

policy
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REPUBLIC OF KENYA



MINISTRY OF HEALTH

Women's Lives Matter

Preventing Unsafe Abortion in Kenya

Key Findings of a National Study: Incidence and Complications of Unsafe Abortion in Kenya

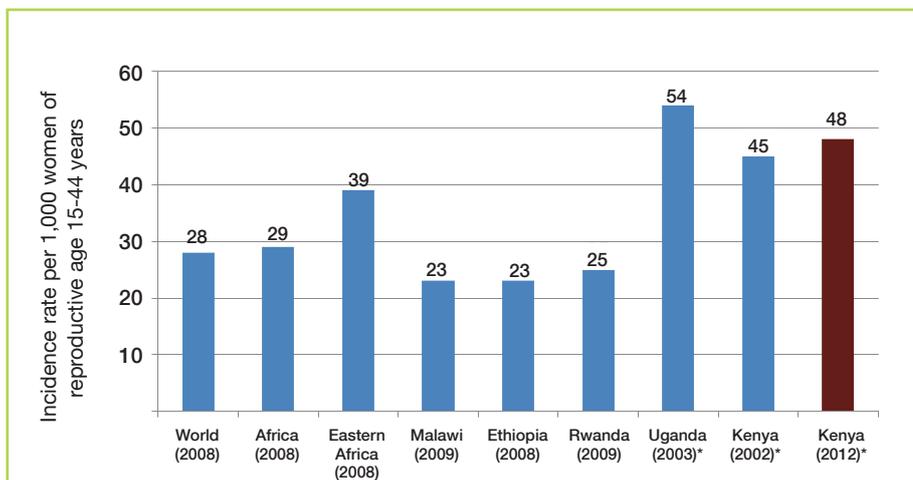
Kenya's constitution, adopted in 2010, establishes that a pregnant woman or adolescent may choose to have an abortion when, in the opinion of a trained health professional, there is need for emergency treatment, or if her life or health is in danger. Yet, tens of thousands of serious health complications are happening each year in Kenya as a result of unsafe abortion. If Kenya hopes to achieve Millennium Development Goal (MDG) 5: improving maternal health, it must confront unsafe abortion which remains a leading cause of maternal morbidity and mortality in Kenya.

A 2012 study documenting the incidence of abortion in Kenya and complications resulting from unsafe

procedures, found that there are nearly **465,000 induced abortions in Kenya each year**, virtually all of them clandestine and unsafe procedures. That translates to a **national abortion rate of 48 abortions per 1,000 women of reproductive age (15-49 years)**, a rate comparable to Uganda, but much higher than that of other countries in Africa or elsewhere in the world.

In addition, **nearly 120,000 women received care for complications resulting from unsafe abortions in health facilities in 2012**. More than three-quarters of women who sought post-abortion care were treated for moderate or severe complications, including high fever,

sepsis, shock, or organ failure, which can require extensive treatment or hospitalization. Women's reports to healthcare providers that they had delayed seeking care or had interfered with the continuation of the pregnancy were highly associated with the severity of complications.



*Data for Uganda in 2003, and Kenya in 2002 and 2012 are based on women aged 15-49



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More shocking is the finding that **among women aged 19 or younger who came to a health facility for post-abortion care, 45% experienced severe complications.**

Whereas the study findings show that young women experience a large percentage of the severe complications from unsafe abortion, **overall, the women who seek treatment for complications from unsafe abortion in Kenya are extremely diverse.** They are educated and non-educated, urban and rural, Christian and Muslim, married and unmarried, old and young. In short, they are representative of women from all sections of Kenyan society.

Policy Recommendations and Conclusion

The persistence of unsafe abortion is a serious threat to the sexual and reproductive health and rights guaranteed to Kenyan women and men under the constitution enacted in 2010. Evidence from this nationally representative study should inform public dialogue and strengthen advocacy for safe abortion in Kenya, as well as delivery of safe services, within the confines of the law and in accordance with the constitution. Unsafe abortion is not only a risk to women's lives; the emergency health care needed to treat complications arising from unsafe abortion places extra strain on an already overstretched healthcare system.

However, unsafe abortions and the associated negative consequences are completely preventable, because women generally seek abortions because of an unintended pregnancy. **More than 70% of women seeking post-abortion care were not using a method of contraception prior to becoming pregnant.** Similarly, the results of the Kenya Demographic and Health Survey (2008-2009) found that 43% of births in the preceding five years were reported by women as unwanted or mistimed, illustrating that there are still significant barriers to accessing and effectively using contraceptive methods in Kenya. These barriers may include stigma attached to contraceptive use or opposition by partners or other family members, the high costs of family planning services, and shortages of contraceptive supplies. In order to prevent unintended pregnancies and the abortions that often follow, it is essential that women's contraceptive needs be met and post-abortion contraceptive counseling and services be provided.

Furthermore, improved access to comprehensive abortion care, within the confines of the law and in accordance with the constitution, will both save women's lives and reduce costs to Kenya's overburdened healthcare system.

The following are specific recommendations that if pursued, could help to significantly reduce unsafe abortion and provide comprehensive services to women.

1 Enable institutions with a mandate to protect women's health, such as the Ministry of Health, Human Rights Commission and Gender Commission, to implement the new constitution. This will allow for both healthcare providers and women to know all the grounds, wherein abortion is legal to the full extent of the law. In addition, it is critical to ensure that all 47 counties implement the Ministry of Health's abortion care-related Standards and Guidelines and ensure quality abortion care is made available throughout Kenya, in accordance with what is allowed under the constitution.

2 Increase access, for both women and men, to effective family planning methods including long-acting reversible contraceptives and educate women about their rights to contraception, safe abortion and post-abortion care in accordance with the constitution.

3 Promote women's access to post-abortion care, including post-abortion family planning counseling and method provision throughout Kenya. This also includes expanding pre-service and in-service training for healthcare providers on the use of safe abortion care methods recommended by the World Health Organization, including mifepristone and misoprostol as well as vacuum aspiration in accordance with what is allowed under the constitution. Particularly, mid-level providers such as nurses, midwives, and clinical officers as well as physicians should be included in these training programs. It is also critical that the training is coupled with provision of adequate resources to ensure that healthcare providers have access to the essential life-saving technologies needed to do safe abortion.

4 Recognize and develop programs to address the special needs of young women who seek abortion-related care. This is critical as nearly half of all women seeking post-abortion care were under 25 years of age.

5 Engage and educate communities about the risk of unsafe abortion, what is allowed under the constitution and the detrimental effects of abortion stigma and misinformation about family planning and contraceptives.

Women's lives matter and the deaths and injuries that result from unsafe abortion are entirely preventable. The evidence on abortion in Kenya cannot be ignored. It is time to take action to address this significant societal problem. This can be achieved by providing comprehensive abortion care, including counseling and contraceptive care, as allowed under the constitution, to ensure women are empowered to avoid unintended pregnancy, and unsafe abortion. Investing in maternal health is a political and social imperative, as well as a cost-effective way to strengthen Kenya's healthcare system.

This policy brief is based on the report: Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study (Nairobi, Kenya: African Population and Health Research Center, Ministry of Health, Kenya, Ipas, and Guttmacher Institute 2013).

For a full copy of the report please visit www.aphrc.org or contact the APHRC Communications Manager at info@aphrc.org.

