WOMEN'S PERCEIVED BARRIERS TO ACCESSING COMPREHENSIVE POST ABORTION CARE SERVICES AT MUHIMBILI NATIONAL HOSPITAL, DAR ES SALAAM TANZANIA.

Emmanuel Gibbe Bulabo, (MD)

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Department Of Obstetrics and Gynecology

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By

Emmanuel Gibbe Bulabo

A Dissertation Submitted in Partial Fulfilment of the Requirements for the Degree of Master of Medicine in Obstetrics and gynaecology at

Muhimbili University of Health and Allied Sciences

October, 2024

CERTIFICATION

The undersigned certifies that she has read hereby recommend for submission of dissertation entitled: "*Women's Perceived barriers to accessing comprehensive post abortion care Services at Muhimbili National Hospital, Dar es salaam Tanzania"* In fulfilment of the requirements for the degree of Master of Medicine in Obstetrics and gynaecology of Muhimbili University of Health and Allied Sciences.

_____

Dr. Ali Said

(Supervisor)

Date: _____

_____

Dr Lilian Mnabwiru

(Co-Supervisor)

Date: _____

_____

Dr Agness Massae

(Co-Supervisor)

Date: _____

DECLARATION AND COPYRIGHT

I **Emmanuel Gibbe Bulabo**, declare that this Dissertation is my own original work and that has not been presented and will not be presented to any other University for the similar or any other degree award.

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DEDICATION

This dissertation is devoted to my family, particularly for their unwavering emotional and moral support throughout the fulfilment of this task.

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LIST OF ABBREVIATIONS AND ACCRONYMS

cPAC	Comprehensive Post Abortion Care
D&C	Dilatation and Curettage
IRB	Institution Review Board
M/EVA	Manual/Electrical Vacuum Aspiration
MA	Medication Abortion
MNH	Muhimbili National Hospital
MUHAS	Muhimbili University of Health Allied Sciences
NHS	National Health Services
PAC	Post Abortion care
SEM	Socio-Ecological Model
WHO	World Health Organization

OPERATIONAL DEFINITIONS OF TERMS

Barrier: Any physical or emotional circumstance or obstacle which can limit a woman with abortion to access health care services It includes physical, economic, social, or psychological situations that prevent women with abortion complications from gaining access to comprehensive post abortion care services. (1)

Comprehensive Post-Abortion Care: Is a package of at least two components of services for managing patients with abortion or abortion-related complications. Components includes; counseling, treatment of the emergency conditions including uterine evacuation, provision of contraception, linkage with other reproductive services and community involvement (2)

Critically ill patient: Client with life-threatening multisystem process that emanated from abortion complications with physiological deterioration and bedridden with inability to concentrate to the conversation.

ABSTRACT

Background: Globally, women who experience complications from abortion encounter barriers when trying to access comprehensive post-abortion care, which is a life-saving service. The incidence and mortality rates of unsafe abortions are predominantly reported in Sub-Saharan African countries and tend to increase in areas with legal restrictions against safe abortion. Women suffer emotional distress from complications resulting from unsafe abortions when they cannot access post-abortion care. Consequently, there is limited information available on the perceived barriers that women face when trying to access comprehensive post-abortion care.

Objective: The study aims at exploring women's perceived barrier to accessing comprehensive post-abortion care services at Muhimbili National Hospital, Dar es Salaam Tanzania.

Method: The study utilized an exploratory design, employing phenomenological qualitative methods for data collection. It was conducted at Muhimbili National Hospital in Dar es Salaam, Tanzania. Women who experienced abortion complications were purposively selected as study participants. Data collection involved in-depth interviews using open-ended questions and an audio recorder. Among other things respondents were asked about interpersonal barriers, social and organizational barriers towards seeking Comprehensive Post-Abortion Care (cPAC) at Muhimbili National Hospital. Qualitative data was analysed using a thematic approach.

Results: Study participants revealed that they had insufficient understanding of Comprehensive Post-Abortion Care (cPAC) and had concerns about surgical treatment complications. They were also caught in conflicting traditional beliefs, lacked of emotional and socioeconomic support from family, friends, and healthcare providers and also were stigmatized by healthcare providers. Additionally, **Inadequate respective maternal care practice,** long waiting times for cPAC services, and insufficient availability of medical supplies deterred women from seeking cPAC services.

Conclusion and recommendation: Women seeking cPAC services at MNH face personal, community and health system related barriers. Addressing these barriers will ensure that cPAC services are easily accessed in this safe abortion restrictive environment.

1.0 INTRODUCTION

1.1 Background

Abortion is defined by the World Health Organization as the spontaneous or induced termination of pregnancy before 20 weeks of gestation (3). In Tanzania, abortion is defined as the termination of pregnancy before 28 weeks of gestation, whether spontaneous or induced (4). A spontaneous abortion, commonly referred to as a miscarriage, is the natural expulsion of the products of conception. An induced abortion is intentionally initiated through the use of medications or instruments inserted into the uterus.

Complications from abortion are a leading cause of maternal mortality worldwide, accounting for approximately 7.9% of all maternal deaths (3). According to the WHO, complications from unsafe induced abortions contribute to around 18% of maternal deaths in East Africa, with estimates for Tanzania ranging from 13% to 25% (4).

A set of treatments and interventions used to manage abortion complications is known as comprehensive post-abortion care (cPAC) (5,6). Post-abortion care is considered a critical public health intervention. Timely access to cPAC services significantly reduces the morbidity and mortality associated with abortion complications. The cPAC package consists of five key components:1. Treatment for incomplete abortion and potentially life-threatening complications, 2. Counseling to address women's emotional and physical health needs, 3. Contraceptive and family planning services to prevent unintended pregnancies and support birth spacing, 4. Reproductive and other health services, either provided on-site or through referrals to other accessible facilities, 5. Collaboration between the community and healthcare providers to prevent complications, mobilize resources, and ensure that health services meet community needs and expectations (7).

Abortion is considered unsafe when the procedure is performed by unqualified individuals, in an environment that does not meet minimum medical standards, or both (8). Maternal deaths resulting from abortion may be caused by severe bleeding or infections in the upper vaginal tract, leading to conditions such as endometritis, oophoritis, parametritis, and salpingitis, as well as organ damage (8,9). Abortion is a safe procedure when conducted by skilled healthcare providers, using appropriate methods, and performed within a suitable gestational period. Despite this, unsafe abortions have claimed the lives of millions of women in developing countries, including Tanzania, due to preventable complications (4).

The management of post-abortion complications involves various methods, procedures, and technologies that differ across regions. Examples include manual or electrical vacuum aspiration (M/EVA), medication abortion using drugs like Misoprostol and Mifepristone, digital evacuation, forceps, and dilation and curettage (D&C) (6). The choice of treatment for post-abortion complications depends on the provider, facility, and the severity of the complications. These treatments may involve medical or surgical evacuation of the uterus, hysterectomy, abdominal surgery, fluid and blood transfusion, exploratory laparotomy with drainage of pelvic collections, analgesics, pain medications, repair of uterine perforation, bowel and bladder repair, and antibiotics (10,11).

1.2 Problem statement

Access to comprehensive post-abortion care (cPAC) services is crucial for improving maternal healthcare and reducing the rates of morbidity and mortality among women with abortion complications. While numerous studies in both high- and low-middle-income countries have explored barriers to cPAC services at primary healthcare facilities, where services are free but often face challenges like a lack of skilled professionals and poor infrastructure, there is limited information on these barriers at tertiary level hospitals. Tertiary facilities, such as Muhimbili National Hospital in Dar es Salaam, are better equipped with specialized staff and supplies is expected to provide quality accessible cPAC. Currently with the available literautre, it is unclear what challenges women face on accessing cPAC services in tertiary hospitals like MNH.

