

Knowledge, Attitude and Practices of Post Abortion Care among Health Workers at Kampala International University Teaching Hospital

Apio Christine, Atwine Barnabas, Abura Geoffrey and Musimenta Allen

Department of Nursing Sciences, Kampala International University Uganda

ABSTRACT

Abortion is still a public health dilemma in developing countries Uganda inclusive. Abortion is illegal in Uganda, and unsafe abortion is responsible for at least 30% of all maternal deaths. Each year, an estimated 297,000 induced abortions are performed in Uganda, and nearly 85,000 women are treated for complications, as a result of unsafe abortion. Descriptive cross sectional study design was used which employed quantitative methods and the findings of the study indicated that most of the health workers had knowledge on abortion and PAC. Data is presented in both tables and figures. The health workers had adequate knowledge (95%) on PAC, however the practice of PAC services was not adequate enough to assist the health workers implement the components efficiently. Majority (82%) of the health workers lacked enough skills especially in family planning services and reproductive health services. Understanding the service provider-related challenges and overcoming them can enhance sufficient service provision. Effective support and supervision should be done regularly to guide, help and encourage staff so as to improve their performance in order to provide high quality PAC services. This can lead to early detection of the common challenges faced by the units that deter appropriate management so that they provide high quality PAC services to avert the effects that are experienced by women after an abortion hence reducing on the burden of maternal morbidity and mortality in Uganda.

Keywords: Knowledge, Attitude, Practices, Post Abortion Care, Health

INTRODUCTION

Unsafe abortions continue to be a significant public health issue in many parts of the world, including Uganda. According to the World Health Organization, approximately 25 million unsafe abortions occur annually, with the majority taking place in developing countries with restrictive abortion laws. Uganda is no exception, with an estimated 297,000 unsafe abortions occurring each year, resulting in high rates of maternal mortality and morbidity [1]. In response to the high rates of unsafe abortions, the Ugandan government has implemented post-abortion care (PAC) services to provide comprehensive treatment and support for women who have undergone unsafe abortions [2]. The three essential parts of PAC are: -1) emergency care, counselling, and services for post-abortion contraception, 2) community involvement in the early detection and management of abortion complications, and 3) encouragement and reinforcement of continuous contraceptive usage [3]. However, the successful implementation of PAC relies heavily on the knowledge, attitudes, and practices of health workers who are responsible for providing these services [4]. PAC is important because it not only addresses the immediate medical needs of women who have experienced complications from unsafe abortions but also provides an opportunity for counseling, family planning education, and referrals for further support [5]. By addressing the physical, emotional, and social aspects of post-abortion care, PAC plays a vital role in reducing the long-term health consequences of unsafe abortions and preventing future unintended pregnancies [6]. According to the World Health Organization (WHO), the extent of PAC implementation in Africa is estimated to be around 34%. In sub-Saharan Africa, the extent of PAC implementation is estimated to be around 29% [7]. In East Africa, the extent of PAC implementation is estimated to be around 30% [8]. In Uganda, the extent of PAC implementation is estimated to be around 25%. Unfortunately, there is no specific data available for the extent of PAC implementation at KIU-TH [9]. Due to the limited PAC services at public hospitals, women have continued to receive care in a variety of locations, including private medical clinics, traditional herbalists' homes, establishments run by untrained staff, or even by self-inducing abortion hence this study

intends to identify factors associated with the provision of PAC among healthcare workers at Kampala International University Teaching Hospital (KIU-TH) [10-14].

METHODOLOGY

Study design

The study design will be a cross-sectional study using quantitative technique of data collection.

Study area

The study will be conducted at Kampala International University Teaching Hospital. It is situated in the western region of Ugandan in the town of Ishaka, Bushenyi district. It is bordered by the Rubirizi District in the northwest, Buhweju District to the northeast, Sheema District to the east, Mitooma District to the south, and Rukungiri District to the west. This setting is chosen for study because it sees a lot of patients who need PAC services and has a wide range of health service providers involved in delivering PAC services. The hospital currently employs people in a variety of positions, including doctors, clinical officers, registered nurses, enrolled nurses, enrolled midwives, anesthetists, laboratory technicians, and laboratory assistants. The hospital has 1,000 beds capacity and offers services healthcare services like gynecology, antenatal care, family planning, delivery, dental, postnatal checkups, medical, psychiatric, surgical, laboratory, and nutrition services. It is about 75 kilometers to the northwest of Mbarara Regional Referral Hospital. The Kampala International University Teaching Hospital is a private facility, founded in 2001, and run by a board of governors.

