

ABORTION IN AFRICA

Guttmacher Institute

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Overview

- Legal status
- Magnitude of abortion
- Consequences for survival and health
- Conditions of abortion provision
- Gaps and priorities

Legal Status of Abortion



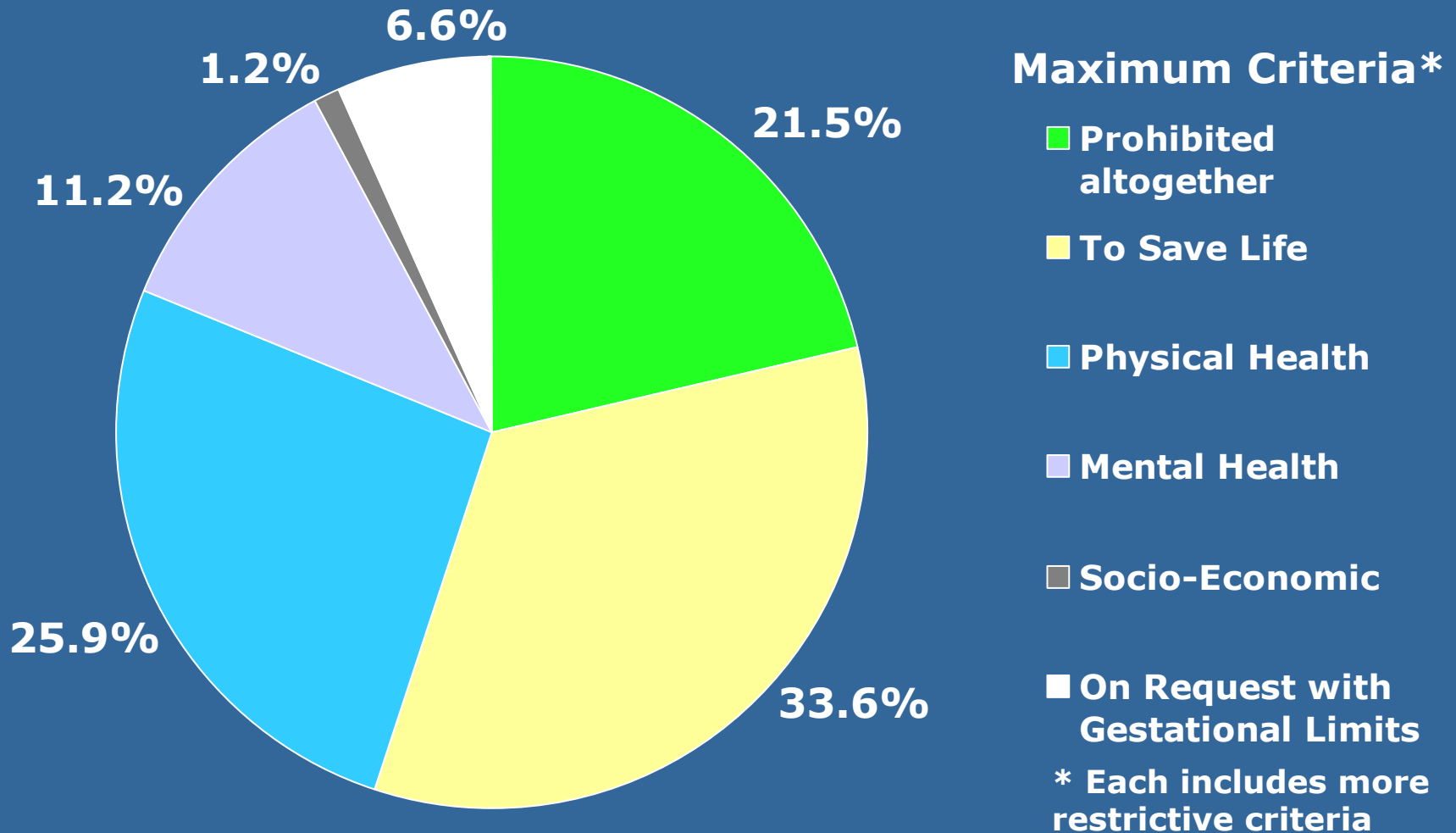
Maximum Criteria*

- Prohibited altogether/To Save Life
- Physical Health
- Mental Health
- Socio-Economic
- On Request with Gestational Limits

