HDI
HEALTH DEVELOPMENT INITIATIVE

EXPLORING NON-LEGAL BARRIERS FACED BY YOUNG WOMEN WHILE SEEKING SAFE ABORTION SERVICES IN RWANDA

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ABBREVIATIONS AND ACRONYMS

CSO	Civil Society Organization
FGD	Focus Group Discussion
IDI	In-Depth Interview
KII	Key Informant Interview
VCAT	Value Clarification and Attitude Transformation
WHO	World Health Organization
RNEC	Rwanda National Ethics Committee
HDI	Health Development Initiative
HBM	Health Belief Model
HCW	Health Care Worker
GBV	Gender Based Violence

EXECUTIVE SUMMARY

BACKGROUND

Unsafe abortion is a significant global public health concern, particularly affecting adolescent girls and women. Despite progressive legal provisions that permit abortion under specific circumstances and the removal of the court order requirement in the penal code of 2018, women in Rwanda and Sub-Saharan Africa, still experience legal, religious, moral, and socio-cultural barriers that hinder access to safe abortion services. These barriers may push vulnerable women and girls to seek unsafe abortion, which contributes to severe and life-threatening health complications such as sepsis, hemorrhage, and maternal mortality. Non-legal barriers rooted in societal pressures and cultural norms further exacerbate the issue, complicating efforts to ensure access for women who are legally allowed to have an abortion. Existing studies highlight legal impediments but offer limited insight into non-legal obstacles. This study aims to fill this gap by examining these non-legal barriers, crucial for understanding and addressing the complex landscape of abortion in Rwanda.

METHODS

Qualitative data was collected from participants in Nyagatare, Gatsibo, Kicukiro and Nyarugenge Districts, areas with high rates of unsafe abortions and unintended pregnancies respectively. 24 in-depth interviews (IDIs) with young women who had abortions between ages 10-24, 3 focus group discussions (FGDs) with two of them having 8 mothers whose children had safe abortion each, and 1 group of 8 teen mothers who gave birth in the age of 10-18, then 10 key informant interviews were conducted with healthcare providers, religious leaders, community leaders, and staff working in CSOs. The study utilized a socio-ecological model framework to explore non-legal barriers to safe abortion, examining influences across multiple levels. For healthcare providers, the Health Belief Model (HBM) guided interview development on perceptions and practices related to safe abortion services in Rwanda. Data collection occurred over three weeks, from May 15 to June 5, 2024.

KEY FINDINGS

Specific non-legal barriers that adolescents encounter with accessing safe abortion services: Participants noted barriers like limited abortion services, distant health facilities, lack of awareness and misinformation, delayed care and raising risks for young women. Systemic issues like staffing shortages, confidentiality concerns, and inadequate training persist, hindering comprehensive service delivery, and especially impacting vulnerable adolescents.

Factors that contribute to identified barriers to accessing safe abortion services in Rwanda: Confidentiality breaches and community stigma intensify fears among young women seeking abortion services coupled with parental/guardian denial for authorization to have abortion services. Family and societal pressures heavily influence decision-making, and often these pressures, unregulated costs of abortion care and financial constraints exacerbate barriers, leading to unsafe abortion practices. Healthcare providers, battling professional stigma, struggle to offer compassionate care, underscoring the urgent need for enhanced privacy and supportive healthcare environments.

Post-abortion care services experiences on well-being and health outcomes: Participants in Rwanda experience psychological issues such as depression, and feelings of isolation when accessing safe abortion services, exacerbated by societal stigma. They also report strained family relationships and physical complications during post-abortion. Healthcare providers acknowledge the emotional toll on patients due to stigma and emphasize the necessity of creating compassionate care environments to effectively address these multifaceted challenges.

Participant-led recommendations to enhance access to safe abortion services for Adolescents: Participants in Rwanda recommended enhancing safe abortion services through comprehensive awareness campaigns, reducing stigma, youth education on contraception, decentralizing abortion services, providing patient-centered post-abortion counseling, fostering supportive healthcare attitudes, and advocating for legal reforms for minors' rights. These measures aim to empower individuals and align legal frameworks with societal reproductive health needs.

CONCLUSION AND RECOMMENDATIONS

The study highlighted challenges including limited abortion service availability and misinformation, impacting timely access and increasing health risks for young women. It noted societal pressures, stigma, and mental health impacts post-abortion, recommending awareness, contraception education, decentralized services, and psychosocial support improvements.

INDIVIDUAL LEVEL:

Provide patient-centered pre- and post-abortion counseling to support emotional well-being and reduce isolation.

a. Integrate adolescent-friendly comprehensive sexual education into schools and consider outside school communities to improve reproductive health knowledge.

FAMILY LEVEL:

a. Offer family counseling to foster open communication and support adolescents in reproductive health to make informed decisions.

b. Launch awareness campaigns to combat stigma and promote understanding of safe abortion services.

SOCIETAL LEVEL:

a. Use media campaigns and personal stories to reshape perceptions of abortion as a safe healthcare choice and a women's right.

b. Implement community health education involving local leaders and religious groups to increase awareness and reduce barriers and mitigate opposition.

INSTITUTIONAL LEVEL:

a. Conduct VCAT training programs to foster supportive attitudes among healthcare professionals towards abortion care.

b. Ensure all healthcare facilities are equipped to provide safe abortion services by trained personnel, reducing accessibility barriers and strengthening referral mechanisms

LAW/POLICY LEVEL:

a. Advocate for removal of legal barriers to ensure adolescents' privacy and autonomy in reproductive health decisions.

b. Review and amend laws restricting access to safe abortion services, particularly for minors and young women.

SECTION I: BACKGROUND

I.1 INTRODUCTION

Unsafe abortion remains a notable public health issue globally, inflicting notably adverse consequences on adolescent girls and women [1] Adolescent girls of this age group 10-19 years encounter barriers in accessing abortion related services [2]. In this context of Abortion, these obstacles to legal abortion result in serious health implications and in some cases which results into morbidity & mortality [3]. World Health Organization (WHO) estimates that around 73% million induced abortions take place worldwide each year, of which 4.7–13.2% maternal deaths worldwide are attributed to unsafe Abortion [4]. Across Sub Saharan Africa, unsafe abortion remains prevalent, accounting for up to 97% of the global burden of unsafe abortions, and about 45% abortion-related deaths [5]. WHO estimates that in Eastern Africa, unsafe abortion accounts for one in seven maternal deaths. However, the actual level of abortion-related morbidity and mortality in Rwanda is unknown [6].

In Sub Saharan Africa, abortion draws strong objections due to religious, moral, ethical, sociocultural, medical concerns and highly desirable fertility [7]. A study done on community perception of abortion among women who terminated pregnancy and abortifacients in Kisumu and Nairobi counties mentioned some of the Non legal barriers as, Cultural and religious intolerance to abortion, among communities and service providers–manifesting most saliently as abortion stigma, as well as the cost of care–continues to drive women and adolescent girls to self-managed abortion procedures or those offered clandestinely mainly by unqualified providers [8]. The societal pressure to conform to cultural norms and expectations regarding sexuality and reproductive health adds an additional layer of complexity to the issue despite the legal provision of abortion [9].

