

Appendix 2. Access to contraception and sexual and reproductive health (SRH) information post-abortion: quantitative, qualitative and mixed methodology studies

Study	Region	Location and Policy/Law	Design and Quality Indictors	Sample/Participants and Setting	Aim	Key Findings
Acharya and Kalyanwala (2012) ¹	South Asia	India (abortion legal but limited access)	Quantitative Structured questionnaire <ul style="list-style-type: none"> Ethical approval stated Only service providers sampled – study focus on providers’ knowledge, attitudes and practices of abortion provision Contraception provision and SRH information not detailed in key findings of article No competing interests Funding stated Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> 170 IDIs with physicians who were certified as abortion providers Location: Bihar and Maharashtra states 	To explore Indian abortion providers’ knowledge of medical abortion (MA), their personal experiences and practices of providing medical abortion, and their attitudes toward providing MA to eligible women who were poor, uneducated, and/or from rural areas.	<ul style="list-style-type: none"> 97% providers discussed contraception (no difference between rural and urban providers). Providers counselled their patients about contraception on the day MA was administered. Providers also advised women about a range of contraceptive methods, including permanent methods. Despite their counselling, most providers estimated that no more than half of their patients had opted for a method of contraception, and used it following an abortion.
Arambepola <i>et al.</i> (2014) ² STUDY 1	South Asia	Sri Lanka (abortion illegal/heavily restricted)	Quantitative Unmatched case–control study <ul style="list-style-type: none"> Ethical approval stated Representation of Muslim and Tamil populations assisting generalisability Limitations of study not adequately highlighted No competing interests Funding stated Reported findings relevant to review 	<ul style="list-style-type: none"> 171 Cases following unsafe abortion 638 controls following spontaneous abortion (SA-controls) 600 women following delivery of an unintended pregnancy (TUP-controls) 	To assess PAC given to women following an unsafe abortion, compared to the routine hospital care following spontaneous abortion (SA) or unintended pregnancy carried to term (TUP).	<ul style="list-style-type: none"> Cases were dissatisfied with their overall care during hospital stay, predominantly due to verbal harassment of health-care-providers on their abortion status (57.9% versus 19.3% SA-controls, $p < 0.05$). Ward-midwives did not contribute to family planning care of Cases. At 6–8 weeks, 48.9% of Cases were on contraceptive methods, predominantly short-term, compared to 85.3% of TUP-controls, predominantly long-term methods ($p < 0.01$). Despite equitable emergency treatment, care following unsafe abortion was deficient in post-abortion counselling, education and family planning services.

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Azmat <i>et al.</i> (2012) ³	South Asia	Pakistan (abortion is illegal - legal only to save women's life)	Qualitative <ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Impact of contraception and SRH information provision post-abortion not clearly detailed in key findings of article Limitations of study not adequately addressed No competing interests Funding stated Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> Location: 9 hospitals in eight out of 24 districts. 8 FGD with PAC clients 15 IDIs with RHVs 76 quantitative exit interview questionnaire with clients. Location: 6 randomly selected districts of Sindh and Punjab 	Establish the socio-demographic profile of clients, determine their preferred method of treatment, explore their perceptions of the barriers to accessing post-abortion services and to understand the challenges faced by RHVs.	<ul style="list-style-type: none"> Medical, rather than surgical, treatment for incomplete and unsafe abortions preferred. Household economics influence women's decision-making on seeking post-abortion care. Other restraining factors include: objection by husbands and in-laws, restrictions on female mobility, the views of religious clerics and a lack of transport.
Rocca <i>et al.</i> (2014) ⁴ STUDY 2	South Asia	Nepal (abortion legal)	Quantitative Prospective cohort study <ul style="list-style-type: none"> Ethical approval stated Diverse recruitment sites and large sample assisting generalisability Limitations of study acknowledged No competing interests Funding stated Reported findings relevant to review 	<ul style="list-style-type: none"> 838 questionnaires with women post abortion (baseline and 6 months) Location: Two non-government clinics and two public hospitals in Kathmandu and Terai region 	To assess the contraceptive information received and methods chosen, received, and used among women having abortions one decade after legalization of abortion in Nepal	<ul style="list-style-type: none"> 1/3 of participants received no information on effective methods 56% left facilities without a method. Levels of contraceptive use after medical abortion were on par with those after aspiration abortion. Nulliparous women were far less likely than parous women to receive information and use methods. Women living without husbands or partners were also less likely to receive information and supplies, or to use methods.

