Unsafe abortion remains a major public health issue, particularly in the global south. A majority of the estimated 22 million unsafe abortions and 47,000 associated deaths occur in developing countries each year (World Health Organization, 2003, 2011).

In Kenya, unsafe abortion accounts for a quarter of maternal deaths. A nationally-representative study conducted by African Population and Health Research Center in 2012 estimated an annual incidence of 464,690 induced abortions. Majority of these abortions were unsafe, resulted in health complications, and involved adolescent girls and young women aged 10-24 years (APHRC, Ministry of Health, Kenya, Ipas, & Guttmacher Institute, 2013).

The socio-economic and political implications of deaths and other complications related to unsafe abortions are far-reaching. Unsafe abortions are more common in countries with high incidence of unwanted pregnancies, lack of access to contraceptives, high rates of contraceptive failure, and restrictive laws on abortion. Further, social stigma associated with abortion makes it difficult for girls and women to receive postabortion care. The treatment of complications from unsafe abortions also saps scarce health system resources (Vlassoff, et al., 2014; Gabreselassie, Monyo, & Johnson, 2005).

In this policy brief, we use data from the 2012 Kenya National Incidence and Magnitude of Unsafe Abortion Study to provide a profile of adolescent girls and young women (ages 10-24) who sought for post-abortion care (PAC) in a nationally-representative sample of health facilities. We also offer recommendations for preventing abortion and improving reproductive health outcomes among adolescent girls and young women in Kenya.

Adolescent girls and young women accounted for more than 48% of post-abortion care patients in 2012.
As shown in Figure 1, majority of the women and girls (78%) were not using modern contraceptives at the time of conception of the pregnancy for which care was sought. Sixty-one percent of the women reported the pregnancy for which they were treated as unintended (not wanted at all or mistimed). Only 8% reported having a previous abortion.

Adolescent girls and young women who seek postabortion care in Kenya are diverse in their characteristics (Table 1). An estimated 1145 adolescent girls and young women aged 10-24 years presented for post-abortion care treatment in 2012. Over a third (34%) were adolescents (10-19 years). About half (47%) had never been married, and 53% had secondary or higher education. A majority lived in rural areas (62%). About 24% were students.

As shown in Figure 1, majority of the women and girls (78%) were not using modern contraceptives at the time of conception of the pregnancy for which care was sought. Sixty-one percent of the women reported the pregnancy for which they were treated as unintended (not wanted at all or mistimed). Only 8% reported having a previous abortion.
Figure 2 shows the severity of post-abortion complications for which adolescent girls and young women were treated. A majority of the young women (78%) were treated for moderate or severe complications, such as organ or system failure, heavy bleeding, generalized/ localized peritonitis, sepsis, shock, and tetanus.

Figure 3 shows, 46% of adolescent girls and young women were treated with manual or electric vacuum aspiration (MVA/ EVA), 6% were treated using misoprostol with about 5% receiving dilation and curettage (D&C). About 14% of the young women and girls were managed with low-quality treatment procedures such as digital evacuation (D&E) and forceps.

*No Procedure includes women presenting for post-abortion care but for whom there was no evacuation procedure.
Policy Implications and Recommendations

The 2010 Kenyan Constitution grants women legal access to abortion if “in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger.” Yet, unsafe abortion continues in Kenya. Efforts to address unsafe abortion among adolescent girls and young women in Kenya need to ensure the following:

- Comprehensive sexuality education to provide young people with accurate and timely information on their sexual and reproductive health and rights.
- Youth friendly sexual and reproductive health (SRH) services to enhance utilization emergency obstetrics care among young people.
- Capacity building for health providers to enable them provide quality care and counselling to adolescent girls and young women seeking abortion care.

- Inter-sectoral work which ensures that all stakeholders in the reproductive health field in Kenya work together to address the root causes of unintended pregnancy and unsafe abortion among adolescent girls and young women.
- Access to affordable comprehensive reproductive health care, including pregnancy prevention services for adolescent girls and young women, particularly those living in rural areas, poor urban settlements, and fragile communities.
- Sustained public education on the rights of women and girls and the dangers of unsafe abortion.

World Health Organization Recommendations for Evacuation Procedure

The World Health Organization recommends that manual vacuum aspiration or electric vacuum aspiration are used for managing abortions of pregnancies that are up to 12 weeks. Medical abortion is recommended for pregnancies that are up to nine completed weeks while dilation and curettage should only be used where neither manual vacuum aspiration/ electric vacuum aspiration nor medical abortion methods are available. For pregnancies of more than 12 completed weeks, dilatation and evacuation, using vacuum aspiration and forceps, mifepristone followed by repeated doses of a prostaglandin such as misoprostol or gemeprost and prostaglandins alone (misoprostol or gemeprost), in repeated doses should be used (2003).