In 2012, Rwanda revised its abortion laws to allow the procedure in cases of rape, incest, forced marriage, or if the pregnancy poses a health risk to the woman or fetus. The new law also includes provisions for minors, ensuring they can access safe and legal abortion services [10]. These changes mark significant progress in Rwanda's legal framework, reflecting a commitment to improving reproductive health and protecting women's rights. Despite these achievements, barriers such as stigma and limited access to healthcare, especially in rural areas, still exist.

Although the law was amended in 2018, unsafe abortion is prevalent because women still have challenges accessing safe abortion services due to non-legal barriers [11]. These barriers result in women and girls opting for unsafe abortion services, and consequently, high levels of severe maternal health outcomes attributable to adverse complications of unsafe abortion such as sepsis, cervical and uterine ruptures, hemorrhage, and death [12]. The high incidence of unsafe abortion in Africa does not match the growing availability of safer and quality procedures for terminating pregnancies as stipulated by WHO guidelines [13].

While Rwanda made strides within a progressive legal framework, from complete criminalization of abortion from 1975-2008 where abortion was only permitted if the pregnancy was life-threatening to the mother, to the decriminalization of abortion and revision of the penal code in 2012 and 2018 where abortion was allowed under certain circumstances i.e if the pregnancy was as a result of rape, forced marriage, and incest up to the second degree of kinship, till the publishment of the ministerial order stating proper guidelines for safe abortion services in 2019 [14]. The gap between legal provisions and actual accessibility suggests the presence of non-legal barriers that hinder access to safe Abortion services. Prior studies done in Rwanda provide valuable insights into the broader landscape of safe abortion services including legal barriers to safe abortion, those that focus on non-legal barriers are still scanty. Therefore, this study aimed to explore the non-legal barriers to safe abortion in Rwanda.

I.1.1 DEFINING THE ISSUE OF NON-LEGAL BARRIER

While the legal framework in Rwanda introduced in 2018 and 2019 allows safe abortion services under specific situations, non-legal barriers describe those conditions that may dissuade young women from seeking safe abortion services, even when there are lawful provisions to seek such services. These barriers include and are not limited to cultural and religious intolerance of abortion, among communities and service providers, abortion-related stigma [8], fear of condemnation at public health facilities, uncertainty about the law, and unregulated perceived high cost of safe abortion methods and social discrimination. Hence, as a consequence of ostracism and isolation, these women face risks of mental health disorders, life-threatening complications, self-harm, and suicide. Adolescent girls who experience internalized shame and stigma after having an abortion experience increased psychological distress and physical health symptoms [8].

I.2 PROBLEM STATEMENT

The prevalence of non-legal barriers poses a great risk to the accessibility of safe abortion services, thereby redirecting young women to unsafe abortion practices, which pause health and health-related challenges for young women including adverse complications of unsafe abortion such as sepsis, cervical and uterine ruptures, hemorrhage, and death [12]. Furthermore, the financial and indirect consequences of poor maternal health outcomes on the child(ren), family, and society heighten [12, 13]. Despite progressive legal provisions in Rwanda allowing for safe abortion under specific conditions for adolescents, pervasive non-legal obstacles persist. The inability to access safe services pushes young women to the path of seeking traditional or other unsafe abortion practices which increases the risks of maternal mortality, physical health problems, and psychological distress among adolescents. Despite existing studies on safe abortion, a critical research gap persists in comprehensively understanding and addressing the specific impact of non-legal barriers on adolescents' access to safe abortion services in Rwanda hence the research gap in this area lies in the limited exploration of non-legal barriers to safe abortions and less awareness of adolescents about their reproductive rights including their rights to access safe abortion

I.3 SIGNIFICANCE OF THE STUDY

This study aimed to explore Non-Legal Barriers Faced by young women Seeking Safe Abortion Services in the selected districts of Rwanda. By gathering data directly from the study population, this research sought to uncover the nuanced non-legal barriers that young women face, which may not have been fully captured in the study done from the perspectives of women leaders and healthcare counselors alone. Understanding these barriers is essential for designing targeted interventions that can effectively bridge the gap between non-legal barriers and the actual provision of safe abortion services.

I.4 OBJECTIVES

I.4.1 GENERAL OBJECTIVE

This Research aimed to explore the existing non-legal barriers to safe abortion Services in the selected districts of Rwanda

I.4.2 SPECIFIC OBJECTIVES

- What are the specific non-legal barriers that adolescents/young women encounter when attempting to access/seek safe abortion services in Rwanda?
- How do socio-cultural norms, economic factors, and structural inequalities contribute to these barriers?
- What is the impact of these barriers on adolescents/young women decision-making processes and reproductive health outcomes?
- What recommendations can be formulated based on the findings to enhance access to safe abortion services for adolescents in Rwanda?

SECTION II: METHODS USED

II.1 STUDY AREA AND POPULATION

This study was carried out in Rwanda specifically in Kicukiro, Nyarugenge, Gatsibo and Nyagatare Districts, these two districts-where selected since they had the highest number of unintended pregnancies. In 2018 according to the Ministry of Health Nyagatare had the highest number of impregnated adolescent girls, amounting to 1,465 impregnated teen mothers [15]. The study included adolescents and young adults who had abortions aged between 10-24 who consented to participate in the study, or whose parents assented. Secondly, healthcare providers, religious leaders, community leaders, and parents with adolescent children in the selected study areas were also included. Qualitative data was collected from 66 participants; 24 in-depth interviews (IDIs) with adolescents and young women, 32 participants in focus group discussions (FGDs), and 10 key informant interviews with healthcare services providers. The research received ethical approval from the Rwanda National Ethics Committee (RNEC-73/2024). The district mayors and district health directors were officially informed about the research before recruiting participants. Individual written consent was obtained from each participating before data collection.

II.2 DATA COLLECTION AND TOOLS

The research team visited selected health centers, invited eligible members, informed them about the study, initiated the consent process, and conducted interviews. Study participants were asked individually to provide consent to participate in the FGDs or interviews. These were engaged at health centers, providing a convenient and accessible environment for gaining valuable insights into their perspectives and experiences related to the study's focus. The IDIs and FGDs were conducted by HDI's research department staff who were trained in research methods, cultural sensitivity, and data handling. The IDI and FGD guides were thematically developed using the socioecological model framework to explore non-legal barriers to safe abortion among adolescents in Rwanda. The socio-ecological model provided a comprehensive lens through which to understand how multiple levels of influence interact to shape adolescents' access to and experiences with safe abortion services. Furthermore, the Health Belief Model (HBM) as a theoretical framework was used to develop an interview guide on healthcare workers' perceptions and practices concerning safe abortion services in Rwanda. Qualitative data collection spanned a period of Three weeks from 15th May to 5th June.

