu biganiro byihariye no mubiganiro mumatsinda.

Guhitamo abagize uruhare mu bushakashatsi

Turabasaba kugira uruhare muri ubu bushakashatsi kubera mubifiteho ubumenyi cyangwa mufite ibitekerezo bijyanye ku buzima bw'imyororokere, itangwa rya serivisi yo gukuriramo umuntu inda hagendewe ku itegeko ngenga nimero 01/2012/ol ryo kuwa 02/05/2012 rishyiraho igitabo cy'amategeko ahana ibijyanye no gukuramo inda ndetse n'iteka rya minisitiri n°002/moh/2019 ryo ku wa 08/04/2019 rigena ibigomba kubahirizwa kugira ngo muganga akuriremo umuntu inda.

Kugira uruhare muri ubu bushakashatsi ni ubushake:

Kugira uruhare muri ubu bushakashatsi ni ubushake. Ufite amahitamo kugira uruhare cyangwa kutarugira. Wahitamo ko ubyanze nta ngaruka uzagira ku buzima bwawe.

Uko ubushakashatsi bukorwa

Ibiganiro mumatsinda n'abajyanama b'ubuzima bari kumwe n'abayobozi b'imidugudu bungirije bashinzwe imibereho myiza y'abaturage.

Ikiganiro kiraaba kigizwe hafi n'abantu 10-12. Buri kiganiro mumatsinda gifite umuntu ukiyobora ukorera mu Ishuli Rikuru ry'Ubushakashatsi k'ubuzima rya Kaminuza y'Urwanda, akaba afite uburambe mu kuyobora ibiganiro bijyanye n'ubuzima bw'imyororokere ndetse na serivisi zitangirwa kwa muganga zo gukuriramo umuntu inda hagendewe ko itegeko ndetse n'amabwiriza ya minisiteri y'ubuzima.

Umuyobozi w'ikiganiro arabanza asobanure muri make ibijyanye n'ubushakashatsi kandi abanze amenye neza ko abagize ikiganiro bamerewe neza. Umuyobozi w'ikiganiro arasubiza ibibazo byose bibazwa nabari mu kiganiro. Hanyuma turabaza ibibazo bijyanye n'ubuzima bw'imyororokere twibanda cyane kuri serivisi zitangirwa kwa muganga zo gukuriramo umuntu inda hagendewe ko itegeko n'amabwiriza ya minisiteri y'ubuzima, turabaza icyo muba mwarumvishije, ibibazo byugarije abagore ndetse n'abana bakuramo inda, aho baba bajya gushaka serivisi bakeneye zijyanye no gukuramo inda. Ntago tuza kubaza ibibazo bijyanye n' amabanga y'ubuzima bwanyu bwite cyangwa ikindi kintu cyatuma mubangamirwa no kuvuga ubuzima bwanyu bwite.

Ibiganiro ku bandi bantu bagira uruhare mubushakashatsi batari mumatsinda

Ikiganiro kirayoborwa natwe tukaba tuva muri Kaminuza y'u Rwanda mu ishuli rikuru ry'ubuzima kandi tukaba dufite uburambe mu kuyobora ibiganiro bijyanye n'ubuzima bw'imyororokere ndetse na serivisi zitangirwa kwa muganga zijyanye no gukuriramo umuntu inda hagendewe ko itegeko n'amabwiriza ya minisiteri y'ubuzima. Umuyobozi w'ikiganiro arabanza asobanure muri make ibijyanye n'ubushakashatsi kandi abanze amenye neza ko abagize ikiganiro bamerewe neza. Umuyobozi w'ibiganiro arasubiza ibibazo byose bibazwa nabari mu kiganiro. Hanyuma turabaza ibibazo bijyanye n'ubuzima bw'imyororokere twibanda kubibazo bijyanye no gukuramo inda. Ikiganiro kirabera ahantu hahejeje. Ntawundi muntu uhagera uretse abagize uruhare mu kiganiro, uyobora ikiganiro n'umuntu uraba yandika raporo. Turaza gufata amajwi ikiganiro cyacu kugirango hatagira amakuru muduha aducika. Ariko kandi nta muntu numwe uzashobora kumva amazina yanyu nicyo mwavuze. Turaza kubabwira birambuye ibijyanye n'ibanga ryo gufata amajwi muri ubu bushakashatsi mu gika kurikiraho.