Study Population

The study will focus on healthcare professionals (Midwives, Doctors, Clinical Officers, laboratory personnel, and Nurses) at Kampala International University Teaching Hospital.

Sample size determination

Sample size will be calculated using the Kish Leslie Method of 1965 for calculating sample size for cross sectional studies.

$$n = \frac{(z^2 \cdot pq)}{d^2}$$

Where; n= the calculated sample size. z= the level of significance which is 1.96, p= an estimate of the proportion of women who got PAC services at Kampala International Teaching University Hospital. d= allowable margin of error which is 0.5

$$q = (1-p)$$

Therefore, our sample size is;

$$n = 1.96^2 * (0.93 * 0.07) / 0.05^2$$

$$n = 245$$

From the above formula the sample size was 254 respondents but these health workers were not available in Kampala International University Teaching Hospital gynecology ward and outpatient department therefore, the research used a sample size of 51 health workers. Therefore, n= 51

Study procedure

A self-administered questionnaire will be given to study participants who will give their agreement to participate in the study and conveniently present on their particular wards at the time of data collection. This method of recruiting participants is known as convenience sampling. Through this process, individuals will be able to participate in the study whenever it is convenient for them.

Inclusion criteria

The study will include healthcare workers (Midwives, Doctors, Clinical Officers, laboratory officers, hospital administrators, and Nurses), who are both males and females working at Kampala International University Teaching Hospital who will be on duty and willing to participate in the study.

Exclusion criteria

The study will exclude healthcare workers (Midwives, Doctors, Clinical Officers, laboratory officers, and Nurses), who are both males and females working at Kampala International University Teaching Hospital who will be on leave, sick, or those who will be ill.

Data collection Instruments

Self-administered questionnaires will be utilized in this study as the instruments for gathering data. The questionnaire will collect quantitative data. English-language questionnaires will be created, pretested, and evaluated. The responders' name or address won't be necessary because they are clear and straightforward and contained serial numbers to prevent any loss. This ensured secrecy and will give the participants in the study confidence throughout. The questionnaires will be cross-checked during data collection to ensure that all questions are addressed, and the researcher will provide explanations where respondents will be having trouble responding to a question.

Data Collection Procedures

Questionnaire that will be fully confidential will be used to gather the data. Since the study will address private, intimate, and delicate concerns, no name will be required. The respondents will respond freely as a result of this. After the approval of the research proposal, the researcher will give an introduction letter introducing him to the Kampala International University Teaching Hospital administration in order to obtain approval to conduct the research study in the hospital. Potential respondents (health workers) will be informed of the study's

objectives by the researcher, and those who are interested in participating will be purposefully sampled. After selecting a sample of respondents, the researcher will give them questionnaires to complete with assistance from two research assistants.

Data Management and quality control

Before leaving the data collection site, all completed questionnaires will be checked for validity, completeness, accuracy, storage in files, and correct entry into the computer. Before being prepared for analysis, the questionnaires will be properly stored in a locker to prevent loss and unauthorized access.

Data Analysis and presentation

The data collection in the field will be constantly supervised. Quantitative raw data from questionnaires will be coded and entered into Microsoft Excel. Data will then be cleaned and exported to SPSS for analysis. The information gathered will then be presented in the form of text, tables, pie charts, and graphs.

Ethical consideration

The Researcher will obtain permission to conduct the study from Kampala International University School of Nursing REC, and the Research Committee will issue an introductory letter to the Gynecology department, Out-patient department, and Accident and Emergency ward. Heads of departments will be asked to authorize the researcher's access to the ward, after which the researcher will explain the study to the participants and obtain their informed consent (health workers). Throughout the study, confidentiality will be maintained.