II.3 QUALITY ASSURANCE AND DATA ANALYSIS

Quality assurance

The training of data collectors was conducted by the principal investigators in collaboration with the field coordinator, data manager, team leaders, and supervisors. The objectives of the training were to familiarize data collectors with the overall study, ensure they understood the objectives of the study, and make them knowledgeable about the constructs in the study interview guides. The training also focused on ensuring that data collectors fully understood the data collection and management processes and became proficient in administering the study interview guide. A pre-test of the in-depth interview/FGD/KII guide was also conducted in the study district to assess understandability, duration, and processes. Changes were made to the guide and procedures based on the results of the field test. The team reflected on the findings from the pilot phase to address any inconsistencies and discrepancies, ensuring that survey questions were in good chronology and that skip patterns were applied appropriately. Typos and translation errors were corrected to ensure that survey questionnaires and FGD/KII guides were comprehensible and user-friendly.

Data cleaning and analysis

All in-depth interviews, FGDs, and KIIs were transcribed verbatim in Kinyarwanda and translated into English. The transcripts were coded and analyzed using qualitative thematic analysis. After the translation, a preliminary coding structure was developed based on the interview guides, reading of the literature, and one round of open coding. Operational definitions were developed for each code. Interviews were then coded using Nvivo version 14.0 following this preliminary coding structure, with additional sub-codes developed from the interviews as coding progressed. A team of 10 coders worked together to code the interviews and kept a running document to address coding queries and resolve them. Once all interviews were coded, the codes were reassessed based on emerging Themes, the broader literature, and the areas of interest for this study, after which several codes were grouped together; and a set of macro codes were identified. Categories were checked against the data and compared to develop final Themes. Relevant verbatim quotes were used to report the findings and guide the interpretation of the results in each Theme.

SECTION III: FINDINGS

III.1 DEMOGRAPHICS FOR PARTICIPANTS IN THE IN-DEPTH INTERVIEW

Marital Status	Age	Location	Level Of Education	Occupation
Single	17	Nyagatare, Karangazi	Senior 2	Unemployed
Single	22	Nyarugenge	None	Street Vendor
Single	25	Gasange, Gatsibo	Primary 4	Unemployed
Married	30	Gatsibo	Primary 3	Farmer
Single	22	Nyarugenge	Primary 6	Unemployed
Single	20	Nyarugenge	Senior 3	Bartender
Single	17	Gatsibo	Secondary	Student
Single	30	Nyamirambo, Nyarugenge	Primary 3	Sex worker
Single	20	Nyarugenge	Senior 5	Unemployed
Single	22	Nyarugenge	Senior 3	Unemployed
Divorced	36	Gatsibo, Gasange	Senior 3	Farmer
Single	15	Nyarugenge	Secondary	Unemployed
Single	22	Nyarugenge	Primary	Unemployed
Single	20	Kigali	Secondary 3	Unemployed
Single	17	Nyagatare	Secondary 3	Unemployed
Single	30	Kicukiro	Primary	Unemployed
Single	18	Gatsibo	Senior 2	Unemployed
Single	24	Kicukiro	Senior 5	Hairdresser
Single	25	Kicukiro	None	Hawker
Single	30	Nyarugenge	Primary	Hawker
Single	19	Nyarugenge	Secondary	Student

III. 2 DEMOGRAPHICS FOR FGD PARTICIPANTS

Focus group discussions (FGDs) were conducted. Two focus group discussions each with 8 parents of adolescent girls who underwent safe abortions, and one focus group of 8 teen mothers, aged between 15-18 years to understand their experiences and perspectives on non-legal barriers to safe abortion.

III. 3 DEMOGRAPHICS FOR KII PARTICIPANTS

Marital Status	Location	Formal Education	Occupation
Married	Kigali	Tertiary	Doctor
Married	Gatsibo	Tertiary	Nurse
Single	Nyagatare	Tertiary	Counselor
Married	Nyagatare	Tertiary	GBV-officer
Married	Gatsibo	Tertiary	midwife
Married	Gatsibo	Tertiary	Nurse
Single	Nyagatare	Tertiary	Nurse
Married	Gatsibo	Secondary	Pastor
Single	Kigali	Tertiary	SRH officer (CSO)
Married	Kigali	Tertiary	Legal and forensic medicine officer

III. 4. FINDINGS OBJECTIVE BY OBJECTIVE

1. NON-LEGAL BARRIERS TO SAFE ABORTION AMONG ADOLESCENTS AND YOUNG WOMEN

1.1 THEME: SERVICE AVAILABILITY AND ACCESSIBILITY

1.1.1 SUB-THEME: UNAVAILABILITY OF SAFE ABORTION SERVICES

The findings reveal significant issues related to the lack of availability and reliability of comprehensive safe abortion services.

"They told me that they were going to use a machine to remove the remaining contents. After some time, the doctor told me that the machines had a problem and told me that there was another way they were going to use to remove what was remaining but that I would not be able to give birth again. Fortunately, the remaining things came out suddenly " said a 30-year-old participant from Nyarugenge.

"When I arrived at the hospital…I approached one of the doctors and waited for her assistance, but she was unavailable. Then I sought help from other doctors, they directed me to the same person, but she advised me to seek assistance elsewhere. This led to a significant waste of time, and despite my efforts that day, I received no help at all." mentioned a 20-year-old young woman from Kigali

"The problem with abortion services is that they are not quick. During a training session, they told us it takes between one to three months. However, the service often exceeds that timeframe, and then they tell us it's no longer possible" mentioned a parent during an FGD.

"I was not given any advice, rather the doctor told us that if you have started bleeding then you can go home, as he had a lot of patients waiting to see him" uttered a 25 year old participant from Nyagatare.

This distressing account underscores the urgent need for accessible, safe, and reliable abortion services to prevent life-threatening complications and ensure comprehensive care for all

women. In addition, the guidelines indicate that post abortion antibiotics and counseling should be administered following abortion. Unfortunately, in some situations, health care professionals rudely tell adolescents and young women to find ways to take care of themselves, which indicates inefficiency in post abortion care services in some facilities.

"Take care of yourself like a woman who has just given birth and have nutritious meals and soup so that your life can return to normal" said a 24-year-old participant from Nyamirambo after undergoing abortion in a health care facility after abortion services in a room full of expecting mothers.

This quote indicates poor post abortion counseling, where the participant felt insulted instead of being advised on how she could regain her physical and mental health after the abortion.

1.1.2 SUB-THEME: ABSENCE OF SAFE ABORTION SERVICES IN THE PROXIMITY

To ensure quality of service, proximity should be emphasized in the communities. The services being far from the women seeking abortion services came with a burden of transportation costs and time consumption. Here are quotes from participants in this study.

"It was difficult to get there, and I used a fare. I first crossed the river and got to the other side then took a motorcycle to the doctor. We went in the morning and arrived at the doctor's office at lunchtime" Said a 30-year-old woman from Gatsibo who had failed to find safe abortion services in her local area.