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Htay <i>et al.</i> (2003) ⁵	East Asia and Pacific	Myanmar (abortion is illegal - legal only to save women's life)	Qualitative and Quantitative <ul style="list-style-type: none"> Ethical approval not clearly stated Key findings focused on SRH policy Data collection and analysis methodology not clearly detailed Limitations of study not adequately addressed Competing interests/funding not stated Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> 170 surveys with women treated for post-abortion complications 122 surveys with hospital and clinic staff 163 surveys with volunteer community health providers n? focus group discussions hospital/ clinic staff and village volunteer health staff Location: Bago Division. 	To assess the quality of post-abortion care by the Department of Health, using a baseline survey of health providers and post-abortion women	<p>Key findings focused on SRH policy. Other relevant findings:</p> <ul style="list-style-type: none"> Village women delay seeking care for post-abortion complications after an induced abortion for two main reasons: fear of neighbours knowing and fear that health staff in the hospital would blame them. The cost of treatment was not a big factor in the decision to delay seeking care. Of the women with post-abortion complications Of those who wished to practise family planning, most (93%) received a contraceptive method before discharge from hospital. Of these, 98.3% had the method options explained to them by staff but 5.3% did not get the contraceptive method they preferred.
Nguyễn <i>et al.</i> (2007) ⁶ STUDY 3	East Asia and Pacific	Vietnam (abortion legal)	Qualitative and Quantitative Evaluation <ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Quantitative data Double entered by two different operators Limitations of study not adequately highlighted Competing interests/funding not stated Reported findings relevant to review 	<ul style="list-style-type: none"> 748 structured survey with women before and after abortion 20 IDIs with women just after abortion 7 informal interviews with health care staff 100 participant observations Location: Main maternity hospital in Hà Nội, Northern Viet Nam 	Explored the interaction between providers and women seeking abortion and how cultural values influenced quality of care.	<ul style="list-style-type: none"> Insufficient knowledge and skills had a negative impact on provision of information and good quality counselling in relation to understanding and uptake of contraception, treating reproductive tract infection and preventing post-abortion infection. Training programmes are needed that integrate counselling and clinical skills and address the cultural factors that hinder health staff and women from interacting in an equitable manner.

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Becker <i>et al.</i> (2013) ⁷ STUDY 4	Latin America and the Caribbean	Mexico (abortion strictly regulated - Mexico City, is the only city where abortion is legal - within first trimester)	Quantitative <ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Limitations of study discussed and recommendations for future studies given No competing interests Funding stated Reported findings relevant to review 	<ul style="list-style-type: none"> Survey of 402 women seeking first-trimester abortion care Location: Public facilities in Mexico City 	To investigate patients' views of family planning services provided during abortion care and their acceptance of post-abortion contraception.	<ul style="list-style-type: none"> 328 women (81.6%) reported being offered contraception at their visit and 359 (89.5%) selected a contraceptive method for post-abortion use Women who underwent surgical abortion were more likely than those who underwent medical abortion to report being offered contraception (Pb0.001) Women attended by a female physician were more likely than those attended by a male physician to report being offered contraception (Pb0.05). Women who attended the general hospital were less likely to report being offered contraception (Pb0.001).
McCarragher <i>et al.</i> (2010) ⁸ STUDY 5	Latin America and the Caribbean	Dominican Republic (abortion illegal)	Qualitative Evaluation of intervention Non-experimental pre/post-test design (analysis: SAS 9.1) <ul style="list-style-type: none"> Ethical approval stated Limitations of study discussed and recommendations for future studies given Competing interests not stated Funding stated Reported findings relevant to review 	<ul style="list-style-type: none"> 88 IDI with providers 88 IDI follow-up with providers Survey 140 adolescent PAC patients (12–19y) Survey 134 PAC patients (20–35y) Location: 4 public hospitals in the Dominican Republic where PAC services are not being routinely offered 	Evaluate an intervention whose goal was to improve the counselling and contraceptive uptake of PAC patients, with special attention given to the needs of adolescent patients.	<ul style="list-style-type: none"> No changes noted in provider-reported PAC counselling behaviours, 70% of providers reporting they routinely assess patients' fertility intentions, discuss contraception, assess STI/HIV risk and discuss post-abortion complications. Adolescent and older PAC patients reported receiving PAC counselling messages at similar rates. 40% of adolescent PAC patients and 45% of older PAC patients who wanted to delay pregnancy were discharged with a contraceptive method. Adolescents more likely to receive an injectable contraceptive method whereas older women were discharged with a variety of methods.
Esber <i>et al.</i> (2014) ⁹	Sub-Saharan Africa	Tanzania (abortion illegal, except to save life)	Quantitative Cross-sectional, clinic-based study	<ul style="list-style-type: none"> 193 women surveyed 	Examined the effect of partner approval of contraception on intention to use	<ul style="list-style-type: none"> 23% of participants had used a contraceptive method in the past 66% reported intending to use contraception in the future.