* Each includes more restrictive criteria

Source: Center for Reproductive Rights, 2006

Over half the people of Africa live where abortion is very restricted



Source: Center for Reproductive Rights, 2006

State of Knowledge on Abortion in Africa

- WHO prepares regional estimates
- Estimates of incidence
 - National – only for Nigeria and Uganda
 - Sub-national - for a few countries
- Hospital-based studies more common
- A handful of community based surveys
- A few countries are better studied than others, most have limited evidence and some have almost no research on abortion

Barriers to researching abortion

- Difficult to obtain high quality data because:
 - Sensitivity of issue – stigma, values
 - Stringent legal restrictions
- Official statistics often poor or non-existent
- Women greatly underreport on surveys
- Researchers continue to work on methodologies to compensate for these problems

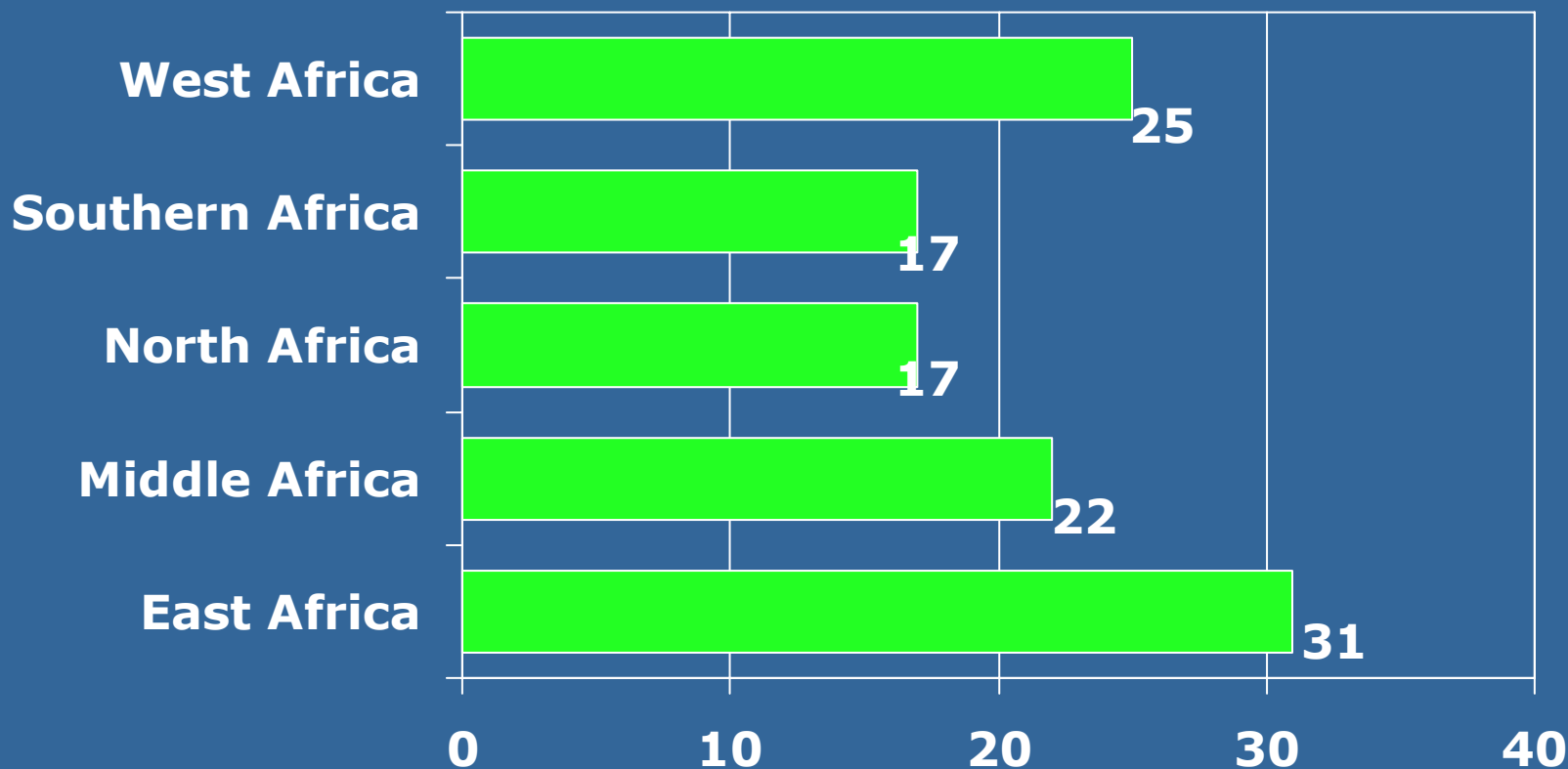
Magnitude of Abortion

Abortion Incidence in Africa

WHO estimates for 2000:

- 4.2 million unsafe abortions
 - Unsafe abortions are those that are provided by untrained persons or in unhygienic or clandestine conditions
- 24 unsafe abortions/1000 women annually
- 14 unsafe abortions for every 100 live births
- Some safe and legal abortions, especially in Tunisia and South Africa

Incidence varies across sub-regions



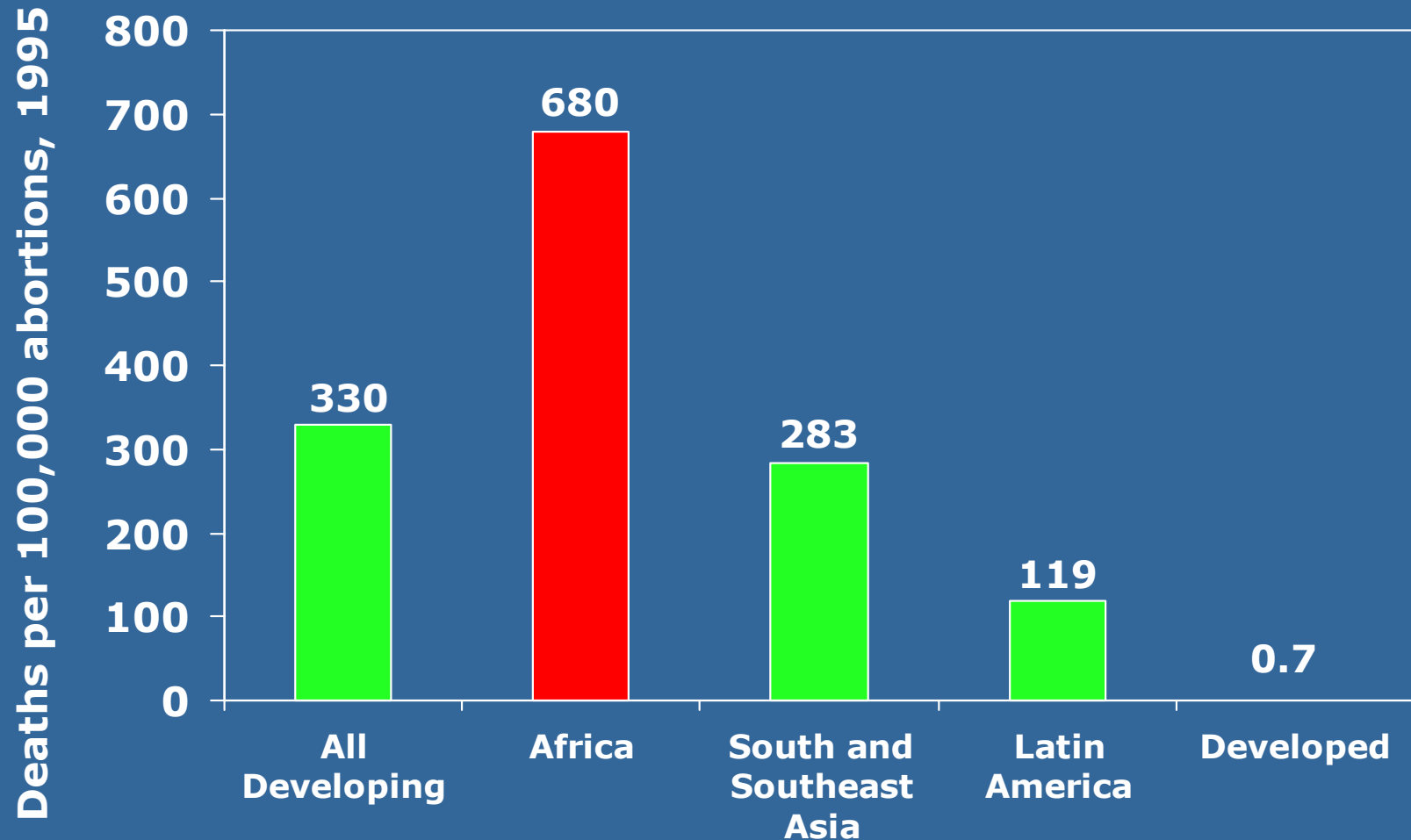
Unsafe abortions per 1,000 women in 2000, WHO