"...the transportation costs from my home to the hospital, a journey that took around two hours every day. If we talk about just the cost of transportation, it was about 50,000 rwf" Said a *17-year-old from Nyagatare.*

1.1.3 SUB-THEME: LACK OF INFORMATION

The lack of information about safe abortion services and processes were major findings in this study. Some participants were aware of the safe abortion services but were misinformed and doubtful about the process of acquiring them as mentioned by participants.

"I believe the main issue is lack of information and support provided to people seeking safe abortion services. Many are fearful of legal repercussions because they are unaware of the process and their rights" mentioned a 24-year-old woman from Kicukiro.

"Due to our lack of information, we sometimes don't know the procedure to follow to get an abortion" said a parent during FGD

"I received little information in school, and in the community amongst my friends about abortion being possible in health centers and the requirements like court permission, signature of the person responsible for the pregnancy etc. However, I was not a hundred percent sure." *voiced by a 25-year-old from Gatsibo.*

In addition, the prerequisite to receive the safe abortion services in Rwanda do not require a court permission or a signature of the person responsible for the pregnancy for someone to receive safe abortion service. This therefore shows that the 25-year-old from Gatsibo did not know the process. Many participants were not informed about any available safe abortion services in the facilities within their localities. When participants were asked about the safe abortion services in their area, they were unaware of their availability which led to them traveling long distances.

"I don't know, cause if I knew it (safe abortion service her community), I would not have come here in Kigali, I would have gone there instead" Answered a 23-year-old woman who had traveled a six-hour journey to Kigali seeking these services.

The lack of information causes adolescents and young women to seek alternative unsafe means which usually lead to life threatening complications.

".....I didn't know about safe abortion services but instead knew about traditional abortion services because I had tried with the second one (pregnancy) although it really didn't work but instead almost killed me. It was some mixed thick green liquid things they gave me to drink and put some banana-like thing down there (vagina). So, I did it for like 2 days, but I almost died ... spent two weeks in a coma" mentioned a 22-year-old woman from Nyarugenge.

1.1.4 SUB-THEME: NEGATIVE MEDICAL PRACTITIONER'S PERCEPTIONS, BELIEFS, AND ATTITUDES

Due to negative medical practitioner's perceptions, beliefs, and attitudes, some of the participants were denied safe abortion services.

"Healthcare providers still have stereotypes on the concept of abortion whereby they don't want to be considered allies in the sin (killing the unborn baby in the process of abortion) even though the court case won't include them. There were about 4 doctors who judged me right away and denied any service" uttered a 30-year-old woman from Nyarugenge

In this study, there are participants who expressed their dissatisfaction with the behavior of service providers. This was because they felt unsupported by the service providers. One participant mentioned that doctors were reluctant to perform the procedure and even when she got it, she felt like it was merely to silence her complaints.

"My main concern with the doctors was their reluctance to perform the procedure. I pleaded with them for nearly two days, and even when they eventually performed the procedure at the last minute, it felt like they did so merely to get rid of me and prevent further complaints or disclosures. The overall experience was far from satisfactory." voiced a 20-year-old young woman in Kigali.

"Sometimes healthcare providers hesitate to provide safe abortion services due to fears about potential complications, such as the risk of death. I know friends who were refused by doctors and had to seek help from other hospitals as a result." said a 20-year-old from Nyarugenge.

1.2 THEME: INTERPERSONAL AND SOCIAL FACTORS

1.2.1 SUB-THEME: LACK OF CONFIDENTIALITY

Lack of professional confidentiality

Confidentiality is a fundamental principle of the healthcare provider - patient relationship, and healthcare providers are bound by ethical obligations to maintain the privacy and confidentiality of their patients' medical information. In our study, participants reported incidences where confidentiality was not respected. This constitutes one of the non-legal barriers to seeking safe abortion service.

"I met the gynecologist but even then, the nurses associated lacked confidentiality, everyone knew about my case at this point as they isolated me as well. This was very hurtful indeed." ***mentioned a 30-year-old woman in Nyarugenge***

Lack of interpersonal confidentiality

Interpersonal confidentiality refers to the trust and discretion that we place in others to keep our secrets and maintain our privacy. Our findings revealed that adolescents and young women usually trust in local leaders, community health workers and people surrounding them, but they end up being disappointed by letting out their information. This barrier creates an uncertain environment for prospective adolescents and young women seeking safe abortion services.

"…. It was the local village leader who took me to the health facility,after finding me where my boyfriend had taken me to get the abortion medications from. The local village leader then called my parents. My parents were unaware of the situation and were surprised." ***voiced by an 18-year-old lady in Gatsibo***

1.2.2 SUB-THEME: NEGATIVE PARENTAL, GUARDIANS AND PEER INFLUENCE

The decision to seek an abortion is often a complex and personal one, influenced by a range of factors. In addition to individual beliefs and values, the opinions and behaviors of others can play a significant role in shaping this decision. Decision-makers such as family members, friends, partners, and healthcare providers can have a profound impact on an individual's willingness to seek abortion services, as well as their overall experience of the process. They can wield significant influence over an individual's decision, often exercising emotional manipulation, coercion, or outright hostility.

A 25year old participant from nyagatare said "My dad and older brother kept abusing me everyday and even deserted the family home, my mom struggled with keeping up with the expenses and would abuse me too, when I was better I left home and started working as a maid in Nyagatare so that I am away from the abuse I was subjected to"

"We went to an anniversary of my friend and I heard them talking bad things about me. I don't want to say the words they used were not good at all. They were saying that I should not abort because it is God who raises the children" ***said a 22 year old participant.***

"my grandmother refused me from getting abortion services, so I left the health post thinking about dying. I found a child we live with at home and then I entered the house and drank cow's medicine. I drank it without diluting it, I felt dizzy but I wondered why I wasn't dying. I went back to the house and drank water and then came back to the banana plantation. I was dizzy and I passed out. I don't know How I left the place. I found myself at the hospital in the morning" reported a 17 year old participant from Nyagatare.

"I told him about my decision to have an abortion, and he didn't say anything. However, our relationship ended." said a 17 year old student Gatsibo

1.2.3 SUB-THEME: FEAR

Fear of health complications

One of the most profound fears that individuals experience is the fear of health complications including death. The thought of undergoing an abortion was terrifying for them. For some, they hesitated because of fear of the unknown, especially because they did not have previous medical procedures and lacked enough knowledge about the involved physical risks.

"I first hesitated, and I was afraid because I would hear that if you have an abortion you can die, or that you grow thin and people find out." mentioned a 20 year old from Kicukiro.

"I got pregnant unexpectedly and it was hard for me to accept. When I told the person who got me pregnant, he suggested that we do an abortion, but I told him I did not want to abort because it may kill me " reported a FDG Participant from Gatsibo

Fear of stigma.

Women were afraid of stigma, shame, and judgment from others. Societal stigma and moral judgments around abortion can make people not seek safe abortion service. In addition, some had heard stories or witnessed others who have had traumatic or negative experiences' with an abortion, leading them to believe that they will have a similar outcome.

"most of the time people fear to go to the hospital thinking that they will be judged" a young woman shared her experience of when she was 19 years old.

