Postabortion Care in Rwanda: Program Highlights and Issues Around Stigma

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PAC Consortium Meeting: Addressing Stigma and Quality of Care Issues in PAC Services
19 November 2014, Washington, DC
## Number of women having abortions in Rwanda in 2009

<table>
<thead>
<tr>
<th>National abortion estimates according to AICM</th>
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<tbody>
<tr>
<td>Abortions per 1,000 women 15-49 years</td>
<td>25.0</td>
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<tr>
<td>Abortions per 100 live births</td>
<td>13.9</td>
</tr>
<tr>
<td>Number of induced abortions</td>
<td>60,276</td>
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<tr>
<td>Women treated for complications of induced abortion</td>
<td>16,748</td>
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</tbody>
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**AICM**: Abortion Incidence Complications Method, Guttmacher Institute

1/3 of women with abortion complications did not receive care in 2009

Nearly half of all pregnancies in Rwanda are unintended

53% Intended pregnancies: births & miscarriages
37% Unintended pregnancies: births and miscarriages
10% Unintended pregnancies: induced abortions

585,026 pregnancies, 2009

## Rwanda Penal Code of 2012

<table>
<thead>
<tr>
<th>Grounds on which abortion is permitted</th>
<th>Available on request</th>
</tr>
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<tbody>
<tr>
<td>When the pregnancy jeopardizes the health of the unborn baby or that of pregnant woman</td>
<td>Yes</td>
</tr>
<tr>
<td>Pregnancy as a result of rape (including pregnancies of women &lt;18 years old)</td>
<td>Yes</td>
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<tr>
<td>Pregnancy as a result of incest up to second degree</td>
<td>Yes</td>
</tr>
<tr>
<td>Pregnancy as a result of forced marriage</td>
<td>Yes</td>
</tr>
<tr>
<td>Available on request</td>
<td>No</td>
</tr>
</tbody>
</table>

### Additional requirements:

- An abortion must be performed by a physician in a public hospital or other authorized health-care facility. A physician must seek advice from another doctor where possible. The medical doctor makes a written report in three copies signed by him/herself and the doctor he/she consulted. One copy is given to the interested party or her legal representative; another copy is kept by the medical doctor who consulted her; the third copy is given to the hospital medical director.
- Abortions after rape, incest or forced marriage require a court order.
Summary of the Comprehensive PAC Program

**PHASE ONE** (February-October 2012)

- Introduced **misoprostol** for treatment of incomplete abortion and miscarriage
- Expanded the availability of PAC services from 7 facilities to 55

**PHASE TWO** (May-October 2013)

- Continued with the activities from Phase 1 to provide Comprehensive PAC services.
- Integrated **MVA** as an additional treatment method
- Additional activities to strengthen postabortion family planning provision
- Monitoring and data collection done in Gisagara district
Results from Phase 1: Enabling health centers to provide treatment with misoprostol increased the availability of PAC services and brought them closer to women

*Preparatory phase baseline data that were collected prior to the start of implementation are included in this figure in order to show the shift in treatment and referrals that occurred upon implementation. Because districts began the pilot program at different times, preparatory phase data is included in the months of February, March, and April, yet March and April also contain data from the pilot phase.
Results and impact of the PAC program

- This program increased the availability of PAC services and brought PAC services closer to women.
- Treatment with misoprostol was safe, effective and most commonly used method.
- Mid-level providers at health centers successfully provided PAC.
- The program is currently being scaled-up nationwide with the collaboration of MOH and partners.
Other major initiative to address unsafe abortion in Rwanda: Operationalization of Exemptions for Abortion in the Penal Code of 2012
Abortion Stigma: Context in Rwanda

- There has been no formal study of abortion stigma in Rwanda.
- Ongoing work on the Operationalization of the Penal Code of 2012 included interviews with key informants and focus group discussions with women which shed some light on perceptions on abortion and stigma in the country.
Young women may commit suicide due to the shame of unwanted pregnancy.

“Youth should be informed. There are some girls who commit suicide because of unwanted pregnancy...They should be informed that there are exemptions.”

Married woman, 44 year old, Kinyinya

Source: Voices from Young women and Mothers. Key findings from focus group discussions with young women and mothers about the exemptions related to abortion in the new penal code (Rwanda MOH, 2013)
Abortion is still considered as a sin by many, even if the pregnancy is a result of rape or incest; or if endangers a woman’s life.

“Due to my religious belief I will not accept any abortion, because it is a sin, it is killing.”

Married woman, 46 year old, Gasobo

Source: Voices from Young women and Mothers. Key findings from focus group discussions with young women and mothers about the exemptions related to abortion in the new penal code (Rwanda MOH, 2013)
Provider’s negative attitude towards abortion can be a barrier for the operationalization of the Penal Code of 2012

“Doctors – being part of the Rwandan society – are still in the same confusion as the rest of Rwandan society due to culture for some and religion for others...[Some doctors] are not supportive [of] the new provisions and [some] don’t have [the] skills to perform an abortion. Thus, they need to be trained as key actors.”

Source: Baseline Assessment Key Informant Interviews About the Amended Penal Code for Abortion in Rwanda (Rwanda MOH, 2013)
Due to abortion-related stigma and cultural sensitivity, cases of pregnancies due to rape and incest are kept confidential.

“The sensitivity of abortion in Rwanda’s culturally conservative environment is important because no one wants [it] to be known that they were raped…. [In cases of incest]…family members tend to hide it.”

Source: Baseline Assessment Key Informant Interviews About the Amended Penal Code for Abortion in Rwanda (Rwanda MOH, 2013)
The court order requirement can make access to safe abortion very challenging.

“If you were raped and you came to a situation where you want an abortion, it would be very difficult to start the process of presenting your case to the court and then to the medical doctors who will [also] have to give their approval. Bearing in mind that we don’t have enough doctors, people will keep on going to other countries where abortion is legal or else they will prefer to do unsafe abortion.”

Source: Baseline Assessment Key Informant Interviews About the Amended Penal Code for Abortion in Rwanda (Rwanda MOH, 2013)
Other issues related to abortion stigma in Rwanda

• Abortion is still criminalized in Rwanda, which perpetuates the stigma, even for legal abortions
• Gender based violence (GBV) prevention and management services were established before the Penal Code of 2012, and do not include any information on legal availability of abortion
• At GBV centers women are counseled to “accept” the pregnancy
• Within the PAC context, all women present as “miscarriage”, making postabortion contraception services challenging
• Lack of clear guidelines for the practice of conscientious objection may prevent women from accessing safe abortion services within the legal framework
• The stigmatized environment makes it difficult to collect accurate data on unsafe abortions, or legal safe abortions
Thinking into the future

• Ministry of Health is committed for implementing the legal framework for safe abortion; support from the stakeholders is strong
• Ongoing work on operationalization of Penal Code of 2012 will provide further information and data on the current status of legal abortion services (Dissemination meeting in Feb. 2015)
• Further community involvement is key to address stigma
• Gender based violence (GBV) management services provide important opportunities to work around stigma
• Young women should be a prioritized, as they are commonly victims of GBV
• Any further work with potential partners to understand and address stigma is welcome
Thank you!

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