

Abortion in Uganda

- Unplanned pregnancy is the root cause of most abortions. Preventing unintended pregnancy, and thereby the abortions that often follow, would eliminate nearly all injury and death resulting from unsafe abortion.

- More than half of pregnancies in Uganda are unintended, and nearly a third of these end in abortion.

- Ugandan women, on average, give birth to nearly two children more than they want (6.2 vs. 4.5). This difference—which represents one of the highest levels of excess fertility in Sub-Saharan Africa—illustrates just how difficult it is for women to meet their fertility desires.

- The high levels of unintended pregnancy and unplanned births in Uganda can be attributed primarily to nonuse of contraceptives by women who do not want a child soon.

- Married women's use of modern contraceptives has increased significantly in recent years, nearly doubling (from 14% to 26%) between 2000 and 2011. However, modern contraceptive use remains too low to address the high rate of unintended pregnancy.

- In 2011, one in three married women had an unmet need for contraception—they wanted to space or stop childbearing but were not using any method of contraception.

- Contraceptive use has not risen in the past decade among sexually active unmarried women—38% were using a modern contraceptive method in 2000, and the same proportion was doing so in 2011.

- Despite their higher use of contraceptives, sexually active unmarried women have a greater level of unmet need than do married women. (43% vs. 33%)

UNSAFE ABORTION IS COMMON, BUT LEVEL OF RISK VARIES

- The only national estimate of abortion incidence in Uganda comes from a 2003 study that reported an annual abortion rate of 54 abortions per 1,000 women of reproductive age, or one abortion for every 19 such women. This rate is far higher than the average rate for Eastern Africa (36 abortions per 1,000 women).

- Ugandan women from all socioeconomic and demographic backgrounds have abortions. Their experiences, however, vary considerably. Compared with their poorer counterparts, women who are well off generally have access to a wider range of abortion providers and are more likely to use doctors, nurses and clinical officers, some of whom are able to provide relatively safe procedures.

- However, since abortion is legally restricted in most cases, even skilled providers must work in clandestine environments, which often compromises the safety of the procedures they perform and frequently leads them to charge a high premium for their services.

- Poor and rural women, whose access to skilled providers is limited by financial constraints and geographic distance, often resort to abortions performed by untrained providers using unsafe methods or attempt to self-induce an abortion.

UNSAFE ABORTION CAUSES SERIOUS INJURY—AND SOMETIMES DEATH

- In 2008, the Ugandan Ministry of Health estimated that abortion-related causes accounted for 26% of all maternal mortality. This proportion is considerably higher than the World Health Organization's estimate for Eastern Africa (18%). Furthermore, for every maternal death resulting from abortion, many more Ugandan women suffer injuries, some severe and permanent, from unsafe procedures.

- According to the 2003 national abortion incidence study, 15 out of every 1,000 Ugandan women of reproductive age were treated for abortion complications that year. Such treatment may require hospital care, blood transfusions and antibiotics—scarce resources in a country with limited health care funding and insufficient medical personnel.

- Women using the least safe abortion methods had the highest levels of complications: an estimated 68–75% of poor rural women who had had an abortion experienced complications, compared with 17% of nonpoor urban women who went to a doctor.

- Many women delay seeking care for postabortion complications because they fear that they will receive judgmental or abusive treatment from health care providers.

- Midlevel providers, such as nurses and midwives, are legally permitted to provide postabortion care, but the majority lack proper training.

THE COSTS OF ABORTION AND POSTABORTION CARE ARE SUBSTANTIAL

- The amount women pay for a clandestine abortion varies. In 2003, an abortion was estimated to cost a woman US\$25–88 if performed by a doctor, US\$14–31 if performed by a nurse or midwife, US\$12–34 if performed by a traditional healer and US\$4–14 if the woman self-induced.
- According to a recent study, the cost to the healthcare system of treating complications from unsafe abortion was, on average, nearly US\$130 per patient in 2009.
- In total, postabortion care is estimated to cost nearly \$14 million annually in Uganda. Two-thirds of this amount, or US\$9.5 million, is spent on nonmedical costs (overhead and infrastructure), and the remaining third (US\$4.4 million) is spent on drugs, supplies, labor, hospitalization and outpatient fees.
- Most costs of postabortion care arise from treating incomplete abortion; however a significant proportion is spent treating more serious complications, such as sepsis, shock, lacerations and perforations

ABORTION LAW AND POLICIES IN UGANDA

- Ugandan law allows abortion under some circumstances, but laws and policies on abortion are unclear and are often interpreted inconsistently, making it difficult for women and the medical community to understand what is legally permitted.
- The Ugandan Constitution states that abortion is permitted if the procedure is authorized by law.
- According to the 2006 National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, pregnancy termination is permissible in cases of fetal anomaly, rape and incest, or if the woman has HIV.
- However, because interpretations of the law are ambiguous, medical providers may be reluctant to perform an abortion for any reason for fear of legal consequences.

RECOMMENDATIONS

- Ensure that free or affordable public-sector family planning services reach all women, especially those who are poor and young, to reduce unmet need for contraception and lower the unintended pregnancy rate. Programs should offer comprehensive family planning services, including counseling, and a wide range of contracep-

tive methods, to enable women to choose the best methods for themselves, to use methods effectively and to switch methods when desired.

- Expand and improve the quality of postabortion care services to treat the often serious health complications resulting from unsafe abortion. More providers, including midlevel ones, must be trained in comprehensive postabortion care (particularly provision of manual vacuum aspiration) to adequately address the need for services in all parts of the country. Sensitivity training of providers is also needed.
- Improve health care providers' ability to offer abortion services within the confines of the law. It is critical to raise providers' awareness of the content and scope of Uganda's abortion law and to equip them with appropriate training to provide safe abortion services in legally permitted circumstances.

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