"I was afraid that people would find out and start to abuse me or call me names" voiced a 17-year-old lady from Gatsibo

"Hesitations and fear were rooted in the experience of a neighbor who had an abortion …. And was exposed to the public, and they insulted her in different ways, I wondered, what if I ended up like that?" voiced a 24 year old from Kicukiro

1.2.4 SUB-THEME: FINANCIAL COST OF SAFE ABORTION COSTS

The financial burden of accessing safe abortion services was a significant barrier for many individuals. Safe abortion services were expensive on some occasions.

"I paid 50,000 Rwandan francs, which is very expensive for a poor person like me. Financial barriers still prevent many people from seeking safe abortions because I know someone who gave up due to this barrier." mentioned a 25-year-old from Kicukiro

"Financial barriers are significant. It's not just about affording the service itself, but also the additional costs like transport, meals during the process, and deciding how to allocate limited funds between abortion and other urgent needs. I paid the doctor 60,000 Rwandan francs, and the other medicines I had to buy later to relieve the pain, along with the fruits I needed, costed about 80,000 Rwandan francs in total." Said a 24-year-old woman from Kicukiro

"I paid 60,000rwf to the doctor that did the procedure of abortion. I, however, developed complications after as the pregnancy was not fully terminated and spent 2 weeks at hospital, where I got more medicine and even underwent an echography where I spent 310,000rwf" said a 25 year old-Gasange-Gatsibo

1.2.5 SUB-THEME: STIGMA AND NEGATIVE COMMUNITY BELIEFS

Stigma classification

Our findings revealed different levels of stigma which include stigma at individual, community, school, family, and hospital level. This stigma was revealed from in depth interviews and focus group discussions. Below are some of the quotes.

Self-stigma

"I keep having memories of what happened; I think about it a lot. Sometimes, I even see myself as a killer because of the stigma associated with abortion—it feels like a sin." mentioned a 17 year old student Gatsibo

Community level

"I used to have a neighbor who people always said she had aborted nearly five times. They called her a murderer, and she ended up getting depressed. She eventually left her home and lost weight in a strange way. It's clear that she was deeply affected by the stigma she faced." uttered a 20-year-old from Nyarugenge

"The community takes you as a killer and a bad person." reported a Focus Group Discussion participant from Gatsibo

"I'm certain that some people might refrain from seeking safe abortion due to the stigma surrounding it. It's difficult when everyone is against you and your situation becomes the talk of the town. It's a significant challenge" said a 25year old participant from kicukiro

School environment

"People would talk about me every time they saw me, and at school, everyone would stare. This behavior made me feel very uncomfortable." said an 18-year-old girl from Gatsibo.

Family level

"I had no one else to talk to about it because people out here take it as a very bad thing. I know some girl who terminated her pregnancy and the parents even disowned her. People can be like, 'Now that you have killed this child, are you going to keep terminating every pregnancy you get?' and that can be frustrating, so I decided not to tell other people." said a 22-year-old lady from Nyarugenge

"So, after the abortion, my sister was constantly insulting me, telling me how terrible it was to have it" mentioned a 22 year old participant from Nyarugenge

One participant from Nyagatare aged 25 explained how after the abortion she faced stigma from her family which led to immeasurable insults from them, she said "My dad and older brother kept abusing me everyday and even deserted the family home, my mom struggled with keeping up with the expenses and would abuse me too, when I was better I left home and started working as a maid in Nyagatare so that I am away from the abuse I was subjected to"

Hospital environment

"Personally, at the hospital you would meet mothers who have had miscarriages. After learning about which service you need, they would judge you and isolate you because it looks absurd to them how I would willingly terminate a pregnancy that they wanted" mentioned a 30-year-old woman from Nyarugenge.

A healthcare provider from a Nyagatare health facility said, " ...it is mostly shame and fear, young girls feel so shy when they come for those services, you see our building isn't even enough for the usual mothers, so now she comes she gets a bed next to a neighbor she knows, or sees someone who knows her family and they find it hard"

"He asked me to come during the lunch break when there wouldn't be many people around at the hospital." said a 25 year old participant from kicukiro as she portrayed the inconvenient hospital environment which forces them to get the services at only specific hours.

2. IMPACT OF NON-LEGAL BARRIERS ON ADOLESCENTS AND YOUNG WOMEN IN RWANDA

In summary, this study revealed the following non-legal barriers: unavailability of safe abortion services; absence of safe abortion services in the proximity; lack of information; negative medical practitioner's perceptions, beliefs, and attitudes; lack of professional confidentiality; lack of interpersonal confidentiality; negative parental and peer influence; fear of health complications; fear of stigma; unfordable safe abortion costs; stigma and negative community beliefs.

These non-legal barriers lead to consequences like mental and physical health concerns among adolescents and young women. In addition, these barriers also lead to social consequences such disruption in family dynamic, isolation, or withdrawal as well as abuse.

2.1 THEME: MENTAL HEALTH CONCERNS

2.1.1 SUB THEME: DEPRESSIVE SYMPTOMS AND SUICIDE ATTEMPT

Mental health consequences of non-legal barriers to safe abortion reveal significant impact on individuals. The mental health concerns due to non-legal barriers to safe abortion and inadequated post abortion counseling as reported by individuals include depressive symptoms such as persistent low mood and suicide attempt. These impacts are reflected through various quotes from individuals who have experienced non legal barriers to safe abortion.

"These things made me depressed and I was sad and wanted to commit suicide" A young person mentioned highlighting a direct link between the experience of non-legal barriers and depressive symptoms.

"Because of these challenges, ... my mood has been low," A 17-year-old lady from Gatsibo remarked, showing a sustained period of low mood following the procedure.

"I would remember how bad it got the previous time when I tried traditional abortion and it would scare me a lot. And I thought maybe suicide was a better idea, but again I would be like how will my kids grow, and what will people say seeing me pregnant again yet I have young children" said 22 year old from Nyarugenge

2.1.2 ANXIETY AND POST-TRAUMATIC STRESS SYMPTOMS

In addition, the mental health concerns due to non-legal barriers to safe abortion as reported by individuals included anxiety and post-traumatic stress symptoms. Below are the individual's quotes.

"Whenever I am alone, I remember it and become anxious about it," said a 15-year-old girl, indicating recurring anxiety related to the experience.

"I can't forget it. It stayed with me until now. Even when I am there drinking a beer, it usually comes back to me." A 20-year-old with recurrent unwanted re-experience of the event which is a known symptom of post-traumatic stress disorder.

2.2 THEME: PSYCHOSOCIAL PROBLEMS

In this study, it was revealed that non-legal barriers lead to psychosocial problems which include difficulties to start and maintain relationships, strained family dynamics, isolation, and trust issues. These findings show the profound psychological and social challenges that individuals may face following the experience of non-legal barriers.

2.2.1 SUB THEME: DIFFICULTIES TO START AND MAINTAIN RELATIONSHIPS

The experience of non-legal barriers to safe abortion also influences personal relationships and social interactions. This is reflected in the quote below.