This study investigated the perceptions of women regarding the barriers to accessing cPAC services at tertiary hospitals, specifically at Muhimbili National Hospital..

1.3 Theoretical framework

This study employed a socio-ecological model developed in the year 1988 by Kenneth, McLeroy, and Bibeau et.al to understand the barriers to accessing cPAC services among women with abortion complications. The socio-ecological model (SEM) will be used to understand the women’s barriers to accessing cPAC services as shown in figure below

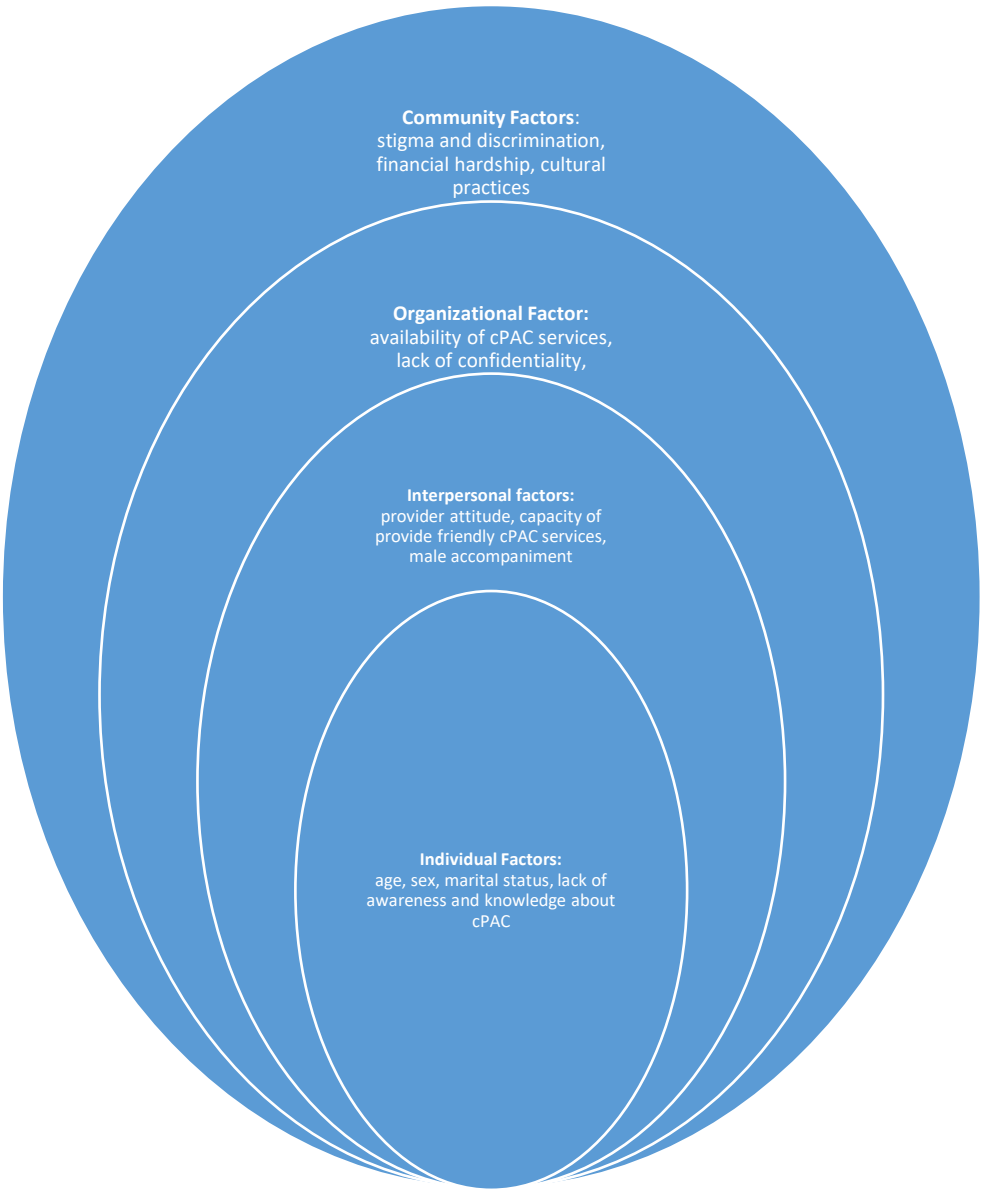

Figure 1: Theoretical framework to represent the barriers to accessing post-abortion care services among women with an abortion complication

1.3.1 Description of Theoretical Framework

Individual (intrapersonal) factors

These include factors comprising the psychological and biological aspects, such as fear of embarrassment, poor negotiation skills, and lack of knowledge are the barriers to accessing cPAC.

Interpersonal factors

This level highlights the social networks and social support systems that can influence individual behaviour; these include family influences through strong traditional and cultural practices which have negative impact against abortion, stigma and discrimination, and healthcare workers' bad relationship with women with abortion lead to poor accessibility to cPAC services.

Community factors

These include the informal networks and practices that influence health-seeking behaviour among women. Financial hardships among women, present harmful cultural practices may have negative influence towards accessibility to cPAC services.

Organizational factors.

These are organization or institution rules, structures, and operational procedures which may constrain or promotes the behaviour of women in terms of accessing cPAC services. Lack of privacy and confidentiality negatively affect the seeking behaviour to cPAC services

1.4 Rationale of the study

Despite having supportive policies and a functioning environment for post-abortion care (PAC), women still encounter significant barriers in accessing high-quality, gender-sensitive, and age-appropriate care. This qualitative study aims to identify the individual, social-cultural, and organizational factors that hinder access to comprehensive post-abortion care (cPAC) services, particularly for women experiencing abortion complications, with a focus on reducing maternal morbidity and mortality in Tanzania.

The study's findings will be valuable to hospital administrators, who can use the data to improve hospital-level systems, including staff training and service delivery. Policymakers and health sector stakeholders can use the results to develop targeted interventions that address the barriers women face, such as stigma, lack of awareness, and insufficient resources. Non-governmental organizations (NGOs) and community leaders can also use the evidence to advocate for improved health education and support systems, ensuring women have timely access to life-saving care. The ultimate goal is to inform and shape policies and programs that enhance the accessibility and quality of cPAC services, thus contributing to reduced maternal mortality and morbidity in the region.

1.5 General research question

What are the perceived barriers to accessing comprehensive post-abortion care services at Muhimbili National Hospital, Dar es Salaam among women who sustained abortion?

1.5.1 Research questions

i. What are the individual barriers to accessing cPAC services at MNH among women with abortion?
ii. What are the interpersonal barriers to accessing cPAC services at MNH among women with abortion?
iii. What are the community-level barriers to accessing cPAC services at MNH among women with abortion?
iv. What are the organizational barriers to accessing cPAC services at MNH among women with abortion?

1.6 Objectives

1.6.1 Broad objective

To explore the barriers to accessing post-abortion care services among women who admitted with abortion or abortion complication at Muhimbili National Hospital, Dar es Salaam Tanzania.

1.6.1 Specific objectives

i. To explore the individual barriers to accessing cPAC service sat MNH among women with abortion.
ii. To explore the interpersonal barriers to accessing cPAC services at MNH among women with abortion.
iii. To describe community-level barriers to accessing cPAC services at MNH among women with abortion.
iv. To describe organizational barriers to accessing cPAC services at MNH among women with abortion.

2.0 LITERATURE REVIEW

Access to cPAC services is limited in many Sub-Saharan African countries for a variety of reasons, including social, economic, moral, and technical barriers, such as a lack of knowledge and skill in using appropriate and relevant cPAC treatment and a lack of clarity in the laws governing the legality of cPAC services (12,13). The following review will focus on exploring the individual, interpersonal, community and organizational barriers to accessing cPAC services among women with abortion complications.