Countries vary widely in abortion incidence

- Ghana (1997-8) – 17 per 1000 women of reproductive age
- Egypt (1996) – 23 per 1000
- Nigeria (1996) - 25 per 1000
- Ouagadougou, Burkina Faso (2001) – 40 per 1000
- Uganda (2003) - 54 per 1000

Consequences for survival and health

Mortality due to unsafe abortion is highest in Africa



The health consequences of unsafe abortion are great

- An estimated 30,000 women die from unsafe abortion each year in Africa
- As many as 15 per 1000 women 15-49 are hospitalized each year following unsafe abortions
- 1/3 of hospitalized cases in Kenya and 1/5 in Nigeria were in the second trimester of pregnancy

Thousands of African women seek care following unsafe abortions

- In Kenya, an estimated 21,000 women treated in public facilities in 2002
- In Uganda – 85,000 – public, private and NGO facilities, 2003
- In South Africa – 50,000 – public facilities, 2000
- In Nigeria – 183,000 - public, private and NGO facilities, 1996

Sources: Gebreselassie et al., 2004; Singh et al, 2005; Jewkes et al, 2005; Henshaw et al., 1998.

In South Africa, legalization saved lives

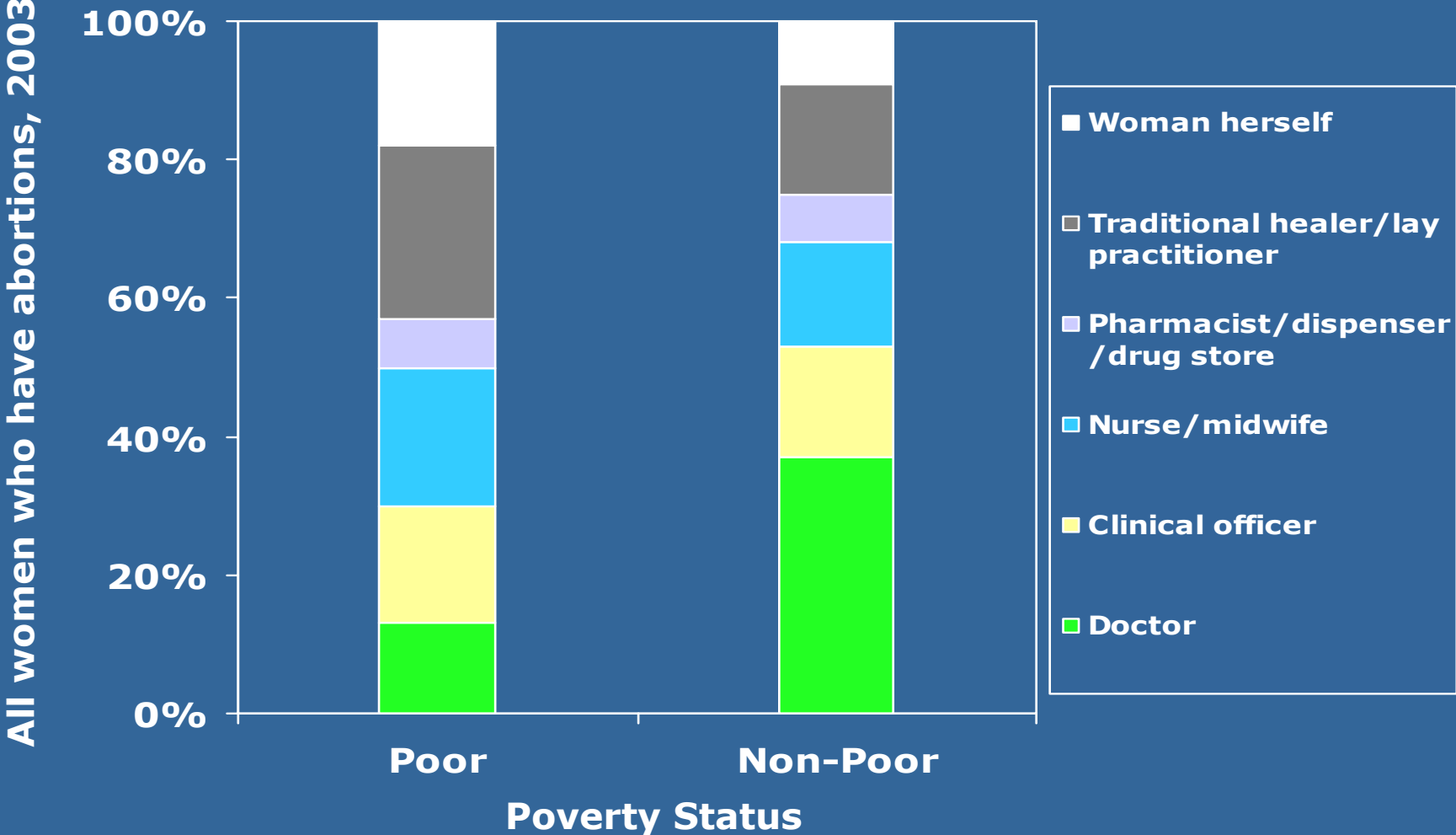
- Between 1994-2000, incidence of incomplete abortion remained the same
- But severity of complications dropped:
 - Fewer post-abortion infections
 - Larger gains by young women
- Deaths due to unsafe abortion declined by at least 50%