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		or physical/mental health)	<ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Limitations of study addressed Funding stated Key findings do not address SRH information provision by service provider Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> Location: 1 large public hospital in Zanzibar 	contraception among women obtaining post-abortion care in Zanzibar.	<ul style="list-style-type: none"> Partner approval of contraception and ever having used contraception in the past were each associated with intending to use contraception in the future. Partner approval of contraception was associated with 20 times the odds of intending to use contraception.
Kalu <i>et al.</i> (2012) ¹⁰	Sub-Saharan Africa	Nigeria (abortion illegal, except to save life or physical/mental health)	Quantitative Descriptive study <ul style="list-style-type: none"> Ethical approval not clearly stated Limitations of study addressed Competing interests/funding not stated Key findings do not specifically address post-abortion contraception and SRH information provision Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> Data on PAC over a 5-year period analyzed Standardized questionnaire administered to 45 direct PAC service providers. Location: Ebonyi State University Teaching Hospital, Abakaliki, Nigeria. 	Review the implementation of PAC and effective linkage to other post abortion services.	<ul style="list-style-type: none"> Abortion complications constituted 41.4% of all Gynaecological admissions. Maternal mortality from complications of abortion was 11.5% of all the maternal mortality at the centre. 37 women aged ≥19 years and 132 single women constituted 25.3% of all cases. Around 31% of the PAC care providers had formal training in PAC provision. 15% of the care givers were satisfied with the linkage between PAC and the Family Planning services.

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Etuk <i>et al.</i> (2003) ¹¹	Sub-Saharan Africa	Nigeria (abortion illegal, except to save life or physical/mental health)	Qualitative <ul style="list-style-type: none"> Ethical approval not clearly stated, informed consent stated as obtained Small sample size (n=48) Funding stated Competing interests not declared or denied Data analysis methodology not detailed While the reported findings are relevant to the research questions as Ethical approval for the research cannot be confirmed, data analysis methodology was not stated and the sample size was extremely small, this article is not included for review. 	<ul style="list-style-type: none"> 48 private practitioners interviewed using structured questionnaire 	Examined the knowledge, attitude and practice of private medical practitioners in Calabar on abortion, post-abortion care and post-abortion family planning	<ul style="list-style-type: none"> 22.9% of the doctors routinely terminate unwanted pregnancies when requested by women. Reasons for not wanting to terminate pregnancy (practitioner): religious, moral and ethical considerations, rather than Nigerian law. Many did not routinely practice integrated post abortion family planning and STD management.
Tavrow <i>et al.</i> (2012) ¹² STUDY 6	Sub-Saharan Africa	Kenya (abortion illegal, except to save life or physical/mental health)	Quantitative and Quantitative <ul style="list-style-type: none"> Ethical approval stated Limited qualitative data, however, it serves to support the quantitative data Only one study site which impacts generalizability Limitations of study stated Competing interests not stated Funding stated 	<ul style="list-style-type: none"> Data from 1080 post-abortion clients 2 IDI with doctor Location: private clinic in a small Kenyan town 	Analyses the impact of high quality, user-friendly, comprehensive sliding-scale post-abortion services on clients' uptake of contraception.	<ul style="list-style-type: none"> All clients received confidential family planning counselling and were offered a complete range of contraceptives at no additional cost. Prior to the abortion, no client aged 10–18 years reported having used contraception, as compared to 60% of clients aged 27–46 years. After the abortion and family planning counselling session, only 6% of clients aged 10–18 chose a method, as compared to 96% of clients aged 27–46, even though contraception was free. Significant predictors of contraceptive uptake post-abortion were: having a child, a previous