RESULTS

Socio-demographic characteristics of healthcare workers

A total of 51 healthcare workers answered the questionnaire of which the minimum age was 21 years and the maximum age was 48 years and majority of them 30(58.8%) were less than 30 years, Nearly all of the healthcare worker had partners (43(84.3%)), majority of them 39(76.5 %) were Christians, meanwhile of those who responded, minority 5 (9.8%) had masters and 17(33.3%) were doctors as summarized in **table 1** below.

Table 1: Sociodemographic characteristics of respondents

Characteristics	Frequency <small>(n)</small>	Percentage (%)
Age of respondent in years		
<30	30	58.8
Above 30	21	41.2
Cadre		
Nurse	11	21.6
Midwife	13	25.5
Clinical Officer	10	19.6
Doctor	17	33.3
Marital status		
With a partner	43	84.3
Without a partner	8	15.7
Level of Education		
Certificate	12	23.53
Diploma	22	43.14
Degree	12	23.53
Masters	5	9.80
Religion		
Christian	39	76.5
Muslim	12	23.5

Research objective 1: Knowledge on PAC

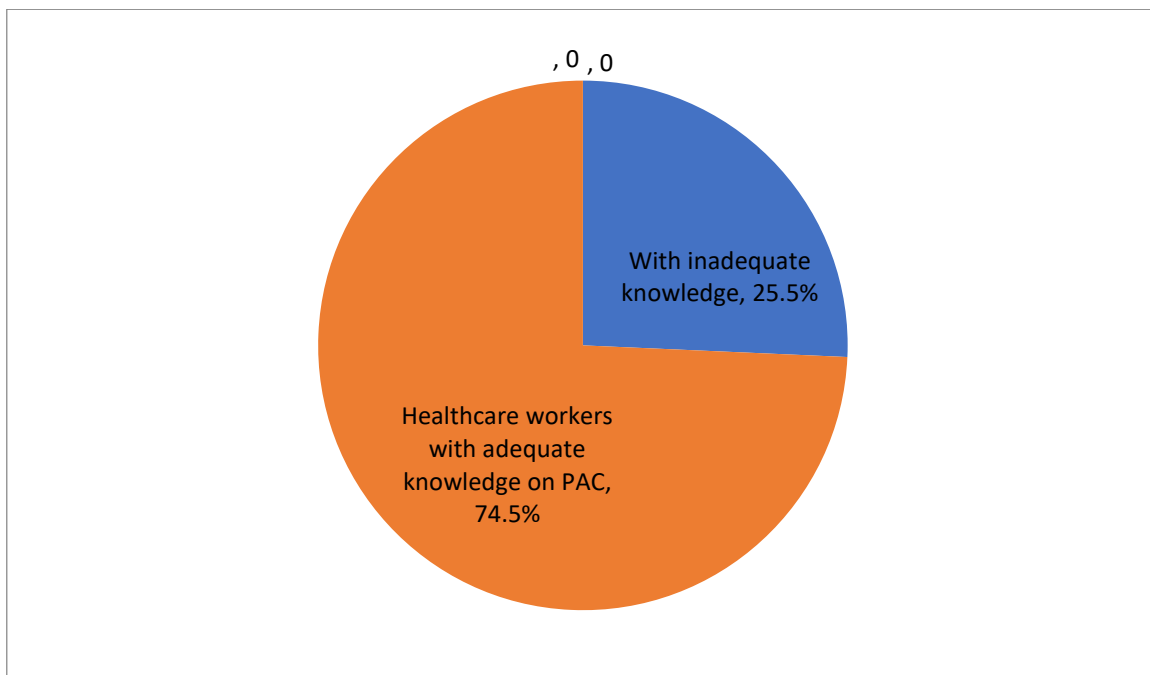
The respondents were asked whether unsafe abortion is one among top 5 most causal death in women and majority 34(66.7%) knew and yes, others didn't know as they mentioned otherwise, nearly all of the healthcare workers 46(90.2%) knew that clinicians can perform abortion services to save life, majority 40 (78.4%) knew the definition of PAC, only a few 15(29.4%) didn't accept that health practitioners had a duty not to object abortion related services during emergency, majority 40(78.4%) of them accepted that PAC should be carried out only in equipped health facility with an authorized skilled health workers as summarized in table 2 below.