Source: Jewkes et al., 2004

Conditions of Abortion Provision

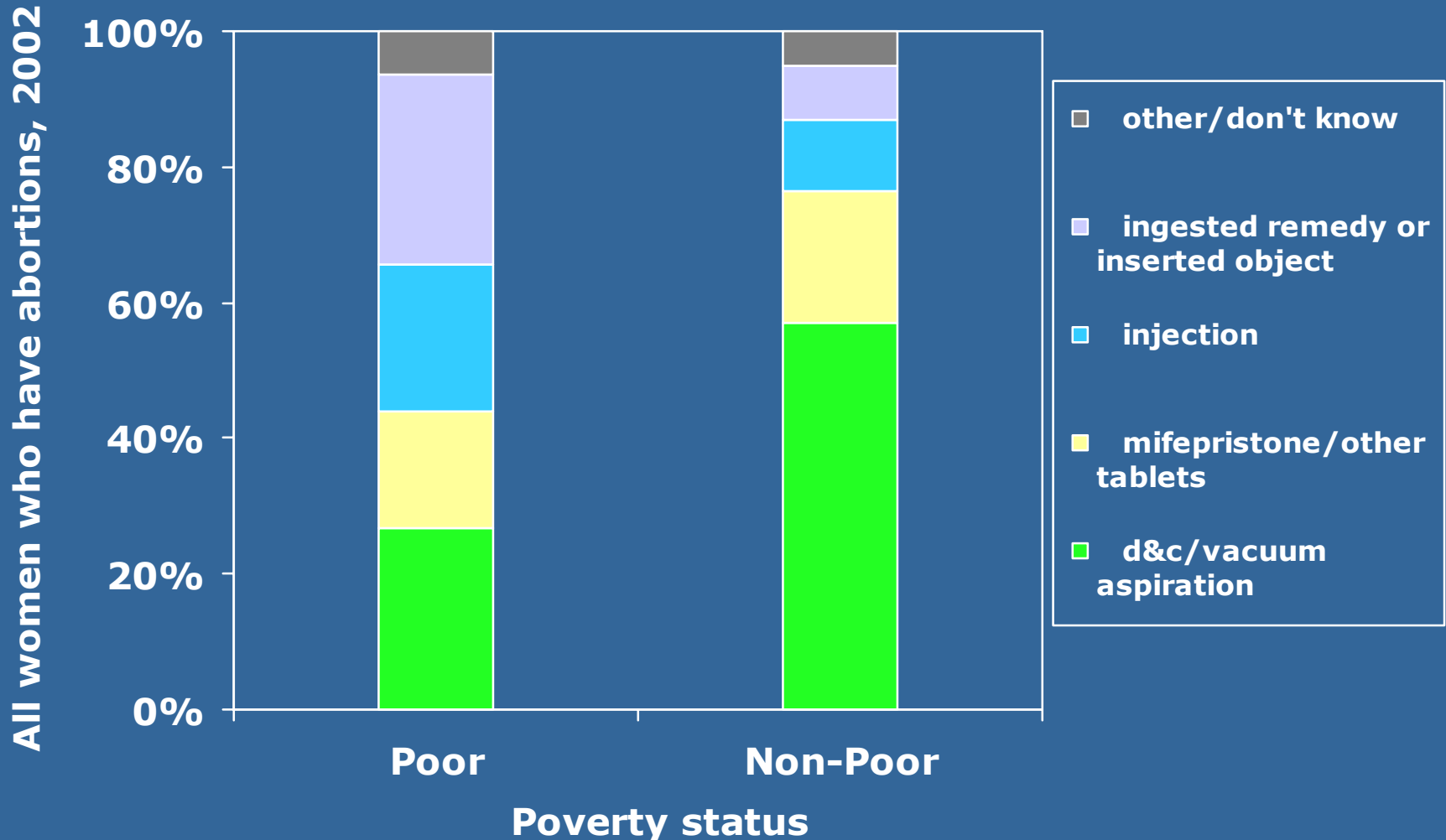
Poor women are less likely to go to trained providers, Uganda

(Key informants estimate)