Igihe ubu bushakashatsi bumara:

Ibiganiro mumatsinda cg Ikiganiro kimara hagati y'isaha n'isaha nigice.

Ingaruka z’ubu bushakashatsi:

Ubu bushakashatsi bufite ingaruka nke cyane, izo duteganya twavuga nuko byashoboka ko umuntu yumva abangamiwe n’ibibazo tumubajije wenda bireba cyane ubuzima bwe gu gite cye. Ariko bigenze gutyo, ushobora kwanga kudusubiza cyangwa kugira icyo uvuga. Kandi ntago ari ngombwa gusobanura impamvu wifashe mugutanga amakuru.

Inyungu

Nta nyungu zako kanya zihari waba ugenewe, Ariko uruhare uzatanga muri ubu bushakashatsi bizadufasha cyane kumenya ibibazo by’ubuzima bw’abadamu n’abana bab’abakobwa bahura nabyo bijyanye no gukuramo inda kandi ibi bizafasha umushinga wa HDI ndetse n’ibigo by’ubuvuzi guhangana n’ibibazo abo bagore n’abana babakobwa bahura nabyo hakorwa ubuvugizi bujyanye n’ itangwa rya serivisi yo gukuriramo umuntu inda hagendewe ku itegeko ndetse n’amabwiriza ya minisiteri y’ubuzima.

Ibihembo

Ntabwo uzishyurwa kuberako wagize uruhare muri ubu bushakashatsi, nyamara ariko abazagira uruhare mu biganiro mumatsinda bazahabwa icyo kunywa ndetse n’amafaranga y’urugendo yo kuza aho ibiganiro bizabera.

Ibanga

Amakuru yose azakusanywa azabikwa mu ibanga. Amakuru azakusanywa azashyirwa kuruhande kandi ntawundi muntu uzayasoma cyangwa ngo ayumve uretse umushakashatsi tuzaba dukorana. Kugirango tutazagira amakuru muduhaye dusiga, turafata amajwi ikiganiro cyacu. Haba gufata amajwi, haba kuyandukura cyangwa izindi nyandiko tuzakora, ntazina ryanyu tuzashyiraho kandi abakora kuri ubu bushakashatsi nibo bonyine bazashobora kubibona kandi amajwi cyangwa inyandiko bizabikwa ahantu hihishe. Kandi bizatwikwa nyuma y’imyaka itanu.

[kubantu bose bitabiriye ibiganiro mumatsinda] tuzabasaba, kimwe nabandi bazitabira ibiganiro, kutaganiriza ibyavugiwe mubiganiro abandi batari mu biganiro. Ariko mugomba kumenya ko tutashobora guhagarika cyangwa kubuza abitabiriye ibiganiro kumena amabanga y'ibyavugiwe mubiganiro.

Gutangaza ibyavuye mu bushakashatsi:

Ubu bushakashatsi niburangira tuzatangaza ibyo tuzaba twabonye kandi twize kubagize uruhare mubushakashatsi tukazabimenyesha umushinga HDI. Tuzatangaza raporo mubinyamakuru kugirango abandi bantu babyifuza bamenye ibyavuye mubushakashatsi bwacu. Turabibutsa ko amazina yanyu atazandikwa muri raporo cyangwa indi nyandiko izasohoka ijyanye nubu bushakashatsi. Amakuru muri butange azabumbatirwa hamwe n'andi azatangwa n'abandi bazagira uruhare muri ubu bushakashatsi.

Uburenganzira bwo guhakana cyangwa kuva muri ubu bushakashatsi:

Turongera kubibutsa, ko guhitamo cyangwa kudahitamo kugira uruhare muri ubu bushakashatsi ari ubushake. Uzakomeza kubona serivise cyangwa ubufasha wabonaga wagira uruhare cyangwa utarugira. Nta ngaruka nimwe uzagira haba izijyanye nuko ubayeho cyangwa mukazi. Nkuko twabivuze haruguru, ushobora guhagarika kugira uruhare muri iki kiganiro igihe ushakiye cyangwa ukanga gusubiza ibibazo wumva bikubangamiye gusubiza.