Table 2: Knowledge on PAC

Responses	Frequency (51)	Percentage%
Unsafe abortion is among the top 5 most causal agent of death in women		
Yes	34	66.7
No	17	33.3
Clinicians can perform abortion services to save life		
Yes	46	90.2
No	5	9.8
What is PAC		
Knew	40	78.4
Didn't Know	11	21.6
PAC should be carried out only in equipped health facilities with an authorised skilled health worker		
Yes	40	78.4
No	11	21.6
Health practitioners had a duty to object abortion related services during emergency		
No	36	70.6
Yes	15	29.4

Actual knowledge of PAC

The summary of the information contained in table 2 gives the level of the participants' actual knowledge regarding PAC. It has been made vivid, as mentioned in the **figure 2**, that 74.3 % of the healthcare workers had correct knowledge of PAC.



**Figure 1: Pie chart Showing Knowledge of Healthcare workers on PAC
Analysis of the PAC knowledge of the healthcare workers in the study**

Age

Among the mothers with adequate knowledge about EBF, 58.2 % are older than 30 years old and 41.8 % are 30 or younger. There is no statistic correlation between the age of the healthcare workers in the study and their knowledge regarding PAC ($p = 0.823$).

Education level

The majority of the healthcare workers among the ones with adequate knowledge about PAC (53.3 %) have at least a degree as the education level, and minority 21.1% have diploma or certificate as the education level. Nevertheless, the education level of the participants does not influence their knowledge regarding PAC ($p = 0.562$).

Cadre

Fewer than half that is 40% of the healthcare workers who adequately knew about PAC were midwives and doctors. There is no correlation between healthcare worker's cadre and the knowledge ($p = 0.117$).

Marital status

Majority among the healthcare workers with correct knowledge regarding PAC (63.3 %) live with a partner, and minority 11.1% of them do not. The knowledge of PAC does not depend upon the marital status ($p = 0.778$).

Religion

The larger proportion (60 %) of the participants who had appropriate knowledge about PAC were Christians and a small percentage (14.4%) were Muslims. The knowledge of the participants does not statistically depend on religion ($p = 0.132$).

Table 3: Analysis of PAC Knowledge of the Healthcare workers in the study

Variables	Number	PAC KNOWLEDGE		P
		With knowledge	Without knowledge	
Age (in years)				
< 30	30	22	43.1	0.823
≥ 30	21	16	31.4	
Education				
Diploma/ Certificate	34	27	52.9	0.562
Atleast a degree	17	11	21.6	
Cadre				
Doctors/ Midwives	30	18	35.3	0.117
Others	21	20	39.2	
Marital status				
With a partner	43	32	62.7	0.778
Without a partner	8	6	11.8	
Religion				
Christian	39	30	58.8	0.132
Muslim	12	8	15.7	

Research objective 2: Attitude towards PAC

Nearly all the students in the study 44(86.3%) reported that abortion related policies and protocols are clearly developed to clarify, majority 40(78.4%) said that Provision of PAC is not contrary to their personal/religious beliefs. when respondents were asked whether they could support Pregnancy to be terminated in a woman with pregnancy that endangers her life if she consent, majority 33(64.7%) said yes and When asked whether they support PAC services to a woman with incomplete abortion, majority 39(76.5%) of them said yes.

Table 4: Showing attitudes towards PAC

Responses	Frequency (51)	Percentage %
Do you support Pregnancy to be terminated in a woman with pregnancy that endangers her life if she consent?		
Yes	33	64.7
No	18	35.3
Do you support PAC services to a woman with incomplete abortion?		
Yes	39	76.5
No	12	23.5
Is Provision of PAC is contrary to your personal/religious beliefs?		
Yes	11	21.6
No	40	78.4
Abortion related policies and protocols are clearly developed to clarify its legacy		
Yes	44	86.3
No	7	13.7

Overall attitudes of the participants towards PAC

Each of the 4 questions in the attitude section were scored as 2 for a correct response, 0 for a wrong response and 1 for not sure and from tables 4, it may be seen that a lot of the students in this study (71%) have positive attitude towards PAC, figure 3 summarizes the overall attitudes of the participants.