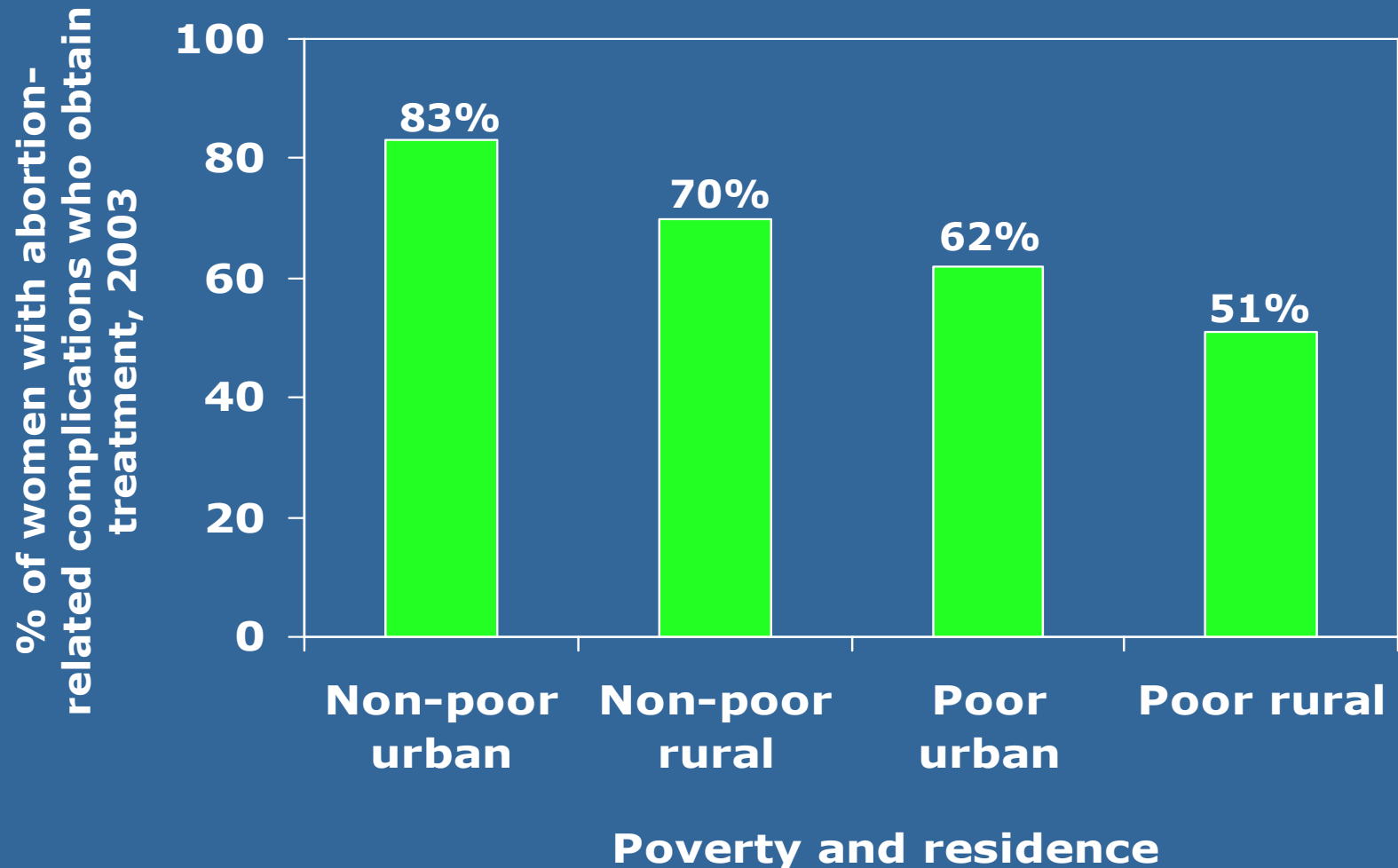
Poor women are also less likely to use safe methods, Nigeria

(women's reports, national survey)