2.1 The individual barrier to accessing cPAC services

In Zanzibar a study shows that 52% of women are aware of existence of cPAC services however, there are perceptions that the service is illegal and fuel immorality. Most women with abortion complications feel worried, not relaxed, and uncomfortable while receiving poor-quality of cPAC in the health facility (14). A study conducted in Paktika province in Afghanistan reported participants had a negative experience and were dissatisfied with cPAC service (15). The study provides that, women feel uneasy receiving treatment in a room with several healthcare workers standing at headlines.

The study conducted in Afghanistan regarding the barrier to seeking cPAC services reported clients received insufficient cPAC from a healthcare worker (16). The study went further and revealed, some of the clients had a negative perception to access cPAC services and were dissatisfied with the quality of service received when insufficient information about complications, treatment, and clinical follow-up is provided by healthcare workers. Many women are afraid and feel uncomfortable to communicate their complications to the health workers. This implied that some women fail to access cPAC due to personal weakness they failed to address (17). Individual barriers, community barriers, are among the factors which limit effective implementation post-abortion care in Sub-Sahara region. According to the study, the barriers have been complicating the situations leading to increased mortality (18). Most women especially young women delay more to seek cPAC services despite experiencing complications. They lack knowledge on how such complications could be addressed through appropriate place, leading them to remain unattended at early stages (19).

2.2 The interpersonal barrier to accessing cPAC services

Study by Negative attitudes towards the provision of cPAC among healthcare providers were acknowledged as the barrier for most women with abortion complications. Some healthcare providers feel uncomfortable providing cPAC services because they lack the skills and competence of employing appropriate and relevant methods or treatment techniques (20). The study conducted in Kenya show that despite increased effort in sensitization of the cPAC response from young women is unsatisfactory as their response to the service is low. Lack of skilled and well-trained health service providers pose barriers to accessing cPAC in South Africa (20). According to the study findings, women complained about not being given drugs to treat their pain after uterine evacuation, and they label the lack of analgesics as an act of inhumanity (21). Some health workers are not friendly to the post-abortion patients seeking their help; they show no concern to their suffering and provide lilted attention to them (22). Most failed health service providers find excuses to cover up their incompetence in providing services, especially casting blame to lack of sufficient tools and convenient buildings (23).

Women with abortion complicating were not accompanied by their husbands, face obstacles in receiving cPAC services care at the hospital (24). Women who had a complication to abortion must go to the health facility with male relatives, husbands or in-laws to receive cPAC treatments, although this was not the case for unaccompanied women with their spouse (13). With this regard, most unaccompanied women with their spouses reported feeling uncomfortable discussing their problems with another relative. Culture and religion has been posing challenges for some women to access post-abortion care making the situation more risk (25).

2.3 Community-level barriers to accessing cPAC services

In the study done by casey et al Found that, abortion stigma as a major obstacle for women from the Northern and Southern parts of Kivu to access cPAC services in the DRC. Moreover, fear of stigmatization by a member of the community because of high maternal mortality in DRC lead to low cPAC utilization (26). This is supported by a study In South Africa who reported that, women with an induced abortion experienced stigmatization from the community and healthcare providers' negative attitudes towards post-abortion treatment

(9). It was noted that unmarried women with abortion complications are stigmatized by health service providers putting them at high risks (13).

In their study provides that insufficient community support, high costs of accessing the service are the main obstacles to post-abortion care among women with complications. The study also found that sense of insecurity of stigmatization by relatives make women to sustain suffering and even dying without seeking health services related to post-abortion care (27). In another study established that problems of transportation to the health centre/hospitals and its infections, excessive bleeding, incomplete abortion, and uterine perforation, high costs are one of the major barriers on accessing cPAC from women's perspectives in KwaZulu Natal Province (28).

Cultural factors and associated gender inequality has been the barriers for many women seeking post-abortion care in many countries of African continent (29). The study further noted that insufficient means of transportation associated with long distances from health service centre makes it difficult to access post-abortion care (30). In spite of greater efforts of health workers to facilitate provisions of post-abortion care services culture and traditions have been hindering the efforts to safe abortion and post-abortion care (25). Fear of stigmatization and discrimination from healthcare workers and the community act as a significant obstacle for cPAC services, which resulted to delay in seeking services among women with induced abortion (31)

2.4 The organizational barrier to accessing cPAC services

Lack of confidentiality and privacy in healthcare premises is among the determinant factor for women with abortion complications to seek and access post-abortion service (32). The friendly and comfortable environment including the waiting and consultation area should facilitate the provision of providing cPAC services (33). Study show that the premises of some health centres are not offering conducive environment for some women to preserve their privacy (34).

The problems of well-equipped health facilities and lack of sufficient health workers makes cPAC less effectives. It was noted that most health service providers are not well trained and lack capacity to provide sufficient cPAC (13). Negative attitudes by health service providers due to religious orientations and lack of working tools limit their capabilities to meet the needs of post-abortion care (35). Inadequacy of prescribe contraception limit the capacity of providing cPAC services. The study also found that most health services have shortages of trained cPAC health workers.

Insufficient health system due to poor health facilities limits ability for women to seek adequate post-abortion services (36). The study pointed out that the comfort of the available heath facilities limits ability of health workers to provide cPAC. In similar findings, Insufficient supplies to health facilities limit provisions of cPAC services to women in needs. The study noted that insufficient medications, deteriorated equipment, running stock-outs and poor facility designs are the barriers to cPAC in developing countries (37). Post-abortion care in Uganda is facing barriers of task sharing among health workers where the task has left to midwives in spite of having insufficient skills on post-abortion services. It was noted that despite lacking proper trainings, midwives are compelled to undertake the care to aborted women outside their regular tasks (38).

3.0 MATERIALS AND METHODS

3.1 Study design

It was an explorative phenomenological qualitative study that employed in-depth interviews for data was collection.

3.2 Study context

Muhimbili National Hospital is in Ilala municipal in Dar es Salaam Region. Administratively the region has been divided into five districts: Kinondoni, Temeke, Ubungo, Ilala, and Kigamboni. The region has a 5.3millions population accounting for 10% of the total Tanzania mainland population (39)

Muhimbili National Hospital was purposively selected as the study area because is the tertiary referral point and therefore receives patients with different conditions from all regions as well as self-referrals including abortion cases. The hospital has 1500 bed capacity, serving an average of 2,000 patients per day (40)

The hospital serves an average of 10 admissions of women with abortion and abortion related complications in gynaecology wards per month. The complication encountered during this study were infections, excessive bleeding, incomplete abortion, and uterine perforation, The cPAC services are actively provided at MNH from Monday to Sunday. Patient receives cPAC components such as medical evacuation, counselling in the wards, and surgical evacuation is being provided in theatre. On discharge patient are counselled for voluntary family planning method. Also, patients benefit with referral or linkage to other services whenever needed Payment modality for cPAC services is incurred by the client at the end of treatment before discharge which may be in terms of Insurance Funds, cash, cost sharing and exemptions. The average of expenses for treatment of cPAC services is around 100,045 Tanzanian shillings for a patient (40)Health services provision at Muhimbili National Hospital is different from District level hospital in terms of infrastructure, staff, availability of medical supplies and equipment and health financing modality. Moreover, Muhimbili National Hospital is the highest referral and tertiary facility in the country.