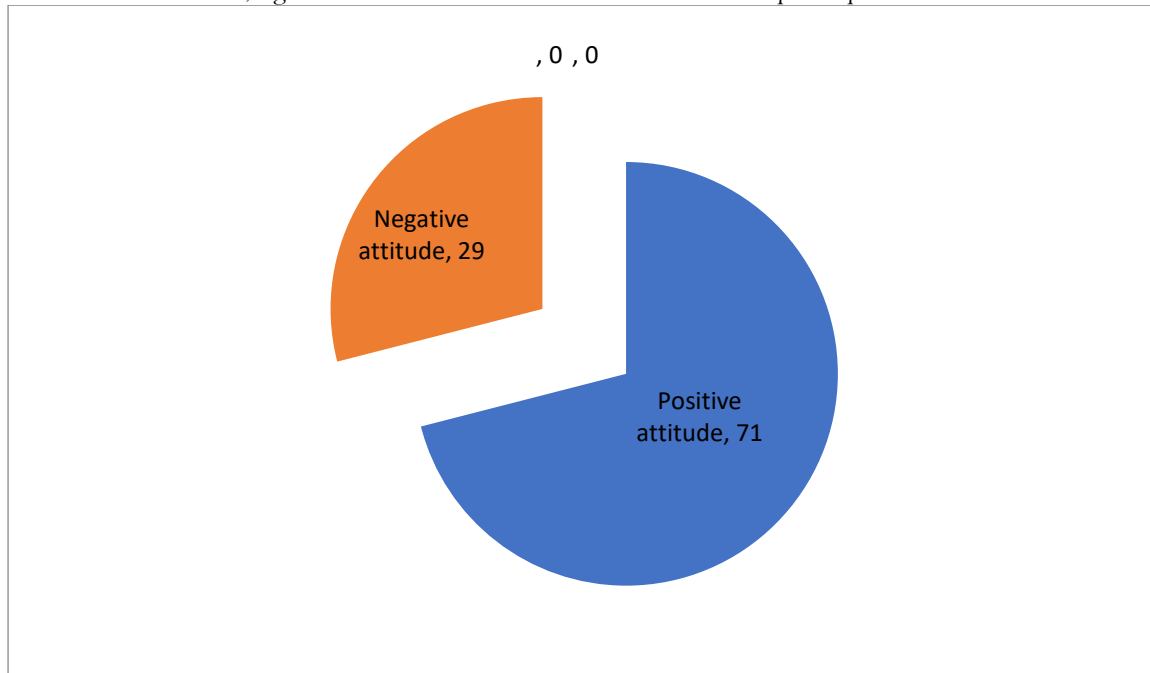


Figure 2: Pie chart showing attitudes of the participants towards PAC

Research objective 3: Practices of PAC

Table 5: Showing response on Practices of PAC

Variable	Responses	Frequency (51)	Percentage (%)
From where did you get the training on PAC	Hospital	30	58.8
	School	18	35.3
	Others	3	5.9
Which procedure is mostly practiced at KIU-TH	D & C	12	23.5
	MVA	39	76.5
What is the common obstacles in providing PAC services	Limited Resources	41	80.4
	Lack of trained providers	10	19.6
PAC services offered at KIH-TH	Yes	33	64.7
	No	18	35.3

Actual Practice of PAC

The summary of the information contained in table 5 gives the level of the participants' actual practice of PAC. It has been made vivid, as mentioned in the figure 4, that 65.8 % of the healthcare workers had good practice of PAC.