Ninde wabaza ibibazo byerekeye ubu bushakashatsi

Niba ufite ikibazo icyo aricyo cyose kijyanye nubu bushakashatsi, wahamagara ukuriye ubu bushakashatsi, Dr Lawrence Rugema kuri: +250 788872748 cyangwa uwungirije ubushakashatsi, Dr Bernard Ngabo Rwabufigiri kuri: +250 8 857 6600.

Uramutse ufite impungenge zijyanye n'uburenganzira bwawe cyangwa no guhohoterwa n'ubushakashatsi wahamagara Prof. Kato Njunwa, umuyobozi w'urwego rwa universite y'u Rwanda rw'ishuri ry'ubuzima rusange rushinzwe kugenzura ko uburenganzira bw'abagize uruhare mu bushakashatsi bwubahirizwa kuri Tel: +25078 849 0522

Niba uhisemo kugira uruhare muri ubu bushakashatsi, ndaguha kopi y'ururupapuro uza kugumana. Waba ufite ikibazo?

IGICE CYA II: Icyemezo cyo kugira uruhare mu bushakashatsi

Ndabizi neza ko mfite uburenganzira bwo guhitamo kugira uruhare cyangwa kutagira uruhare muri ubu bushakashatsi. Ku bw'ibyago nshobora kumena ibanga cyangwa nkumva mbangamiwe no kuganira ku ngingo zimwe nazimwe. Ndabizi ko nshobora kureka ikiganiro mbishatse. Nasomye (bansomeye) ibice byose bigize iki cyemezo cy'ubushakashatsi kandi ndabyumva neza.

Ibyo nabajije byose nabisubijwe kandi ndabizi ko nshobora kubaza ibindi bibazo nyuma yahano. Ndabizi ko hagize igihinduka nabimenyeshwa tukabiganiraho.

Nemeye kubushake kugira uruhare muri ubu bushakashatsi : Yego / Oya
Nemeye ko ikiganiro gifatwa amajwi : Yego / Oya
Amazina y'uwemeye kugira uruhare mu bushakashatsi--------------------------------
Isinya y'uwemeye kugira uruhare mu bushakashatsi------------------------------------
Amatariki --------------------------------- Umunsi/ukwezi/umwaka

Niba atazi gusoma no kwandika:.

Umuhamya w'umuntu utazi gusoma no kwandika (nibishoboka, uyu muntu agomba guhitwamo n'umuntu uzagira uruhare mubushakashatsi kandi umuhamya ntagomba kugirana isano n'umushakashatsi) umuntu ugira uruhare mubushakashatsi utazi gusoma no kwandika agomba gushyiraho nawe igikumwe.

Ndahamya ko nasomeye ibigize iki cyemezokigaragaza uwemeye kugira uruhare mu bushakashatsi uyu usabwa kugiramo uruhare, kandi nawe yahawe amahirwe n'umwanya wo kubaza ibibazo. Ndemeza ko yemeye nta gahato kugira uruhare muri ubu bushakashatsi.

Amazina y'umuhamya-------------------------------
Isinya y'umuhamya-------------------
Igikumwe cy'uhagararriwe Amatariki -----------------------Umunsi/ukwezi/umwaka
Ndahamya ko nasomye neza cyangwa nahagarariye isomwa ry'icyemezo cyo kugira ubushakashatsi ku muntu usabwa kugira uruhare mu bushakashatsi kandi ko yahawe amahirwe n'umwanya wo kubaza ibibazo, kandi ibibazo byose yabajije nakoze uko nshoboye mbisubiza neza. Nemeje ko yemeye kugira uruhare mu bushakashatsi ntagahato
Amazina y'umushakashatsi ______________________________
Umukono we _______________ Amatariki ________Umunsi/ukwezi/umwaka
Kopi y'iki cyemezo yahawe uwemeye kugira uruhare muri ubu bushakashatsi:
Yego / Oya

3530

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