3.3 Study population

The study population was women with abortion and related complications admitted at Muhimbili National Hospital during the study period

3.4 Study Duration

This study was conducted from 3rd November 2022 to 28th june

3.5 Sample size and selection

In this study, participants were purposively selected using a criterion-based approach to ensure a diverse and comprehensive understanding of their experiences with post-abortion care. The criteria included educational level, marital status, employment status, number of previous deliveries, age, and whether the abortion was a first incidence or recurrence. Educational level was an important factor, as it allowed the researchers to examine how different levels of formal education influence knowledge and awareness of post-abortion care services. This helped identify gaps in understanding between women with higher versus lower levels of education. Marital status was another crucial consideration, given its potential impact on social support and stigma related to abortion. By selecting participants with varying marital statuses, such as married, single, divorced, or widowed, the study could assess how relationships and societal norms affect access to and decisions about post-abortion care.

Employment status was used to examine how financial independence or constraints influence healthcare-seeking behavior. Including women from diverse employment backgrounds—such as those who were unemployed, employed, or self-employed—helped the researchers understand the role of economic factors in accessing healthcare. The number of previous deliveries provided insight into how reproductive history impacts comfort and familiarity with the healthcare system, and how prior pregnancies may shape the experience of post-abortion care. Age was another key factor, ensuring that women across different life stages were represented, which helped capture varying perceptions and needs, from younger women experiencing their first abortion to older women with multiple pregnancies. Lastly, distinguishing between a first incidence or recurrence allowed the study to explore how previous encounters with abortion care affect current attitudes and behaviors. Saturation was reached when no new information emerged during the ten in-depth interviews, indicating the data sufficiently covered the study's objectives.(41,42).

3.6 Inclusion and Exclusion criteria

The study included women with abortion and related complications admitted at Muhimbili National Hospital during the month of October 2023 to February 2024. Women with abortion complications who were critically ill were excluded. These were clients with life-threatening multisystem morbidities that emanated from abortion complications with physiological deterioration and bedridden with inability to concentrate during interviews.

3.7 Sampling procedure

A criterion based purposive sampling technique was used to select study participants and recruit them into the study to obtain the most proficient and informative participants (43). The women were sampled at admission by considering their educational level, marital status, employment status, number of previous deliveries, age and whether it's a first incidence or recurrence so as to facilitate maximum variation among the sample selected and were interviewed just before discharge. This was done with the help of the assigned (gate keepers) nurses responsible in the respective (ward 21 and ward 22) wards

3.8 Data collection

Principal researcher (EBG) conducted the first two in-depth interviews under assistance of the supervisor (AS). The rest were conducted by principal researcher in keeping close communication from supervisors. Data was collected during the months of October 2023 to February 2024. Ten (10) in-depth interviews were done at the gynaecology wards 21 and 22 at the HDU (high dependency unit). The HDU was most of the time unoccupied with a quiet and conducive environment for interviewing with maximum confidentiality and secrecy with assurance of quality audio with minimal interference. The time of interview were pre agreed after short discussion with the assigned nurses and then was shared to PI

The In-depth interviews were conducted by using an interview guide which had questions constructed towards perceived barriers to access cPAC services among women with abortion in Kiswahili language after translating the English version. The questions were based on individual, interpersonal, community, and organizational barriers to accessing cPAC services among women with abortion. Follow-up questions (probing) were asked in-order to

give a chance to the participant to clarify and expand to what has been said. All interviews were conducted in the local language (Kiswahili) with each consenting participant. The interviews were recorded by use of audio recorder which was tested before use and the duration for the interviews was 20 to 40 minutes on an average. A daily review of the collected data was done through debriefing meetings where preliminary analysis allowed modification of interview guide accordingly to incorporate more information.
After the eighth interview saturation was reached and this was evidenced by repetition of information and absence of new codes and themes. Two additional interviews were done to further confirm saturation

3.9 Data analysis

A deductive thematic analysis by Braun & Clarke approach was used (Braun and Clarke, 2006) guided by theoretical framework. The principle researcher listened to the audio recordings of the interviews several times before being transcribed verbatim in Kiswahili language. Then the transcript was read through several times for familiarization with the data. During the process, both audios and transcript were shared to supervisors for cross checking. Patterns of meaning across the data items were identified with help of familiarization notes taken and then codes were generated. Code generation was done by sharing one transcript to three coders who conducted codes independently and the final agreed codes were used. During the process, codes and the coded texts (excerpts) were translated from Kiswahili to English.

A codebook was made by a principal investigator from codes of the most important points and frequent meanings that appeared throughout the data and then shared to supervisors. We held a meeting with supervisors whereby we went through the codes generated, searched for patterns, and start coming up with sub-themes which were named and defined afterwards. Main themes were predetermined from the framework used; we were also open-minded to obtain any emerging themes. There was no new theme generated from the data obtained. The main themes and sub-themes were delineated using quotations from the participants

3.10 Ethical consideration

Ethical clearance to conduct the study was sought from the Institutional Ethical Review Board of MUHAS **(MUHAS-REC-10-2023-1922).** Also, permission to conduct the study was obtained from the Director of MNH. All participants were informed of the objectives of the study, benefits and risks. In so doing they can have made an informed decision to participate or not participate in the study. Their right to withdraw from the study without any penalty was granted.

Confidentiality was maintained throughout and after the study. The interviews were conducted in a private place (room) agreed upon by the participant with no external interaction. No names or any individual identifier were taken.

Women were informed that, the purpose of this study was to understand barriers that they face when receiving cPAC services at tertiary level hospital. It was voluntary and done so with the intention of improving services. Then they were asked to consent. If they were too sick, counseling was done when they are better. If the recruited study participant was not being able to continue with study for any reason, then another participant was recruited.

4.0 FINDINGS

4.1 Participant characteristics

The age of the participants ranged from 18 to 40 years. Five were married and the rest were single. Two (2) had a primary, five (5) had a secondary (form 4 level), two had a diploma, and one had a degree level of education. Five were unemployed, three were a formal employee and two (2) were entrepreneurs.

4.2 Summary of the results

The study identified four themes: Individual barriers, Interpersonal barriers, Community barriers and Organizational barriers. There were nine sub-themes. The results are as follows:

Table 1: Summary of themes and subthemes developed

THEMES	**SUB-THEME**	**QOUTES**
Individual barriers	• Insufficient understanding of cPAC service • Fear of surgical complications	• *… "I'm worried because the doctor mentioned the possibility of needing surgery…"*
Interpersonal barriers	• Stigma from health care provider • Lack of Social economic support.	• *… "Since this is my first pregnancy and I am young, it's difficult for people to believe that it's not induced…."*
Community barriers	• Contradicting traditional believes • Negative attitudes towards post-abortion	• *…. "Others are simply incorrect traditions. When they observe these symptoms, they don't realize that I should go to the hospital. They believe I have been bewitched…"*
Organizational barriers	• Insufficient health care services • long Waiting time • Inadequate respective maternal care practice.	• *I can't really make it here. What I meant was, the service here is so slow that you feel that you're watching you self-dying, it's just impossible you end up waiting for a long time "they assure me they would prioritize me: otherwise, my pregnancy might not end here.*

Individual Barries

The theme was derived from two subthemes: insufficient understanding of cPAC services and fear of surgical complications. These subthemes explain the individual barriers that affect the cPAC and have been reported by the interviewed women.

Insufficient understanding of cPAC service.

Women receiving post-abortion care at Muhimbili explained that their insufficient understanding about abortion and the potential for severe complications were the main hindrances to seeking timely care. Participants expressed their unawareness of the short- and long-term consequences of untreated abortion and its complications. The issues of safe or unsafe abortion were also not well understood by most participants. Some participants also explained that post-abortion care, especially evacuation procedures, were often associated with complications. This led them to delay seeking care when abortion occurred. During the interviews, a 24-year-old housewife said the following:

> ……”*"I'm worried because the doctor mentioned the possibility of needing surgery. He explained that if the issue doesn't resolve on its own, we might have to perform an operation. Right now, I'm hoping it resolves naturally so I don't have to come back to the hospital." - [Participant 2].*

Interpersonal Barriers

Interpersonal barriers explain how healthcare providers contribute to barriers to accessing cPAC. This was abstracted from two subthemes, namely: lack of social and economic support, and stigma from healthcare providers.