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<p>Evens <i>et al.</i> (2014)¹³</p> <p>STUDY 7</p>	<p>Sub-Saharan Africa</p>	<p>Kenya</p> <p>(abortion illegal, except to save life or physical/mental health)</p>	<p>Qualitative</p> <ul style="list-style-type: none"> • Ethical approval not clearly stated for this post-intervention study • Limitations of study discussed and recommendations for future studies given • Competing interests not stated • Funding stated • Reported findings relevant to review 	<ul style="list-style-type: none"> • 283 IDI with PAC clients (structured phone interviews) • 20 IDIs with providers (1 in person, 19 by phone) • Location: 8 health facilities in Kenya's Central and Nairobi provinces (or participant contacted by phone) 	<p>Examine receipt of PAC services by client age, client satisfaction and provider attitudes.</p>	<p>termination, prior contraceptive use and being older than 21.</p> <ul style="list-style-type: none"> • Delivery of PAC treatment, pain management, HIV and STI services and violence screening did not vary by age. • Fewer youth between the ages of 15 and 24 received a contraceptive method compared with adult clients (35% versus 48%; p = 0.02). • Forty-nine per cent of youth reported not using a family planning method due to fears of infertility, side-effects or lack of knowledge compared with 22% of adults.
<p>Gallo <i>et al.</i> (2004)¹⁴</p> <p>STUDY 8</p>	<p>Sub-Saharan Africa</p>	<p>Mozambique</p> <p>(at time of study: abortion illegal, except to save life or physical/mental health. Legalised in 2014)</p>	<p>Quantitative</p> <p>Interviews with closed-ended questionnaires</p> <ul style="list-style-type: none"> • Ethical approval not clearly stated, informed consent stated as obtained • Limitations of study not adequately discussed • Competing interests/funding not stated • Reported findings relevant to review 	<ul style="list-style-type: none"> • 461 interviews with women receiving treatment for abortion-related complications • 128 interviews with providers • 18 interviews with specialised providers • Location: 37 public hospitals and four health centres in the ten provinces of Mozambique. 	<p>Baseline assessment of abortion care services in the public health sector to inform efforts to reduce maternal morbidity and mortality.</p>	<ul style="list-style-type: none"> • Less than half the women said they received follow-up care information. • 27% of women wanting to avoid pregnancy said they had received a contraceptive method. • Clinical procedures such as universal precautions to prevent infection were less than adequate, in-service training was less than comprehensive in most cases, and few facilities reviewed major complications or deaths. Use of dilatation and curettage was far more common than medical or aspiration abortion methods.

