

Abortion and Unintended Pregnancy in Kenya

- In 2010, Kenya adopted a new constitution that explicitly permits abortion when there is need, in the opinion of a trained health professional, for emergency treatment; if the life or health of the woman is in danger; or if it is permitted under any other written law. Previously, abortion was only permitted to protect a woman's life.

- To date, it is unclear how widely the new legal status of abortion is understood or being implemented. Sections of the Kenyan penal code have not been revised to reflect the language in the new constitution; thus, many medical providers may be reluctant to perform abortions for any reason for fear of legal consequences.

INCIDENCE OF ABORTION IN EASTERN AFRICA AND KENYA

- In Eastern Africa, an estimated 2.4 million unsafe abortions were performed in 2008, a slight increase since 2003. The unsafe abortion rate declined slightly in 2008, to 36 abortions per 1,000 women of reproductive age, but remains one of the highest in the world.

- The only national estimate of abortion in Kenya is based on a 2002 study of women treated for postabortion complications. According to that study, more than 300,000 abortions occur in Kenya annually; that translates to 46 abortions for every 1,000 women of reproductive age. However, the study did not differentiate between induced abortions and miscarriages, and the true incidence of abortion is unknown.

- Despite legal restrictions and the medical risks associated with clandestine procedures, Kenyan women obtain abortions from a wide range of providers, including doctors at private clinics, midwives, traditional herbalists and other untrained providers; some women induce abortion themselves.

- Unsafe abortion methods include inserting foreign objects into the cervix or uterus, overdosing on various drugs, ingesting harmful substances, engaging in extreme physical exertion and roughly applying pressure to the abdomen.

MATERNAL MORTALITY AND UNSAFE ABORTION

- One in 55 Kenyan women die from pregnancy-related causes. There are 360 maternal deaths per 100,000 live births annually. In some urban slums, that figure is estimated at 706 per 100,000.

- According to WHO estimates for 2008, about 13,000 women in Eastern Africa die from unsafe abortion each year; these cases account for almost one in five maternal deaths in the region.

- While no national data exist on the contribution of unsafe abortion to maternal mortality in Kenya, a study of hospital records in slum areas of Nairobi found complications from unsafe abortion to be the fourth greatest cause of maternal mortality. In addition, a pilot study conducted in Nakuru Provincial General Hospital found complications from unsafe abortion accounted for 25% of all maternal deaths in 2002.

- One small-scale Kenyan study found that as many as 60% of all gynecologic emergency hospital admissions are due to abortion complications.

POSTABORTION CARE

- Abortions performed after the first trimester of pregnancy are generally riskier than those performed earlier. In 2002, one-third of Kenyan women treated in public hospitals for postabortion complications were in the second trimester. Women in rural areas have much less access to treatment for abortion complications than do women in urban settings.

- Some women delay getting treatment for abortion complications because they do not recognize the need for care soon enough or because they fear stigma and hostility from health care providers.

- While nurses and midwives are legally able to provide postabortion care, in many instances only doctors are adequately trained, and women with abortion complications may have to wait for a trained provider to arrive before receiving treatment. A 2010 study in Central Kenya found that by training more health care providers in postabortion care, many more midlevel facilities could legally provide the service than currently do.

CONTRACEPTION AND UNINTENDED PREGNANCY

- Behind nearly every abortion is an unintended pregnancy.

- In Kenya, unmet need for contraception has not declined during the past decade. In 2008-2009, about one in four married

women had an unmet need for contraception—that is, they did not want a child soon or wanted to stop childbearing altogether, but were not using any method of contraception.

- Unmet need for contraception is particularly high among those who are sexually active and unmarried: 45% want to avoid a pregnancy but are not using a method. Only 41% of sexually active unmarried women use a method of contraception, a rate that has not changed since 1998.

- Disparities in modern contraceptive use among Kenyan women are stark. Only 12–17% of Kenya’s poorest and uneducated married women use modern contraceptives, compared with 48–52% of the wealthiest and most educated.

- According to 2008–2009 data, more than 40% of births in Kenya are unplanned.

- On average, a Kenyan woman gives birth to one child more than she wants. Rural and poor women have 1.5–2 children more than they desire.

YOUNG WOMEN AT RISK

- Premarital sex is common in Kenya. The average age at first sex is about two years younger than the average age at first marriage. Nearly 40% of unmarried 15–24-year-old women have had sex, and more than one in seven are sexually active.

- Pregnancy is the second most common reason for adolescent girls’ dropping out of secondary school in Kenya, with 13,000 teenage girls leaving school for this reason each year.

- Cultural taboos prevent open dialogue about sex at home or in school. Few adolescents receive comprehensive sex education, and often teachers do not have sufficient training or information to provide it.

RECOMMENDATIONS

- Reduce unmet need for contraception and eliminate barriers to obtaining family planning services. The government should ensure that public-sector facilities reach all women, especially the poor and young, with free or low-cost family planning services. Programs should offer more comprehensive family

planning services that include counseling, information and a wide range of contraceptive methods, enabling women to choose the best methods for themselves.

- Improve sex education in school. Cultural taboos and stigma should not prevent the government from offering comprehensive sex education programs that offer vital information that adolescents need to make informed decisions and protect their health and future well-being.

- Expand postabortion care services. Until unsafe abortion is eradicated in Kenya, the need for postabortion care will persist. More providers must be trained in comprehensive postabortion care to properly address the need for services in all parts of the country.

- Increase access to safe abortion under the existing legal criteria and emphasize the government’s obligation to provide access to safe and legal

abortion under the new constitution. Both providers and women should be made aware that abortion is an available option to protect the health of a woman.

The data in this fact sheet are the most current available and are drawn from Hussain R, Abortion and unintended pregnancy in Kenya, In Brief, New York: Guttmacher Institute, 2012, No. 1, <www.guttmacher.org/pubs/IB_UnsafeAbortionKenya.pdf>.



Advancing sexual and reproductive health worldwide through research, policy analysis and public education

New York
125 Maiden Lane
New York, NY 10038 USA
Tel: 212.248.1111 Fax: 212.248.1951
info@guttmacher.org

Washington DC
1301 Connecticut Ave. NW, Suite 700
Washington, DC 20036
Tel: 202.296.4012, Fax: 202.223.5756
info@guttmacher.org

www.guttmacher.org



African Institute for
Development Policy

Suite #29, 2nd Floor, Royal Offices
Mogotio Road off Chiromo Lane, Westlands
P.O. Box 14688–00800
Nairobi, Kenya
info@afidep.org