Lack of Social economic support.

Women who receive cPAC services at Muhimbili Hospital reported that the lack of social and economic support hinders them from seeking care when needed. The cost factor and societal stigma associated with seeking care after abortion lead to delays in seeking help. The fear of societal judgment and stigmatization, particularly when conceiving early while still breastfeeding a child, makes it very difficult for these women to access the care they require. This is a significant barrier, as it affects both their perception of the situation and their interactions with healthcare

...."Since this is my first pregnancy and I am young, it's difficult for people to believe that it's not induced. Some will say that girls these days use products... so child is four months old and then you are pregnant and now the pregnant is out, directly they feel you induced."

Community Barrier

Community barriers explain how the surrounding society contributes to the difficulties in accessing cPAC. From this theme, two subthemes were developed, named as contradicting traditional beliefs and negative attitudes toward post-abortion care as explained by the respondents.

contradicting traditional beliefs.

Respondents noted that they face challenges in accessing post-abortion care due to societal beliefs that having an abortion is considered a curse. As a result, they choose not to disclose their situation in order to avoid being perceived negatively by society, leading to delays in seeking necessary healthcare. Additionally, some individuals reported that they associate having an abortion with bringing shame to their families, as it mirrors past experiences within their families. As one said

> *.... "Others are simply incorrect traditions. When they observe these symptoms, they don't realize that I should go to the hospital. They believe I have been bewitched, and this is where the risk of losing the pregnancy arises until i arrive at the hospital late and in critical condition. [Participant 8]".*

Organizational barriers

The way the system operates, from administration to the operational level, may hinder or act as a barrier to accessing the cPAC services. This theme was abstracted from three subthemes, which were insufficient health care services, long waiting times for services, and inadequate skills of health care workers. Women who received care at Muhimbili Hospital reported that when health care providers fail to give clear information about their health during treatment, they perceive it as inadequate care. They also felt that inadequate healthcare worker skills and insufficient education contribute to this issue. They believe that competent healthcare workers would communicate every step of the care process to them, which would reduce their hesitation to seek care when facing health issues. Additionally, they have reported that long waiting times hinder their ability to seek medical help, as waiting for extended periods without receiving care increases their tension and fear of complications due to delayed

treatment. One participant highlighted the confusion and lack of clarity in communication between healthcare providers when said

> *…….. However, I was confused because while the doctor told me I had a miscarriage outside the cervix, they told me otherwise. The doctor mentioned it was damaged, but I'm still awaiting clarification…." [Participant 10].*

5.0 DISCUSSION

The study has brought attention to the significant lack of awareness and understanding of comprehensive post-abortion care (CPAC) services among participants. This has led to delayed access to care and increased complications. Major barriers include misinformation, fear, and stigma, which are worsened by insufficient communication from healthcare providers and cultural beliefs that discourage seeking care. Financial constraints and stigma from healthcare workers and communities have further limited access to safe CPAC services. The research also identified inadequate healthcare infrastructure, lack of trained personnel, and poor referral systems as critical obstacles. This points to the need for better healthcare interventions, training, and awareness programs to improve access to essential services.

The study revealed that participants lacked awareness of comprehensive post-abortion care services. Consequently, this lack of knowledge led to delayed access to necessary care and an increased incidence of complications. Furthermore, a substantial proportion of participants were uninformed about the potential complications of abortion, resulting in delays in seeking healthcare services. These findings, consistent with a study by Evaline Gabriel Mcharo in 2021, underscore the importance of addressing poor awareness of post-abortion care services, which inhibits access to crucial healthcare resources (46). Additionally, research by Demtsu et al. (2014) revealed that some women were not utilizing PAC services, despite their availability free of charge, because they were unaware of their existence (44) .

Inadequate information has caused some individuals to postpone seeking healthcare services due to their fears regarding procedures such as surgery. This is often a result of misinformation provided by healthcare providers, leading to misunderstanding on the part of the patient. Furthermore, studies have pointed out a lack of information about complications, treatment, and clinical follow-up in comprehensive post-abortion care (cPAC) services for some clients, due to insufficient communication from healthcare workers. Additionally, research has shown that not knowing where to access abortion care is a common barrier that leads to delays in seeking services (47, 48). Furthermore, the study done by Kavanaugh ML et.al has indicated that many women are hesitant to seek Post-Abortion Care (PAC) services due to concerns about surgical or aesthetic complications, timing, and sedation (27)

The research findings indicate that stigma from healthcare workers, friends, and family presents a significant barrier for women seeking Comprehensive Post-Abortion Care (CPAC) services. Stigmatization, stemming from misconceptions and negative attitudes, impacts women's decision-making and hinders their access to safe abortion care. This stigma also deters women from seeking early post-abortion care due to both social stigma and financial constraints (28).

Furthermore, studies conducted in Ghana, the United States and Zambia, have highlighted the impact of financial barriers on women's access to reliable and safe cPAC services. The absence of financial support for abortion and post-abortion care significantly delays women's access to healthcare facilities, while financial dependence and constraints affect their decisions regarding abortion and post-abortion care (45). Additionally, healthcare providers who offer abortion services also experience stigmatization, which can further complicate the delivery of care (46). The research underscores the need for effective interventions to reduce stigma and address the financial barriers that hinder women's access to post-abortion care services.

The research revealed that certain participants' cultural and traditional beliefs influenced their perceptions of health issues, resulting in delays in seeking healthcare. This finding is in line with a study in Temeke, which showed that community attitudes toward abortion were not universally accepting (45). Similarly, research by Mangena et al, indicated that traditional beliefs continue to pose obstacles to safe abortion and post-abortion care provision, despite efforts by health workers (47). Abortion is considered taboo in certain societies, closely linked to discouraging traditional beliefs (27). In some Tanzanian clans, performing an abortion is believed to lead to death, regardless of the method used, due to the community's perception of it as an evil act (48). Additionally, research in Zambia indicated that communities ostracize individuals who undergo abortions due to cultural beliefs(45,48). Negative societal attitudes toward abortion can significantly impact women's experiences. A study in Australia also noted that in cultures valuing large families, abortion is not accepted as it disrupts societal balance (49)

Participants expressed concerns about comprehensive Post Abortion Care (PAC) services, highlighting insufficient healthcare workers' skills and an ineffective referral system. These findings were consistent with another research. Izugbara et al. (2017) pointed out that the ineffectiveness of cPAC can be attributed to inadequately equipped health facilities and a shortage of healthcare workers. The study observed that many healthcare providers lack adequate training and capability to deliver effective cPACs. Similarly, a shortage of trained cPAC healthcare workers was noted in most health services (8). In Temeke, inadequate skills resulting from insufficient on-the-job training were found to significantly impact women's utilization of cPAC services in health facilities. Other studies have also highlighted technical barriers such as a lack of training for health providers in cPAC management. Furthermore, health providers may struggle to differentiate between complications requiring immediate care due to incomplete abortion (50). At Muhimbili National Hospital, organizational barriers were identified as hindering access to cPAC services, resulting in delayed healthcare services for women facing threatened abortion or seeking Comprehensive Post Abortion Care (cPAC) services. Similar delays were observed in Kenya, with studies revealing a median delay in PAC services for women, lasting a few hours depending on the severity (51). Research highlighted delays in Post Abortion Care and abortion services for women in emergency conditions, often involving prolonged waits for medical attention. Most cases of delayed treatment for complicated abortions led to irreversible consequences. Inadequate healthcare services, particularly regarding medication, represent a significant obstacle to accessing comprehensive post-abortion care (PAC) services (52). This is reinforced by a study conducted in Temeke, which identified insufficient equipment and supplies during cPAC services as major concerns among users of PAC services. Furthermore, other studies have shown that insufficient equipment and inadequate training of PAC service providers are barriers to the utilization of PAC services. Additionally, research conducted in Zimbabwe revealed a shortage of medications, with the absence of MVA equipment being identified as one of the factors impeding PAC services. Similarly, a study carried out in Kenya highlighted the low quality of PAC in healthcare facilities, limiting access to safe abortion due to inadequate medication for managing complications and infections(51)