"When you have a bad experience during abortion…. you just have to accept some things in life as you grow up. It can be hard to think about having relationships anymore" Said an 18-year-old lady in Gatsibo suggesting a diminished ability to form or maintain relationships due to the experience of non-legal barriers.

2.2.2 SUB THEME: NEGATIVE IMPACT ON FAMILY DYNAMICS

The aftermath of abortion can alter family relationships and affect personal happiness. For example, a 17-year-old from Nyagatare mentioned:

"My relationship with my family has changed. I don't feel as happy and comfortable at home as I used to."

This indicated a shift in familial interactions and a decrease in overall well-being at home.

2.1.3 SUB-THEME: ISOLATION

The experiences shared by various individuals showed how the aftermath of experience non-legal during safe abortion can lead to feelings of loneliness, social exclusion, and estrangement from family and friends.

Self-Isolation and Withdrawal:

Participants expressed the tendency to withdraw and seek peace in isolation when dealing with the emotional aftermath of the abortion.

"When I think about the bad experience I had at the hospital, I prefer to go to bed whenever it happens" revealed a 15-year-old girl from Nyagatare.

Another individual chose to isolate herself from her family, keeping her experience hidden due to fear of judgment or rejection.

"I distanced myself from my family; they didn't even know about it." Said a 24-year-old from Kicukiro.

Isolation in Social Settings

In addition to self-isolation, the people around women who opt for an abortion tend to isolate them, worsening the burden they feel after an abortion. On the other hand, participants mentioned that the fear of stigma and gossip in communities led them to avoid public places. They found it hard to return to their usual activities in social settings and feared being judged or stigmatized by peers, teachers, or school administrators.

"In our community, people tend to isolate those who opt or have an abortion." expressed a 30-year-old from Nyarugenge.

"On the third day, I met the gynecologist but even then the nurses associated lacked confidentiality, everyone knew about my case at this point as they isolated me as well. This was a major hindrance and very hurtful indeed" mentioned a 30 year old from Nyagatare.

"When you tell people, they spread the information and you end up getting isolated because you aborted" said a 22-year-old Nyarugenge

"I had first refused to go back to school because I feared going back with students knowing it." mentioned a 17-year-old in Karangazi.

Isolation from the Family and Friends

The reaction of her siblings resulted in isolation within her own home, leading to emotional distress.

"...they are usually like see that girl who aborted and it can be so uncomfortable and you end up being alone and just sad" said a 22 year old participant from Nyarugenge, she went ahead to

mention how the relationship with her siblings had changed by saying that,
"*After terminating the pregnancy, my siblings really deserted me, they couldn't even pass me a cup of water or food. I used to look for jobs so I could be away from my siblings****."***

This shows an active effort to seek physical distance from family members who were unsupportive or judgmental.

2.2.4 SUB-THEME: TRUST ISSUES

Negative community's beliefs toward safe abortion are often projected onto the individual, leading them to assume that the adolescent or young woman is not well behaved or engages in behaviors that contradicts their community's beliefs.

"*After an abortion…. They think when you are not home, you are with men." said a 23-year-old woman from Nyamasheke who had previously sought abortion.*

Lack of trust and the need to constantly explain actions only arose after abortion, implying that the event significantly alters how the family views and trusts an individual who has sought abortion services.

2.3 THEME: ABUSE

Respondents highlighted neglect, verbal and emotional abuse that they faced from their families and communities due to non-legal barriers to safe abortion.

2.3.1 SUBTHEME: VERBAL AND EMOTIONAL ABUSE

The abuse includes verbal abuse, accusations, loss of privileges, and even being driven out of their homes.

"*My brother left the house, and my parents would verbally torment me in regard to the abortion until I could not take it anymore and left the home" uttered a 25 year old woman in Gasange*

"*My sister actually used to insult me, reminding me every day about what I did, torturing me with her words." voiced a 22-year-old in Nyarugenge*

"Living with my parents changed immediately because I started reflecting on the things they said to me after I found myself in such situations. They valued my siblings more, and I felt left behind in everything." stated an 18-year-old young woman in Gatsibo

These reveal a disturbing pattern of abuse behavior perpetrated by family members, specifically parents and siblings. These actions of family members are due to their negative beliefs toward self-abortion.

2.3.2 SUBTHEME: NEGLECT

Participants also reported being neglected by the family members following the abortion.

"After terminating the pregnancy, my siblings really deserted me, they couldn't even pass me a cup of water or food." said a 22-year-old woman in Nyarugenge

This highlights the emotional and physical abandonment faced during the post abortion period, illustrating a broader societal challenge in providing adequate support to adolescents and young women due negative beliefs toward safe abortion.

2.4 THEME: POOR PHYSICAL HEALTH OUTCOMES

Participants revealed that an interplay of non-legal barriers to safe abortion led to poor physical health outcomes among adolescents and young women. Participants reported experiencing incomplete abortions, severe pain, weakness, long hospital stay and the need for further medical interventions.

"Yes, I sought additional medical care. It was because some things were left in the womb after the abortion, so I needed additional treatment." mentioned a 25-year-old woman in Kicukiro

"I didn't even spend a week at work when I returned because I was still very weak, I couldn't do a lot of work, my back used to hurt a lot, so I decided to quit and go home since I failed to work." said a 22-year-old woman from Nyarugenge

"In our area, there are people who undergo abortions without visiting a hospital. I know of someone who performs abortions using a method called "Agati kisombe," which involves inserting a cassava stem inside the private parts. This method led to complications for someone I know; she developed complications in her stomach and eventually had to seek treatment from professional doctors." voiced a 22-year-old woman from Nyarugenge.

"Yes, I knew about traditional abortion services because I had tried with the second one although it really didn't work but instead almost killed me. It was some green things they gave me to drink like a lot of it, and also put some banana-like things down there. So I did it for like 2 days, but I almost died. I got a lot of pain, so much that the following day I was taken to the hospital, but I never died. I was hospitalized for like 2 weeks, and I was in coma" said a 22 year old from Nyarugenge

3. PARTICIPANT-LED RECOMMENDATIONS TO ENHANCE ACCESS TO SAFE ABORTION SERVICES IN RWANDA

A. ADOLESCENT AND YOUNG WOMEN LED RECOMMENDATIONS

3.1 THEME: HEIGHTENING AWARENESS

Respondents revealed that many women are unaware of the availability of safe abortion services, leading to a significant number of unsafe abortions and complications. They emphasized the importance of launching awareness campaigns through various channels, including radio broadcasts and community-level education. Participants suggested integrating information about abortion services into school curricula and expanding outreach efforts to reduce stigma and ensure widespread knowledge about accessing safe abortion services. They stressed the need for comprehensive sensitization efforts to reach all segments of society effectively.
A 30-year-old woman from Nyarugenge highlighted the importance of making abortion services known so that those who need them can access them, noting that many people are unaware of their availability.

"What can be done is to make these abortion services known so that people who want these services can get them. Most people don't know about abortion services."