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Jackson, <i>et al.</i> (2011) ¹⁵	Sub-Saharan Africa	Malawi (abortion illegal, except to save life or physical/mental health)	Qualitative <ul style="list-style-type: none"> Ethical approval not clearly stated Strategic Assessment Limitations of study not adequately addressed Funding stated Key findings do not specifically focus on post-abortion contraception and SRH information provision Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> IDIs with 485 people in 10 of Malawi's 28 districts 	To assess sexual and reproductive health, maternal mortality and unsafe abortion, conducted with Malawians from all parts of the country and social strata.	<ul style="list-style-type: none"> Legal abortion believed to be rare, provided at the discretion of specialists, available only at the tertiary care level, and entailed cumbersome approval processes. Prevention of unintended pregnancy is necessary to reducing abortion-related mortality in Malawi Contraception use limited (access, misconceptions)
Kinano <i>et al.</i> (2009) ¹⁶	Sub-Saharan Africa	Sudan (abortion illegal, except to save life or in the case of rape)	Qualitative and Quantitative <ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Limitations of study not addressed Data analysis methods not adequately detailed Competing interests/funding not stated Key findings do not address SRH information provision by service provider (other than contraceptive counselling) Reported findings do not adequately relate to research question 	<ul style="list-style-type: none"> 726 Women surveyed (15-49y), seeking abortion or post-abortion care (during 3-month study period) Collection of data from their hospital medical records 2 FDG with community leaders (7 men, 8 women) 1 IDI with a mid-level provider. Location: Khartoum, Sudan 	Gather new information on safe abortion services and PAC in Sudan, the quality of care provided, the methods of abortion used, and the characteristics of the women seeking services. Discover abortion related attitudes and knowledge of community leaders.	<ul style="list-style-type: none"> Small number of doctors providing abortion and PAC in hospital setting, mid-level providers, (nurses and midwives), are accessible at the community level and are often the first choice of women needing abortions. Only 1/3 of the women in this study were provided with contraceptive counselling and information and only 12.3% of women went home with a method. Long waiting times in hospital an issue: 14.5% had to wait for 5-8 hours and 7.3% for 9-12 hours.

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Paul <i>et al.</i> (2014) ¹⁷	Sub-Saharan Africa	Uganda (abortion illegal, except to save life or physical/mental health)	Qualitative <ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Only service providers sampled – study focus on providers’ knowledge, attitudes and practices of PAC provision as well as PAC task-sharing Limitations of study detailed Post-abortion contraception and SRH information provision not specifically detailed in key findings No competing interests or funding for the study Reported findings do not adequately address research question 	<ul style="list-style-type: none"> 27 IDIs with health care providers of post-abortion care Location: 7 health facilities in the Central Region of Uganda. 	Explore physicians’ and midwives’ perceptions of post-abortion care, with regard to professional competences, methods, contraceptive counselling and task shifting/sharing in PAC.	<ul style="list-style-type: none"> Post-abortion care was perceived as necessary, albeit controversial and difficult to provide. Task sharing was generally taking place and midwives were identified as the main providers, although they would rarely have the proper training in post-abortion care. Midwives were sometimes forced to provide services outside their defined task area, due to the absence of doctors.
Tagoe-Darko (2013) ¹⁸	Sub-Saharan Africa	Ghana (abortion illegal, except to save life or physical/mental health)	Qualitative <ul style="list-style-type: none"> Ethical approval not clearly stated, informed consent stated as obtained Data analysis methodology not adequately detailed Limitations of study discussed 	<ul style="list-style-type: none"> 6 FGD with 50 participants in total 10 narratives Location: Komfo Anokye Teaching Hospital in Kumasi, Ghana 	Explore evidence of social stigma as a factor in post abortion care	<ul style="list-style-type: none"> Distinction between contraception and abortion not always clear. Misconception and limited uptake on contraception. Social stigma as a significant factor in the process of pre-marital sex, abortion and post abortion care. At the individual level there was fear, shame and embarrassment. Medical staff were perceived as judgmental, indifferent and/or showing disdain.

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Tesfaye (2013) ¹⁹ STUDY 9	Sub-Saharan Africa	Ethiopia (abortion illegal, except to save life or physical/mental health and rape)	Qualitative and Quantitative Cross-sectional study <ul style="list-style-type: none"> Ethical approval stated, informed consent stated as obtained Limitations of study stated No competing interests Reported findings relevant to review 	<ul style="list-style-type: none"> 422 women seeking PAC service IDI Location: 8 health facilities in Guraghe zone, Ethiopia. 	Assess post abortion care quality status in health facilities of Guraghe zone.	<ul style="list-style-type: none"> More than half 226(56.5%) of the clients have received post abortion family planning. Overall, 83.5% of the patients were satisfied with the services. Those who said waiting time was long were less satisfied and unemployed women were more satisfied than others. Information provision: 302(75.5%) of the post abortion cases received information on current illness and family planning counselling,

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