5.1Methodological Consideration

The process of collecting qualitative data ensured trustworthiness. To assess trustworthiness, credibility, transferability, and dependability were considered(53). The following strategies were implemented to maximize data quality and ensure trustworthiness. To enhance credibility, the researcher developed an interview guide to understand participants' experiences and measure their views on obstacles to accessing cPAC services. During data analysis, the most suitable meaning unit was selected, and representative quotations from transcribed text were used to demonstrate how well the themes and categories covered the data, thus achieving credibility.

The researcher also enriched insights from previous interviews and reviewed the interview guide after each interview, making modifications based on newly emerged issues and insights. To facilitate transferability, a clear, distinct, and detailed description of the contexts, characteristics of the participants, data collection, and data analysis process was provided and presented with appropriate quotations.

6.0 CONCLUSION AND RECOMMENDATION

Women seeking Comprehensive Post-Abortion Care (cPAC) services at MNH encounter a multitude of challenges. These barriers stem from personal, community, and health system-related issues, making it difficult to access the care they need.

To improve access to Comprehensive Post-Abortion Care (cPAC) services at MNH, it is recommended that targeted interventions be implemented at multiple levels. Healthcare providers should be trained to offer non-judgmental, patient-centered care, ensuring that women feel comfortable and supported during their treatment. Policymakers should explore strategies to address the gaps created by restrictive abortion laws by advocating for policies that safeguard women's access to safe and comprehensive post-abortion care.

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LIST OF APPENDICES

Appendix 1: An in-depth interview guide (English version)

May I thank you for your dedication and commitment to taking part in this research interview? My name is **Emmanuel Gibbe Bulabo** and I would like to talk with you about your barrier to accessing post-abortion care services among women with an abortion complication. The interview will take about 60 minutes to 90 minutes. I will be taping the session because I don't want to miss any of your comments or information. But also, you don't have to talk about anything you don't know and you may end the interview at any time and there is no right or wrong answer. Are there any questions about what I have just explained?

Questionnaire for Demographic information

1. Patient Demographic
    a) Identification number
    b) Age
        i. 15-24
        ii. 25-34
        iii. 35-44
        iv. 45 and above
    c) Parity
        i. 0
        ii. 1
        iii. 2
        iv. 3
        v. 4 and above
    d) Marital status
        i. Single
        ii. Married
        iii. Divorced
        iv. Widowed
    e) Education level
        i. College/University
        ii. Secondary education
        iii. Primary education
        iv. Not educated

f) What is your employment status?

i. unemployed
ii. student/ scholar
iii. employed
iv. Self-employed

Interview guide Questions.

General Question

1. Can you please tell me what you know about cPAC services
   Probe: How the abortion occurred and how did you end up here at MNH.

Individual barriers towards access of cPAC.

1. What do you think are the reasons for a woman with abortion not to seek immediate hospital care?

   Probes the followings

   a. Can you explain how easy/difficult was it to make your decision to seek care? (influence of cultural, religious beliefs, legal aspect related abortion and post-abortion)

2. What social stigma or judgment did you experience when seeking cPAC services? How did it impact your decision to seek care?

Interpersonal barriers to accessing cPAC services at MNH among women with abortion.

1. What can say about discussing abortion issue with your relatives ie your family and friends, your spouse or partner? If so, how did they react and participate?

2. What was your perceptions about Health care workers regarding abortion you had? How comfortable were you in discussing your needs and concerns with them?

Community-level barriers to accessing cPAC services at MNH among women with abortion.

1. What are the prevailing attitudes and cultural beliefs in your community regarding abortion and cPAC services?

2. How do cultural or religious beliefs and practices in your community influence women's decisions to seek cPAC services?

Organizational barriers to accessing cPAC services at MNH among women with abortion.

How do you perceive the convenience of health care facilities for you to seek post-abortion care services? Probe on;

- How timely and sufficiently you were given cPAC services when in hospital?
- Talk about confidentiality when receiving the service
- How affordable was the costs in receiving post-abortion care services?

Recommendation for improvement:

Based on your experience, what recommendations would you make to address barriers to access cPAC services for women who have had an abortion at the MNH?

Closing thoughts:

Is there anything else you would like to share about your experiences in accessing cPAC services or any additional barriers you encountered?

Appendix 2: An in-depth interview guide (Swahili version)

Jina langu ni Emmanuel GibbeBulabo na ningependa kuzungumza nawe kuhusu kikwazo chako cha kufikia huduma za utunzaji baada ya kutoa mimba. Mahojiano yatachukua kama dakika 60 hadi dakika 90. Nitakuwa nikigusa kipindi kwa sababu sitaki kukosa maoni au habari yako yoyote. Lakini pia, hutakiwi kuzungumza chochote usichokijua na unaweza ukamaliza mahojiano wakati wowote na hakuna jibu sahihi au baya. Je, kuna maswali yoyote kuhusu nilichoeleza hivi punde?

Hojaji kwa taarifa za Demografia

1. Taarifa za mgonjwa
   i. Nambari ya kitambulisho
   ii. Umri
      a. 15-24
      b. 25-34
      c. 35-44
      d. 45 na zaidi
   iii. Usawa
      a. 0
      b. 1
      c. 2
      d. 3
      e. 4 na zaidi
   iv. Hali ya ndoa
      a. Mmoja
      b. Ndoa
      c. Walioachika
      d. Mjane
   v. Kiwango cha elimu
      v. Chuo/Chuo Kikuu
      a. Elimu ya sekondari
      b. Elimu ya msingi

   vi. Je, hali yako ya ajira ikoje?
      a. wasio na kazi
      b. mwanafunzi/ msomi
      c. kuajiriwa
      d. Kujiajiri

Maswali ya mwongozo wa mahojiano.

Utangulizi na usuli

1. Tafadhali unaweza kueleza kidogo kuhusu huduma za afya kwa mma aliyeheribikiwa na mimba

   chunguza: kuharibika kwa mimba kulianzaje na mpaka ukaishia hapa MNH.

2. Je, ulijuaje kwa mara ya kwanza upatikanaji wa huduma za cPAC kwenye kituo hiki cha MNH

   Vizuizi vya mtu binafsi katika ufikiaji wa cPAC .

1. Je, unaweza kuelezea mchakato wa kuamua kutafuta huduma za cPAC?

Chunguza yafuatayo

   a. Je, kuna mambo yoyote yaliyoathiri uamuzi wako?

   b. Ikiwa ndivyo, tamaduni, imani za kidini, sheria inayohusiana na utoaji mimba na utunzaji huathiri uamuzi wa kutafuta huduma za cPAC.

   c. Je, ulishawahi kufikiria kutafuta usaidizi mbadala, kama vile waganga wa jadi au mitandao isiyo rasmi, kabla ya kufika kwenye kituo cha MNH?

2. Je, kulikuwa na changamoto zozote maalum ulizokumbana nazo katika kupata taarifa kuhusu huduma za cPAC au mchakato unaohusika?