Also, A 22-year-old from Nyarugenge emphasized the role of radio broadcasts in increasing awareness and reducing stigma surrounding abortion, suggesting that despite discussions on sexual and reproductive health services, abortion remains a taboo topic needing more attention.

"To increase awareness about this service and also avoid stigma would be helpful. Therefore, I think airing it on the radio more often would be helpful because even though SRH services are talked about, abortion is rarely talked about yet people need to know about it."

Furthermore, A 17-year-old woman from Nyagatare suggested that teaching information about abortion services in schools and communities would be beneficial for those lacking awareness.

"It would be beneficial to teach this [safe abortion] information in schools and in the community for those who lack awareness about it."

An FGD participant from Gatsibo stressed the necessity for intensive sensitization efforts at the community level to ensure widespread knowledge about abortion services, advocating for information dissemination beyond radio and television platforms.

"There is a need for intensive sensitization so that people can know about the services because people don't have enough information about abortion services. This message should be available at community level not just on radios and televisions so that all people can have the information."

3.2 THEME: BIRTH CONTROL SENSITIZATION

Respondents stressed the need to actively involve young people in discussions about the risks associated with unintended pregnancies and ensure they have easy access to information about contraceptive options. By doing so, the likelihood of unwanted pregnancies can be reduced, thereby decreasing the risk of unsafe abortion.

A 17-year-old young woman from Nyagatare expressed a desire for more training on preventing unwanted pregnancies.

"I hope we can receive more training on how to protect ourselves from unwanted pregnancies."

A 25-year-old from Gasange stressed the importance of engaging youth on the dangers of unwanted pregnancies and providing easy access to information about birth control.

"Engagement with youth on the dangers of unwanted pregnancies and easy accessible information on birth control is crucial."

A parent participating in a Focus Group Discussion suggested extensive sensitization of teachers by advocates like the Ministry of Health to educate female students on Adolescent Sexual Reproductive Health

"I suggest that advocates like the Ministry of Health sensitize teachers extensively on educating female students on Adolescent Sexual Reproductive Health, emphasizing birth control."

3.3 THEME: DECENTRALIZATION OF ABORTION SERVICES

Most respondents highlighted the importance of bringing healthcare providers closer to their communities.

A 30-year-old young woman from Gatsibo stated, "What I think can be done is to bring doctors closer to us so that people can be helped faster without having to go far."

Suggesting that reducing geographical barriers can improve access to healthcare services.

Another participant highlighted the importance of integrating safe abortion services within existing healthcare facilities. This will reduce the delay to seek care hence curbing on the high rate of unsafe abortions.

"I think that these services should be made available here at the health center so that if someone gets a problem and needs the services, they get them " emphasized by a 36-year-old woman from Gatsibo

A participant from Gatsibo's Focus Group Discussion emphasized the need for information about reproductive health services to be accessible at the community level, beyond just radio and television broadcasts, to ensure widespread understanding and knowledge among all people.

"This message should be available at community level not just on radios and televisions so that all people can have the information".

3.4 THEME: STRENGTHENING PRE AND POST ABORTION CARE

Participants suggested that counseling after abortion is important to help individuals cope with emotional challenges. They highlighted regrets over not receiving guidance and stressed the risks of navigating post-abortion mental health challenges including suicidal ideation without professional support. Many adolescent and young women expressed feelings of emotional distress and regret following their abortion. In addition, participants described

feelings of sadness, guilt, and shame, which they attributed to the lack of counseling or support they received after the procedure. Counseling was noted as crucial for processing feelings of isolation and addressing the impact of the experience. Below are the quotes in regard to the missed opportunities of receiving counselling.

"If I had received counseling about what happened to me (abortion), I would have known how to live and not feel alone or abandoned. I wish someone had told me how to get through this." Said A 17-year-old adolescent from Nyagatare.

"Counseling is necessary; it's very dangerous for a person to undergo an abortion and then continue living without receiving counseling." Said a 25-year-old woman from Kicukiro

"It is important to receive some counseling after because it is hard to forget such things. Even when I see a child, I remember what I did." Said a 20-year-old woman from Kigali

"If I had received counseling about what happened to me, I would have known how to live and not feel alone or abandoned." Said a 17-year-old woman in Nyagatare.

B. HEALTH CARE PROVIDERS LED RECOMMENDATIONS

3.5 THEME: EMPHASIZING PRE AND POST ABORTION COUNSELING

Healthcare providers emphasized the need for supportive and non-judgmental attitudes towards abortion care. They advocate for safe abortion services within healthcare facilities, where discussions are more open and understanding prevails. HCW insists on comprehensive support through pre-abortion counseling, post-abortion follow-up, and even home visits, aiming to prepare patients emotionally and provide ongoing care throughout the process.

"As a psychologist, I understand it very well because for one to come to the conclusion of abortion is because they really need the service. So to me anyone who needs the service should get quality abortion services." (KII, Psychologist)

"They should get both pre-counseling and post-counseling. We also do home visits. It helps because like the pre counselling prepares her for the abortion so that she knows what to expect. The post-counseling also helps her deal with what she has gone through." (KII, GBV Officer)

3.6 THEME: IMPLEMENTING TASK SHIFTING IN REGARD TO SAFE ABORTION SERVICES

Healthcare providers highlighted the expanded provision of these services across all hospitals in Kigali, which has improved awareness and ease of access. However, they advocate for task shifting by empowering trained nurses and midwives to administer these services at health centers, ensuring broader accessibility throughout the country.

"Nowadays, all hospitals in Kigali can offer safe abortion services. This helps raise awareness about these services. We advocate for trained nurses and midwives to be authorized to provide these services, not exclusively medical doctors. This would facilitate access to these services at health centers." (KII, Medical Doctor)

3.7 THEME: REFORMING AND AMENDING THE LEGAL FRAMEWORK

Healthcare workers emphasized the critical influence of the legal framework on the accessibility of safe abortion services in Rwanda. They highlighted ongoing advocacy efforts and the necessity for legislative amendments to improve the quality and availability of these services. Specifically, they advocate for legal reforms to enable minors under 18 to independently access safe abortion and family planning services, aligning with evolving societal needs and rights.

"Advocacy is crucial because we need quality improvements. We advocate for further amendments to the law. While we appreciate the current provisions, there's room for improvement" (KII, Matron)

"We will advocate for legislative changes based on the benefits outlined in our findings. The law should permit individuals under 18 years to access safe abortion and family planning services independently, without parental or guardian consent." (KII, Gynecologist)

3.8 THEME: TRAINING AND CAPACITY-BUILDING INITIATIVES FOR HEALTHCARE PROVIDERS

Health care providers emphasized the importance of Value Clarification and Attitude Transformation (VCAT) sessions, designed to foster supportive attitudes toward abortion through discussions on practical case scenarios. Furthermore, the need for developing training manuals for abortion counseling programs was suggested as a measure to enhance service delivery within the healthcare system.