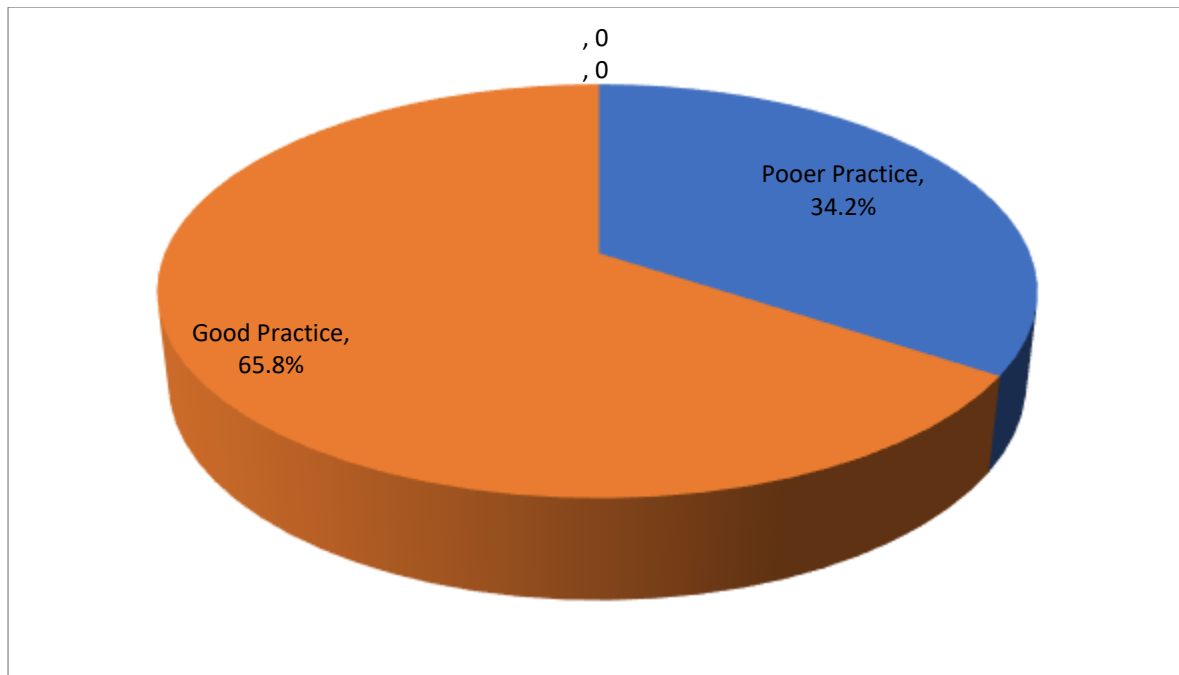


Figure 3: Pie chart Showing Practice of PAC by the healthcare workers
DISCUSSION

Knowledge about Post Abortion Care

Knowledge is very important in the success of any intervention. Therefore, people concerned by the interventions must first of all be given some knowledge regarding the benefits that the interventions may offer [15]. In the scope of this study, an adequate knowledge regarding PAC among students would tremendously help promote PAC practice, which in turn would reduce maternal deaths and other complications such as sepsis and it would guarantee mothers' health [16]. A recent study conducted at KIU-TH revealed a significant finding that 74.5% of healthcare workers at the institution possess adequate knowledge on Post abortion Care (PAC) [17]. This discovery underscores the importance of training and education programs implemented within the healthcare setting, as a majority of the staff demonstrated a solid understanding of crucial PAC protocols and procedures [18]. Such a high percentage of healthcare workers with sufficient knowledge on PAC is promising, as it indicates a strong foundation for providing quality care to patients in need of post abortion services. This finding not only reflects positively on the institution's commitment to continuous learning and professional development but also suggests that patients seeking PAC at KIU-TH are likely to receive competent and informed care from their healthcare providers [19]. The study's results also highlight the effectiveness of ongoing training initiatives and the dedication of healthcare workers at KIU-TH to stay abreast of best practices in PAC. With nearly three-quarters of the staff demonstrating adequate knowledge in this critical area of healthcare, the institution can be confident in its ability to deliver high-quality post abortion services to patients [20]. Moving forward, these findings may serve as a benchmark for other healthcare facilities looking to enhance their staff's competency in PAC, emphasizing the importance of investing in training programs and resources that empower healthcare workers to provide optimal care to patients in need. However, this level of PAC knowledge, in comparison with same knowledge revealed by some studies conducted in different communities in the world may be considered satisfactory. As an illustration, a study conducted in Mbarara Hospital, in the Republic of Uganda in 2003, showed that PAC knowledge level was 73.8% [21]. A recent study conducted at KIU-TH yielded a noteworthy finding, indicating that 71% of healthcare workers at the institution exhibit a positive attitude towards Post abortion Care (PAC). This discovery underscores the dedication and compassion of the healthcare staff, as a majority of them displayed an optimistic and supportive outlook towards patients seeking post abortion services. A positive attitude among healthcare workers is crucial in ensuring that patients receive not only the necessary medical care but also the emotional support and understanding they require during a vulnerable time [19-21]. This finding speaks volumes about the culture of empathy and patient-centered care fostered within the institution, reflecting a commitment to holistic well-being and patient satisfaction. The study's results also shed light on the effectiveness of efforts to cultivate a supportive and empathetic environment within the healthcare setting. With 71% of healthcare workers demonstrating a positive attitude towards PAC, KIU-TH can take pride in the compassionate and empathetic care that patients are likely to receive when seeking post abortion services. This finding serves as a testament to the institution's dedication to nurturing a culture of understanding and support, ultimately contributing to a more positive and reassuring experience for patients in need of PAC. Moving forward, these results may inspire other healthcare facilities to prioritize initiatives aimed at fostering a positive and empathetic attitude among their staff, recognizing the significant impact it can have on patient care and well-being.