3. Je, ulikumbana na unyanyapaa au hukumu yoyote ya kijamii ulipokuwa ukitafuta huduma za cPAC? Je, unadhani ziliathiri vipi uamuzi wako wa kutafuta huduma hii ?

Vikwazo kati ya mtu na mtu katika kupata huduma za cPAC katika MNH miongoni mwa wanawake walioharibikiwa mimba.

1. Je, unaweza kuelezeaje mwingiliano uliokuwa nao na watoa huduma za afya /wanawake wengine wakati wa kutafuta huduma za cPAC? Je, uliweza kupata utulivu wa kutosha kujadili mahitaji yako na wasiwasi wako nao?

2. Je, ulipokuwa unatafuta huduma za cPAC, uliweza kuwaweka wazi wanafamilia na marafiki kuhusua suala hili au uliiweka kwa faragha? Ni mambo gani yaliyoathiri uamuzi huu?

3. Je, mwenzi wako au mshirika wako alihusika katika uamuzi wako wa kufikia huduma za cPAC? Ikiwa ndivyo, unaweza kutueleza mwiitikion wao na ushiriki wao au wake

4. Je, ulipokea ushauri wowote au usaidizi wa kihisia kutoka kwa wahudumu wa afya wakati wa mchakato wa cPAC, na uliathiri vipi uzoefu wako?

Vikwazo vya ngazi ya jamii katika kupata huduma baada ya kuharibikiwa na ujauzito(cPAC) katika MNH miongoni mwa wanawake walioharibikiwa mimba.

1. Je, ni upi mtizamo, utamaduni na imani ya jamii yako kuhusu utoaji mimba na huduma za cPAC?

2. Je, kulikuwa na vikwazo vyovyote vya kifedha vilivyoathiri uwezo wako wa kufikia huduma za cPAC?

3. Je, imani na desturi za kitamaduni au kidini katika jumuiya yako zinaathiri vipi maamuzi yako katika kutafuta huduma za CPAC?

Vizuizi vya shirika katika kupata huduma za cPAC huko MNH miongoni mwa wanawake walioharibikiwa mimba.

1. Je, unaweza kuelezea uzoefu wako kupata hudumka ya cPAC katika kituo cha MNH? Je, kulikuwa na changamoto au ucheleweshaji wowote katika mchakato huu?

2. Je, ni changamoto zipi ulikumbana nazo katika upatikanaji wa huduma ya cPAC hapa MNH, ikiwa ni pamoja umbali, usafiria, mahali inapatikana?

3. Je, ulikumbana na ucheleweshaji wa kupokea huduma za cPAC kwenye kituo cha MNH, na hii iliathiri vipi uzoefu wako?

4. Je, unaweza kutuelezea umahiri wa watoa huduma za afya na wafanyakazi katika kituo cha MNH katika kutoa huduma za cPAC?

5. Je, unaweza kuelezea ubora wa huduma uliyopokea ulipokuwa ukitafuta huduma za cPAC, ikiwa ni pamoja na mwingiliano wako na watoa huduma za afya na matibabu uliyopokea?

6. Je, ulikumbana na changamoto zozote katika kuratibu huduma za cPAC na huduma zingine za afya, kama vile upangaji uzazi au huduma za afya ya uzazi?

Mapendekezo ya kuboresha:

Kulingana na uzoefu wako, ni mapendekezo gani ungetoa kushughulikia vikwazo vya kupata huduma za CPAC kwa wanawake ambao wametoa mimba katika MNH?

Mwisho/ kufunga Mahojiano:

Je, kuna kitu kingine chochote ungependa kushiriki kuhusu uzoefu wako katika kufikia huduma za cPAC au vizuizi vyovyote vya ziada ulivyokumbana navyo?

Appendix 3: An informed consent form (English Version)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED HEALTH SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS

ID No. | | | | |

Dear participant……, Greetings! My name is **Emmanuel GibbeBulabo. A** postgraduate student conducting a study on barriers to accessing post-abortion care services among women with abortion complications at Muhimbili National Hospital, Dar es Salaam Tanzania.

Purpose of study: To explore the barriers to accessing post-abortion care services among women with an abortion complication at Muhimbili National Hospital, Dar es Salaam Tanzania.

What participation involves: Your participation in the study will be your own choice and you are free to decide without any adverse reactions. Participation will require you to respond to interview questions regarding barriers to accessing post-abortion care services among women with an abortion complication at Muhimbili National Hospital, Dar es Salaam Tanzania that will take not less than 60 minutes during an interview.

Confidentiality: all information and issues relating to your participation in the study will be treated confidential, and no unauthorized person will have access to your information. The audio recorded will be placed in a safer place and stored until a written copy of the discussion has been created. As soon as this process is complete, the audio will be deleted to enhance research confidentiality. Furthermore, to protect the confidentiality, your names will not be used in the written copy of the discussion.

Right to refuse or withdraw: It is your choice to participate in this study. Also, you don't have to talk about anything you don't want to and you may end the interview at any time. However, I encourage you to participate because your views are very important in this study.

Benefits: There are no direct benefits to you from being in the study, however, your participation in this study will provide useful information for improving and implementing the provision of cPAC to women with abortion complications.

Risks: There will be no harm to you as a result of participation in this study although some questions will be personal which might trigger your emotions, feelings, pains, worries, and despair.

Whom to Contact: In case of any inquiry please contact the principal investigator, **Emmanuel Gibbe Bulabo** from MUHAS, P. O. BOX 65001, Dar es Salaam, mobile number: **+255757544082.** If you ever have questions about this study you may call, the Chairperson of the (Research and Publications Committee, MUHAS. P.O. Box 65001, Dar es Salaam-Tanzania **255 0222151596**.

I_____have read the contents of this form and understand. My questions have been answered. I agree to participate in this study.

Signature of participant_____Date_____.

Signature of researcher/research assistant_____.

Appendix 4: An informed consent form (Swahili Version)

CHUO KIKUU CHA AFYA MUHIMBILI NA SAYANSI VINGINE VYA AFYA

KURUGENZI YA UTAFITI NA MACHAPISHO

ID No. | | | | |

Mpendwa mshiriki ……, Salamu! Naitwa Emmanuel Gibbe Bulabo. Mwanafunzi wa shahada ya uzamili. Nafanya utafiti kuhusu vikwazo vya kupata huduma za matunzo baada ya kuharibikiwa na mimba miongoni mwa wanawake waliolazwa kwa matatizo ya kuharibikiwa na mimba katika Hospitali ya Taifa ya Muhimbili, Dar es Salaam Tanzania.

Kusudi la Utafiti: Kuchunguza vikwazo vya kupata huduma za matunzo baada ya kuharibikiwa na mimba miongoni mwa wanawake waliolazwa kwa tatizo la kuharibikiwa na mimba katika Hospitali ya Taifa ya Muhimbili, Dar es Salaam Tanzania.

Ushiriki unahusisha nini: Kushiriki kwako katika utafiti kutakuwa chaguo lako mwenyewe na uko huru kuamua bila athari zozote mbaya. Kushiriki kutakuhitaji kujibu maswali ya mahojiano kuhusu vizuizi vya kupata huduma za utunzaji baada ya kuharibikiwa na mimba miongoni mwa wanawake waliolazwa na tatizo la kuharibikiwa mimba katika Hospitali ya Taifa ya Muhimbili, Dar es Salaam Tanzania ambayo itachukua si chini ya dakika 60 wakati wa mahojiano.