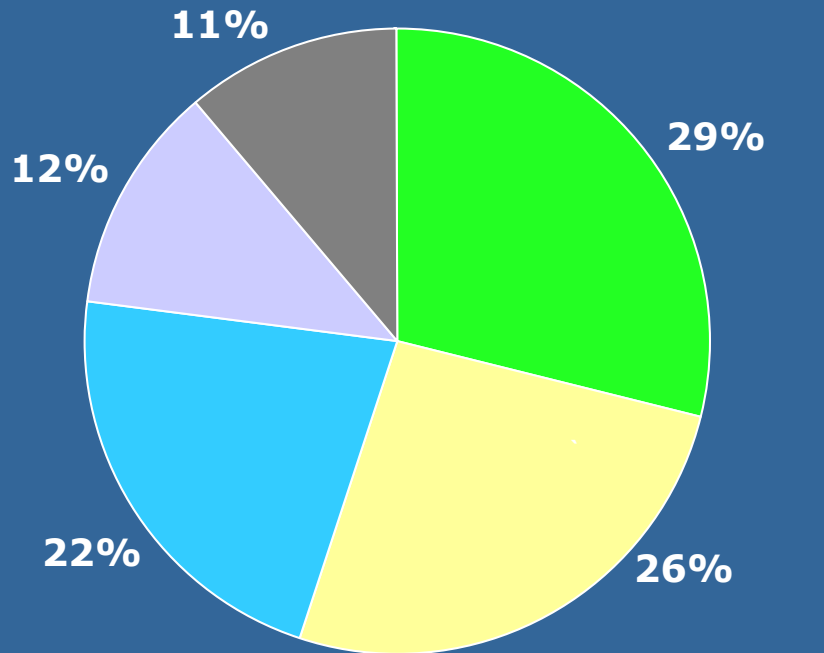


Poor women are less likely to get medical care for abortion complications, Uganda