"VCAT focuses on discussing case scenarios, like how one would support their own daughter or close friend facing abortion. Through these discussions, attitudes toward abortion can be positively influenced. This training is specifically designed for healthcare providers" (KII, Medical Doctor)

"We are working on developing a training manual for counseling programs in the context of abortion. This remains a significant challenge." (KII, Psychologist)

3.9 THEME: ADHERING TO STANDARDIZED PROTOCOLS AND GUIDELINES FOR SAFE ABORTION

Providers reaffirmed the importance of thorough assessments and comprehensive care, including medical history and ultrasound scans, to ensure safe and informed decision-making for patients seeking abortion services. Their patient-centered approach aims to empower individuals through education and support throughout the abortion process.

"... if the rape occurred some time ago and pregnancy has already occurred, all healthcare providers must assess for infections or complications. We should treat the patient as we would any pregnant woman and, if she meets eligibility criteria for safe abortion, we provide the service." (KII Gynecologist)

"Once they reach here, we first listen to them and talk to them. After this, the child is prepared by being taught about abortion so that she can make an informed decision about abortion.... The guideline should be following by every officer" (KII, GBV Officer)

SECTION IV: CONCLUSION AND RECOMMENDATION

IV.1 CONCLUSION

This report aimed to provide an in-depth insight into the non-legal barriers faced by adolescents and young women seeking safe abortion services in selected districts of Rwanda. The study found significant non-legal challenges faced by these women and girls in accessing safe abortion services in Rwanda. Participants highlighted limited availability, long distances to health facilities, and misinformation. These challenges lead to delays in care, financial strain, and increased health risks, compounded by societal stigma and familial pressures influencing decision-making processes.

Confidentiality breaches within healthcare settings and societal pressures further complicate access to safe abortion. Fear of stigma and coercion often impose decisions against adolescents' personal preferences. Financial difficulties escalate these challenges, pushing some towards unsafe abortion methods. Healthcare providers also encounter stigma, hindering comprehensive and empathetic care delivery.

Societal stigma and isolation associated with safe abortion profoundly impact individuals' mental health and relationships. Participants who reported emotional distress post-abortion, including depression and anxiety, influenced by cultural beliefs, Family dynamics , and physical health complications,indicated the need for improved post-abortion care services. Recommendations from participants emphasize raising awareness through comprehensive campaigns and integrating contraceptive education into school curricula. Decentralizing abortion services is urged to enhance accessibility, alongside providing counseling for emotional support. Healthcare providers stress the importance of supportive attitudes and inclusive service delivery.

IV. 2 RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made following the socio-ecological model to improve access to, and utilization of safe abortion services for adolescents and young people in Rwanda:

A. Individual Level - Adolescents Seeking Abortion Services and Healthcare Providers

1. **Comprehensive Counseling Services:** The young women interviewed reported significant emotional and psychological challenges following safe abortions, including feelings of depression, anxiety, and persistent low mood. Providing comprehensive counseling services before and after abortion procedures can help individuals cope better with emotional distress, reduce feelings of isolation, and support their mental health recovery.

2. **Improved Confidentiality:** Confidentiality emerged as a major concern among participants, with breaches reported within healthcare settings and by community members. Implementing enhanced confidentiality protocols within healthcare facilities is crucial to building trust and ensuring privacy for adolescents seeking abortion services. This addresses the identified barrier of confidentiality concerns and supports a respectful care environment.

3. **Youth-Centered Education on Sexual and Reproductive Health:** Participants highlighted the lack of accurate information about safe abortion options and contraceptive methods among adolescents. Integrating comprehensive sexual and reproductive health education into school curricula and community programs is essential. This aims to empower adolescents with knowledge about their reproductive rights, safe abortion services, and contraceptive choices, thereby enabling informed decision-making and reducing unintended pregnancies.

4. **Utilization of Youth-Friendly Services:** Participants highlighted challenges such as fear of judgment, stigma, and confidentiality concerns when accessing abortion services. Establishing and promoting youth-friendly healthcare services that are accessible, confidential, non-discriminatory, and culturally sensitive can address these barriers. These services should be equipped to provide comprehensive reproductive health services, including counseling, contraception, and safe abortion options. Creating safe spaces where adolescents feel comfortable seeking information and services is crucial for promoting their health-seeking behavior and reducing health risks associated with unsafe abortions.

B. Family Level

1. **Community awareness to reduce stigma:** Participants expressed that decision-making processes regarding abortion are heavily influenced by familial pressures. Establishing family counseling and support programs can facilitate open dialogues within families, reduce coercion, and support adolescents in making autonomous decisions about their reproductive health. This would address the identified barrier of familial influences on abortion decisions.

2. **Reducing Stigma through Community Engagement:** Stigma surrounding abortion was identified as a significant barrier, driven by cultural and religious beliefs. Implementing community-wide awareness campaigns that challenge stigma, promote empathy, and foster understanding about safe abortion services can create supportive environments for adolescents and their families. The aim is to reduce societal judgment and improve acceptance of reproductive health choices.

3. **Financial Assistance Programs:** Establishing further financial assistance programs or subsidies to cover the costs of abortion procedures, transportation, and related expenses can alleviate financial burdens and ensure equitable access to safe abortion services for all adolescents, regardless of economic status.

C. Societal Level

1. **Media Campaigns to Reduce Stigma:** Participants emphasized the role of media in raising awareness and reducing stigma surrounding abortion. Launching media campaigns that portray abortion as a safe and legal healthcare option, alongside personal stories of individuals who have benefited from safe abortion services, can reshape societal attitudes and foster supportive communities.

2. **Community-Based Health Education Programs on safe abortion:** Implementing community-based health education programs that involve local leaders, religious organizations, and community health workers can increase awareness about reproductive health rights, safe abortion services, and contraceptive options. This ensures widespread understanding and knowledge among all segments of society, thereby reducing barriers to access.

D. Institutional level

1. **Capacity Building for Healthcare Providers:** Healthcare providers identified systemic challenges such as limited staffing and inadequate training in abortion care. Implementing comprehensive training programs, including Value Clarification and Attitude Transformation (VCAT) sessions, can foster supportive attitudes toward abortion care among healthcare professionals. This would improve service delivery, enhance patient-provider interactions, and ensure compassionate care for adolescents seeking abortion services.

2. **Integration of Comprehensive Abortion Services in Healthcare Facilities:** Decentralization of abortion services and integration into existing healthcare facilities was highlighted as a priority by participants. Ensuring that all healthcare facilities, including health centers, are equipped and authorized to provide safe abortion services by trained nurses and midwives can reduce geographical barriers and increase accessibility for adolescents. Thus, service availability will be improved and delays in accessing essential healthcare will be minimized.

3. **Monitoring and Evaluation of Service Provision:** Participants noted gaps in service provision despite efforts to integrate and provide comprehensive care. Establishing strong monitoring and evaluation mechanisms to assess the quality, accessibility, and responsiveness of abortion services can identify gaps, measure progress, and inform continuous improvements. This aims to ensure that institutional efforts translate into meaningful improvements in service delivery and patient outcomes.

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