Usiri: taarifa zote na masuala yanayohusiana na ushiriki wako katika utafiti yatachukuliwa kuwa siri, na hakuna mtu ambaye hajaidhinishwa atapata maelezo yako. Sauti iliyorekodiwa itawekwa mahali salama na kuhifadhiwa hadi nakala iliyoandikwa ya majadiliano itengenezwe. Punde tu mchakato huu utakapokamilika, sauti itafutwa ili kuimarisha usiri wa utafiti. Zaidi ya hayo, ili kulinda usiri, majina yako hayatatumika katika nakala iliyoandikwa ya majadiliano.

Haki ya kukataa au kujiondoa: Ni chaguo lako kushiriki katika utafiti huu. Pia, sio lazima kuzungumza juu ya kitu chochote ambacho hutaki na unaweza kumaliza mahojiano wakati wowote. Hata hivyo, nakuhimiza kushiriki kwa sababu maoni yako ni muhimu sana katika utafiti huu.

Manufaa: Hakuna manufaa ya moja kwa moja kwako kutokana na kuwa katika utafiti, hata hivyo, ushiriki wako katika utafiti huu utatoa taarifa muhimu kwa ajili ya kuboresha na kutekeleza utoaji wa cPAC kwa wanawake walio na matatizo ya huharibikiwa mimba.
Hatari: Hakutakuwa na madhara kwako kama matokeo ya kushiriki katika utafiti huu ingawa baadhi ya maswali yatakuwa ya kibinafsi ambayo yanaweza kuchochea hisia zako, hisia, maumivu, wasiwasi na kukata tamaa.

Nani wa Kuwasiliana naye: Ikiwa kuna uchunguzi wowote tafadhali wasiliana na mpelelezi mkuu, Emmanuel Gibbe Bulabo kutoka MUHAS, P. O. BOX 65001, Dar es Salaam, nambari ya simu: +255757544082. Ukiwa na maswali kuhusu utafiti huu unaweza kumpigia simu, Mwenyekiti wa (Kamati ya Utafiti na Machapisho, MUHAS. P.O. Box 65001, Dar es Salaam-Tanzania 255 0222151596).
Mimi_____ Nimesoma yaliyomo katika fomu hii na kuelewa. Maswali yangu yamejibiwa. Ninakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki ----------Tarehe----------

Sahihi ya mtafiti/msaidizi wa utafiti----------Tarehe----------

Appendix 5: Ethical Clearances

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATION

Ref. No.DA.282/298/01.C/ 1922

Date: 03/10/2023

MUHAS-REC-10-2023-1922
EMMANUEL GIBBE BULABO
SCHOOL OF MEDICINE
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: WOMEN'S PERCEIVED BARRIERS TO ACCESSING COMPREHENSIVE POST ABORTION CARE SERVICES AT MUHIMBILI NATIONAL HOSPITAL, DAR ES SALAAM TANZANIA

Reference is made to the above heading.

I am pleased to inform you that the Chairperson has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 03/10/2023
EXPIRATION DATE OF APPROVAL: 03/10/2024

STUDY DESCRIPTION:
Purpose:

Broad objective to explore the barriers to accessing post-abortion care services among women who admitted with abortion or abortion complication at Muhimbili National Hospital, Dar es Salaam Tanzania

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2014801.pdf and in the MUHAS archives

The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain data transfer agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain material transfer agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
9. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
10. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

Dr. Nahya Salim Masoud,
Chairperson, MUHAS Research and Ethics Committee

Muhimbili University of Health and Allied Sciences
DIRECTOR
Research, Publications & Innovations
Box 65001

Appendix 6: Permission Letter

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

MUHIMBILI NATIONAL HOSPITAL

In reply please quote;

Ref. No.: MNH/CRTCU/Perm/2023/522

Date: 11th October, 2023

Head Department,
Obstetrics and Gynaecology
Muhimbili National Hospital

Report to Unit III
Att- Dr Lilian N-Mtinangi
18-10-23

RE: PERMISSION TO COLLECT DATA AT MNH.

Name of Student	**Emmanuel Bulabo**
Title	**"Women's Perceived Barriers to Accessing Comprehensive Post Abortion Care Services at MNH Dar es Salaam"**
Institution	Muhimbili University of Health and Allied Sciences
Supervisor	Dr. Ali Said (MUHAS)
Co - Supervisor	Dr. Lilian Mnabwiru (MNH)
Period	11th October, 2023 to 30th January, 2024

Approval has been granted to the above mentioned student to collect data at MNH. **A final study report should be lodged with Clinical Research, Training and Consultancy Unit.** Dissemination of study findings to MNH stakeholders shall be overseen by Dr. Lilian Mnabwiru (MNH) Co – supervisor.

Kindly ensure that the student abide to the ethical principles and other conditions of the research approval.

Yours Sincerely,

Dr. Jessie Mbwambo
Head of Clinical Research, Training and Consultancy Unit

HEAD, TEACHING, RESEARCH & CONSULTANCY UNIT
P. O. Box 65000
DAR-ES-SALAAM
MUHIMBILI NATIONAL HOSPITAL

c.c DSS
c.c Dr. Lilian Mnabwiru
c.c **Emmanuel Bulabo**

Upanga West, Kalenga Street, Plot No. 10480/3, P O. BOX 65000, Dar es Salaam, Tanzania.
Telephone: +255-22-2151367-9, Telephone: +255-22-2151351-2
Email: info@mnh.or.tz, Website: www.mnh.or.tz

Appendix 7: Introduction Letter

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote:
Ref. No. HD/MUH/T.116/2021

09th October, 2023

The Executive Director,
Muhimbili National Hospital,
P.O. Box 65000,
DAR ES SALAAM

Re: INTRODUCTION LETTER

We would like to inform you that the bearer of this letter is Emmanuel Gibbe Bulabo with Reg. No. HD/MUH/T.116/2021 is a student at Muhimbili University of Health and Allied Sciences (MUHAS) "pursuing MMed. Obstetrics/Gynaecology.

As part of his studies, he will be doing an elective research titled: **"Women's perceived Barriers to Accessing Comprehensive Post Abortion Care Services at Muhimbili National Hospital, Dar es Salaam."** he is being supervised by Dr. Ali Said from MUHAS and Lilian Mnabwiru from MNH.

The research has been approved by the Chairman of University Senate.

Kindly provide him the necessary assistance to facilitate the conduct of his research.

We thank you for your cooperation.

Ms. Victoria Mwanilwa
For: DIRECTOR, POSTGRADUATE STUDIES

c/c Emmanuel Gibbe Bulabo

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

Appendix 8: Turnitin Receipt and Plagiarism Report

turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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Assignment title:	Dissertation Reports
Submission title:	Women's Perceived Barriers to Accessing Comprehensive Po...
File name:	final-EGB.docx
File size:	373.01K
Page count:	47
Word count:	10,611
Character count:	62,019
Submission date:	25-Jun-2024 01:23PM (UTC+0300)
Submission ID:	2408398360



WOMEN'S PERCEIVED BARRIERS TO ACCESSING COMPREHENSIVE POST ABORTION CARE SERVICES AT MUHIMBILI NATIONAL HOSPITAL, DAR ES SALAAM TANZANIA.

Emmanuel Gibbe Bulabo

MMed Obstetrics and gynaecology
Muhimbili University of Health and Allied Sciences
May, 2024

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Appendix 9: Plagiarism Report



Women's Perceived Barriers to Accessing Comprehensive Post Abortion Care Services at Muhimbili National Hospital, Dar Es Salaam Tanzania

ORIGINALITY REPORT

21%	17%	6%	12%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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3	www.researchgate.net Internet Source	1%
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7	Mwansa Ketty Lubeya, Margarate Nzala Munakampe, Meek Mwila, Musonda Makasa et al. "Post-abortion care services in Zambian health facilities: a qualitative study of users' experiences and perceptions", Research Square Platform LLC, 2022 Publication	1%
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