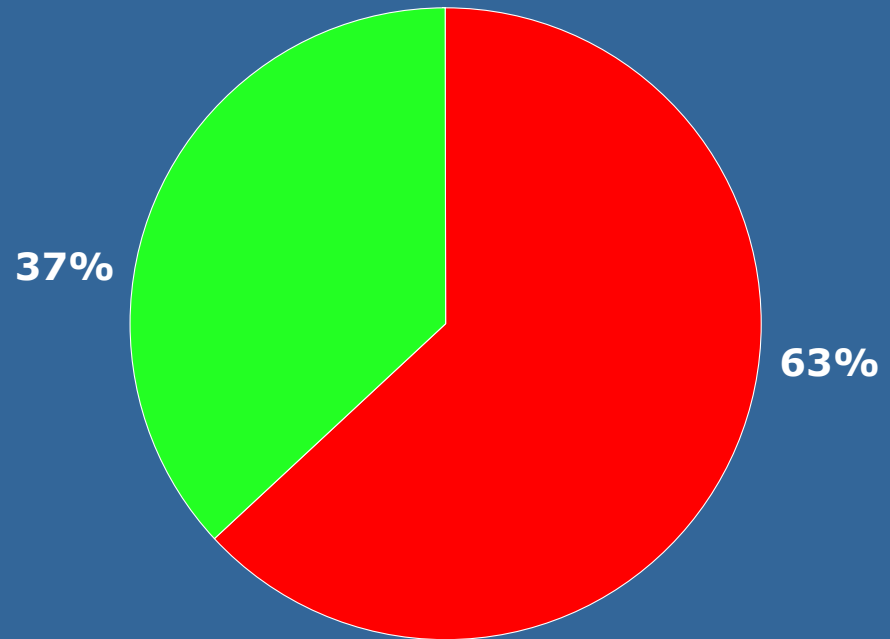
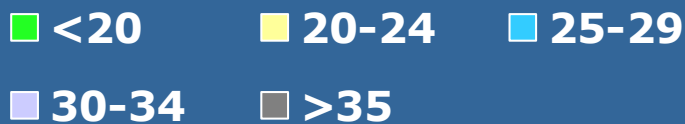
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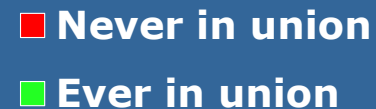
Young and unmarried women account for a high proportion of all abortions, Nigeria, 2002



Age at time of abortion



Marital status at time of abortion



Women often delay getting care

In the words of a Ugandan woman, age 44:

"[Women] have the problem of fearing to tell the providers what happened.... They fear that they and the people who advised them can be arrested.. Women fear that if they go to hospital they can be arrested and asked to reveal the people who helped them stop the pregnancies."

Gaps and Priorities

Knowledge gaps on abortion incidence

- **National:** evidence available on a few countries only and some studies are from the 1990s
- **Subgroups:** apart from hospital-based studies, very little is known
- **Trends over time:** conditions of abortion provision, women's need for fertility control are changing but little information available on trends

Major knowledge gaps on consequences of unsafe abortion

- **Health:** evidence available on hospitalized women for a few countries; almost no evidence about women who do not get hospital care
- **Social:** stigma, attitudes and values - very little known
- **Economic:** some evidence on cost to health systems; cost to woman, family – very little known

Research Priorities (1)

- Continue regional estimates by WHO (done 1990, 1995, 2000; being updated now)
- Document incidence in more countries
- Standardize methodologies to be able to assess change over time
- Measure the impact of changes in abortion law

Research Priorities (2)

- More community surveys
- Assess subgroup differences: young, poor, rural, HIV+, other women
- Improve evidence on health and social consequences of unsafe abortion
- Improve evidence on economic impact of unsafe abortion on the family, the community and the nation

What can we achieve at this meeting?

- **Identify** top research and advocacy priorities
 - Taking into account different needs and different methodologies across countries
- **Strategize** and involve policy makers, providers and advocates in debating needs and priorities
- **Plan** for communicating evidence
 - More effectively
 - More widely
 - To more audiences

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