Practice of Post Abortion Care among the students

A recent study conducted at KIU-TH revealed a significant finding that 65.8% of healthcare workers at the institution demonstrated good practice of PAC. Another study conducted among Rural Jamaican healthcare providers concluded that the practice of PAC was only 59.2%. In Iran and in Malaysia, the rates were respectively 47.7% and 52.8%. The reason for such low practice of PAC regardless of the fact that the participants have a satisfactory level of knowledge towards PAC might be rooted in the cultural issues; which issues could better be dug out by a qualitative research. This discovery underscores the commitment of the healthcare staff to implementing best practices and protocols when providing care to patients in need of post abortion services. With a majority of healthcare workers exhibiting good practice in PAC, KIU-TH can be confident in the quality of care delivered to patients, ensuring that they receive safe, effective, and evidence-based treatment. This finding not only reflects positively on the institution's dedication to upholding standards of care but also highlights the professionalism and expertise of the healthcare workers in managing post abortion cases. The study's results also emphasize the importance of continuous training and professional development initiatives in promoting good practice among healthcare workers. With 65.7% of the staff demonstrating proficiency in PAC, KIU-TH can leverage this finding to further enhance its training programs and ensure that all healthcare workers are equipped with the necessary skills and knowledge to deliver high-quality PAC. Moving forward, these results may serve as a catalyst for ongoing quality improvement efforts within the institution, reinforcing the importance of adherence to best practices and the implementation of standardized protocols in the delivery of PAC.

CONCLUSION

In conclusion, the study conducted at KIU-TH to assess the knowledge, attitude, and practices of healthcare providers regarding Post abortion Care (PAC) has yielded insightful findings. The results indicate that a significant proportion of healthcare providers at the institution possess adequate knowledge (74.5%), exhibit a positive attitude (71%), and demonstrate good practice (65.8%) in the provision of PAC services. These findings collectively reflect a strong foundation of competency, compassion, and proficiency among healthcare providers at KIU-TH, underscoring their commitment to delivering comprehensive and patient-centered care to individuals in need of post abortion services. Moving forward, these results can serve as a basis for further enhancing the quality of PAC services at KIU-TH through targeted interventions and continuous professional development initiatives. By leveraging the strengths identified in this study, such as the high level of knowledge, positive attitude, and good practice demonstrated by a majority of healthcare providers, the institution can build upon its existing strengths and address any areas that may require improvement. Ultimately, by fostering a culture of excellence, empathy, and best practices in PAC, KIU-TH can continue to uphold its commitment to providing safe, effective, and compassionate care to patients, ensuring optimal outcomes and satisfaction for those seeking post abortion services at the institution.

Recommendations

Effective support and supervision should be done regularly to guide, help and encourage health workers to improve their performance so as to provide high quality PAC services. This would facilitate team building and confidence which motivates health workers to provide quality PAC services. It also creates chances for early detection of the common challenges that the unit might be facing. The hospital administration should organize workshops on PAC to enrich the health workers with more PAC knowledge and skills which will increase on the quality of services provided. Community sensitization through health talks, mass media and community outreaches is another area of concern which will help to increase the utilization of the services in the hospital. Advocacy efforts should be directed towards multidisciplinary approach in order to gain support from all levels of stake holders and policy makers such as government, community health stake holders, religious leaders, media, and NGOs as they need a common understanding on the sensitivity of PAC services.

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