

# Programming for Unsafe Abortion in Sub Saharan Africa

By

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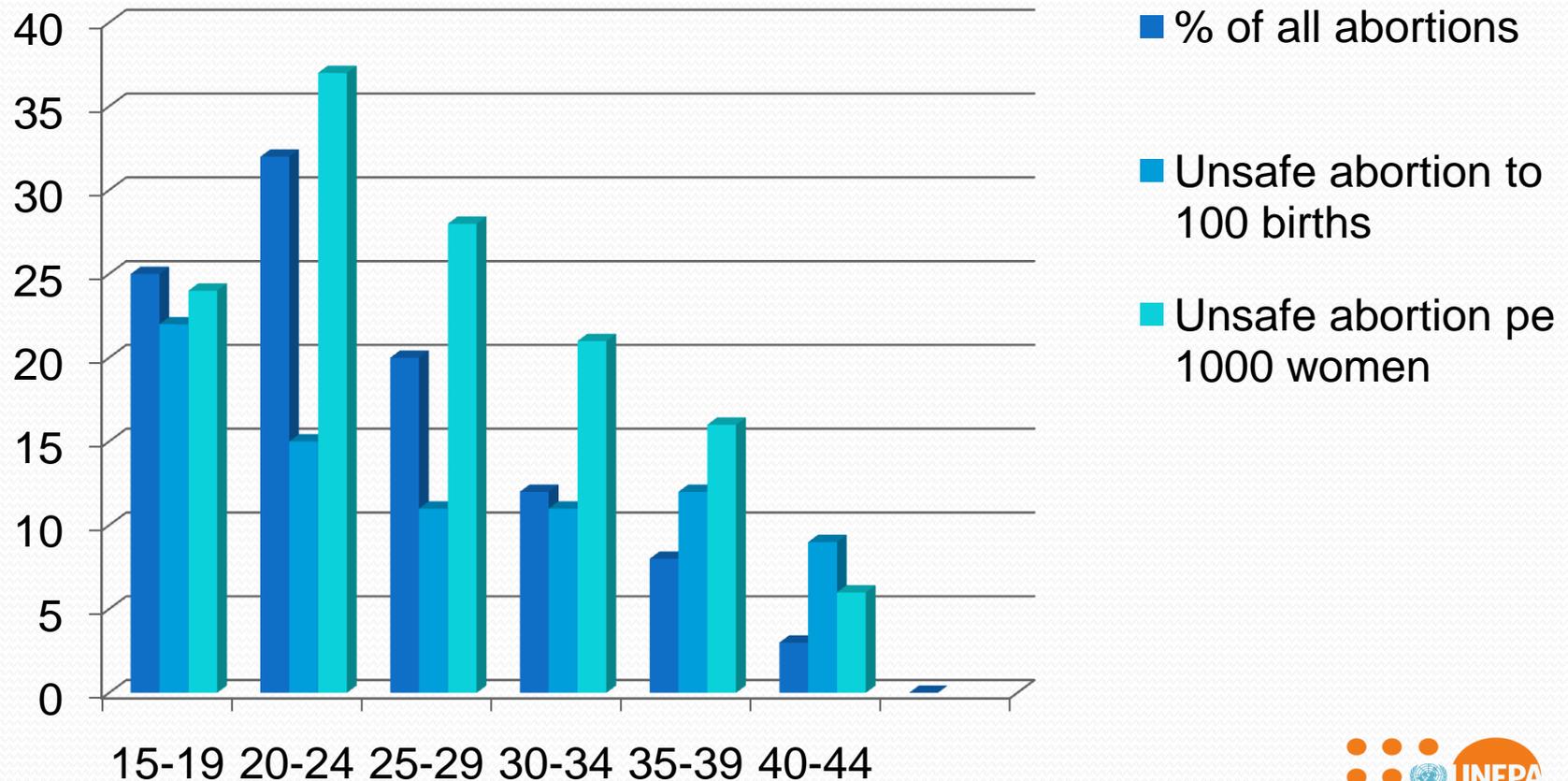
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# Outline of presentation

- Risk Factors for unsafe abortion in Africa
- Providers of safe & unsafe abortion
- Policies & Services for abortion and PAC
- Recommendations
- Conclusion

# Age distribution of abortions in Africa (2000)



# Risk factors for Unsafe abortion in SSA

- Early sexual debut
- Early marriage with no decision making power
- Lack of information and services for SRH for women, men and young people
- Urban- rural inequity of services
- High Fertility
- Low contraceptive use for women 15-44 years  
(17% in 1990 - 28% in 2003)
- High Unmet need for FP – 22% (2002-2007)
  - For young unmarried women 15-24 (25-60%)  
(irregular sex, health risks, & opposition)

# Legal status of abortion in SSA countries

1. Prohibited altogether
  - no exception to save woman's life- 13 (29%)
2. To save life of woman -8 (2-rape, 1-incest)
3. To preserve physical health and woman's life – 16 (8-rape, 7- incest, 8 foetal impairment)
4. To preserve mental health – 8 (5-rape, incest & foetal impairment)
  - (1-4 = 92% of women)
- 5 Socio-economic grounds and all above reasons -1
6. Without restriction
  - 2 with gestational limitations

# Unintended Pregnancy- What next?

- High rate of unintended pregnancy – (E. Africa)
- 30% of unintended pregnancy end as induced/unsafe abortion
- Choice of providers depends on:
  - Knowledge of available services,
  - availability and cost,
  - legal status of abortion in the countries

# Providers of abortion services in SSA

- Majority of abortions are conducted by unqualified persons
- Example – Uganda
  - 23% - traditional healers
  - 15% - self induction (herbs)
  - 7% - abortion inducing drugs,
  - 56% - Medical practitioners (Drs/nurses)
- (42% Urban vs 16% rural) – Burkina Faso & Cote d'Ivoire
- Nigeria 60% of women had safe abortion (2002)



**What is available for  
management of safe  
abortion and  
complications**

# Programming for Safe abortion/Post Abortion Care services (1)

## 1) Policies

- RH policies include post abortion care but poor implementation –
  - 08/09 MPOA review(55.8% have policies, 65.1% - strategies and plans)
- Conditions for legal abortion- rarely used
- Inadequate budget

## 2) Services

- a) Poor access** - (08/09 MPOA review – 42.3%- PAC in 8-50% of SDP)
  - Hospital based
  - Inequitable distribution
  - Inaccessible, due to poor roads and transport
  - High cost of transport

# Safe abortion & Post Abortion services



## **b) Poor quality**

- Shortage of trained providers
  - Dependence on doctors for evacuation
  - Few counselors
- Delay in treatment
- Shortage of medical equipment & supplies
- Use of inappropriate procedures – D& C
- Judgmental attitude of providers
- High cost to client
- Lack of post abortion FP to avoid repeat.
- No linkage with other SRH services

# Recommendations

# Conclusion

- Unsafe abortion continuous to be a major public health problem in Africa with many countries having restrictive laws for safe abortion. The highest rates of unsafe abortion & complications occur among young women 15-24 years who also have high unmet needs for family planning, and low utilization of contraceptives.
- Post abortion care services receive limited resources, are in accessible and of poor quality. There is therefore need for more attention to this neglected area as we strive for reduction of maternal mortality in the region



THANK YOU