

Abortion in Africa



Incidence and Trends

- During 2010–2014, an estimated 8.2 million induced abortions occurred each year in Africa. This number represents an increase from 4.6 million annually during 1990–1994, mainly because of an increase in the number of women of childbearing age.
- The annual rate of abortion, estimated at 34 procedures per 1,000 women of childbearing age (i.e., those 15–44 years old), remained more or less constant over the same period.
- The abortion rate is roughly 26 for married women and 36 for unmarried women.
- The proportion of pregnancies ending in abortion, estimated at 15% in 2010–2014, also changed little since 1990–1994.
- The annual rate of abortion varies slightly by region, ranging from 38 per 1,000 women of childbearing age in Northern Africa to 31 per 1,000 in Western Africa. In Eastern, Middle and

Southern Africa, rates are close to the regional average of 34 per 1,000.

- The proportion of pregnancies ending in abortion ranges from 12% in Western Africa to 23% and 24% in Northern and Southern Africa, respectively. It is 13% and 14% in Middle and Eastern Africa, respectively.

Legal Status of Abortion

- As of 2015, an estimated 90% of women of childbearing age in Africa live in countries with restrictive abortion laws (i.e., countries falling into the first four categories in Table 2). Even where the law allows abortion under limited circumstances, it is likely that few women in these countries are able to navigate the processes required to obtain a safe, legal procedure.
- Abortion is not permitted for any reason in 11 out of 54 African countries.
- Five countries in Africa have relatively liberal abortion laws: Zambia permits abortion on socioeconomic grounds,

and Cape Verde, Mozambique, South Africa and Tunisia allow pregnancy termination without restriction as to reason, but with gestational limits.

Unsafe Abortion and Its Consequences

- Although induced abortion is medically safe when done in accordance with recommended guidelines, many women undergo unsafe procedures that put their well-being at risk.
- Where abortion is restricted, women often resort to clandestine procedures, which are often unsafe—performed by individuals lacking the necessary skills or in an environment lacking the minimal medical standards, or both.
- Almost all abortion-related deaths worldwide occur in developing countries, with the highest number occurring in Africa. In the poorest countries, women have the fewest resources to pay for safe procedures. They are also the most likely to experience complications related to unsafe abortions.
- In 2014, at least 9% of maternal deaths (or 16,000 deaths) in Africa were due to unsafe abortion.
- About 1.6 million women in the region are treated annually for complications from unsafe abortion.
- The most common complications from unsafe abortion are incomplete abortion, excessive blood loss and infection. Less common but very serious complications include septic shock, perforation of internal organs and inflammation of the peritoneum.
- Many women experiencing complications do not receive the

TABLE 1: NUMBERS AND RATES

Regional and subregional estimates of induced abortion, Africa, 1990–1994 and 2010–2014

Region and subregion	No. of abortions (millions)		Abortion rate ^f		% of pregnancies ending in abortion
	1990–1994	2010–2014	1990–1994	2010–2014	2010–2014
Africa	4.6	8.2*	33	34	15
Eastern Africa	1.4	2.7*	33	34	14
Middle Africa	0.5	1.0*	32	35	13
Northern Africa	1.3	1.9*	41	38	23
Southern Africa	0.3	0.5	32	34	24
Western Africa	1.1	2.1*	28	31	12

*Difference between 2010–2014 and 1990–1994 is statistically significant. ^fAbortions per 1,000 women aged 15–44. SOURCE: Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *The Lancet*, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30380-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/abstract).

TABLE 2: LEGALITY OF ABORTION, 2016

Countries in Africa can be classified into six categories, according to the reasons for which abortion is legally permitted.

Reason	Countries
Prohibited altogether, or no explicit legal exception to save the life of a woman	Angola, Central African Republic, Congo (Brazzaville), Democratic Republic of the Congo, Egypt, Gabon, Guinea-Bissau, Madagascar, Mauritania, São Tomé and Príncipe, Senegal
To save the life of a woman	Côte d'Ivoire, Libya (e), Malawi, Mali (a,b), Nigeria, Somalia, South Sudan, Sudan (a), Tanzania, Uganda
To preserve physical health (and to save a woman's life)*	Benin (a,b,c), Burkina Faso (a,b,c), Burundi, Cameroon (a), Chad (c), Comoros, Djibouti, Equatorial Guinea (e,f), Eritrea (a,b), Ethiopia (a,b,c,d), Guinea (a,b,c), Kenya, Lesotho (a,b,c), Morocco (f), Niger (c), Rwanda (a,b,d), Togo (a,b,c), Zimbabwe (a,b,c)
To preserve mental health (and all of the above reasons)	Algeria, Botswana (a,b,c), The Gambia, Ghana (a,b,c,d), Liberia (a,b,c), Mauritius (a,b,c,e), Namibia (a,b,c), Seychelles (a,b,c,d), Sierra Leone, Swaziland (a,b,c)
Socioeconomic reasons (and all of the above reasons)	Zambia (c)
Without restriction as to reason	Cape Verde, Mozambique, South Africa, Tunisia

*Includes countries with laws that refer simply to "health" or "therapeutic" indications, which may be interpreted more broadly than physical health. NOTES: Some countries also allow abortion in cases of (a) rape, (b) incest, (c) fetal impairment or (d) other grounds. Some restrict abortion by requiring (e) parental or (f) spousal authorization. Countries that allow abortion on socioeconomic grounds or without restriction as to reason have gestational age limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds. SOURCE: Center for Reproductive Rights (CRR), *The World's Abortion Laws 2016*, New York: CRR, 2016.

- treatment they need and some suffer long-lasting health effects, such as chronic pain, inflammation of the reproductive tract and infertility.
- Unsafe abortion has negative consequences beyond its immediate effects on women's health. For example, complications from unsafe abortion may reduce women's productivity, increasing the economic burden on poor families, and result in considerable costs to already struggling public health systems.
- The extent to which misoprostol, with or without mifepristone, is used to induce nonsurgical abortions in Africa is not known. The sale of misoprostol has increased in some African countries in recent years.

Recommendations

- Most women undergoing abortion do so because they became pregnant when they did not intend to. Because contraceptive use is the surest way to prevent unintended pregnancy among sexually active couples, programs and policies that improve women's and men's knowledge of, access to and use of contraceptive methods are critical in reducing the need for abortion.
- To reduce the high levels of morbidity and mortality that result from unsafe abortion, the provision of postabortion care should be improved and expanded.
- To reduce the number of clandestine procedures, the grounds for legal abortion in the region should be broadened, and access to safe abortion services should be improved for women who meet legal criteria.
- A liberal abortion law does not ensure the safety of abortions. Service guidelines must be written and disseminated, providers must be trained, and governments must be committed to ensuring that safe abortions are available within the bounds of the law.

SOURCES

Most data in this fact sheet are from Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *The Lancet*, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30380-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30380-4/abstract). Additional resources can be found in the fully annotated version available at <https://www.guttmacher.org/fact-sheet/facts-abortion-africa>.

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Good reproductive health policy starts with credible research

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