MINISTRY OF HEALTH

REPUBLIC OF KENYA

Incidence of induced abortions and the severity of abortion-related complications in Kenya

EVIDENCE BRIEF : APRIL 2025

Context

In Kenya, abortion is largely legally restricted. Many women who face unintended pregnancies resort to clandestine and/or unsafe abortion methods and procedures. Kenya's last national study on abortion incidence, conducted in 2012 by the Ministry of Health, the African Population and Health Research Center, and the Guttmacher Institute, found that an estimated 464,000 induced abortions occurred that year. [1] It also estimated that 119,912 women received facility-based care for complications of induced abortions, highlighting the need to strengthen awareness of and access to these vital services, especially for vulnerable and marginalized groups like adolescent girls and young women.

With more than 13 years since the previous study, there is a need to understand the current landscape of abortion and the severity of abortion-related complications in Kenya. This brief presents findings on a new study conducted in 2023 that estimated abortion incidence, unintended pregnancy, and the severity of post-abortion complications in all eight regions in Kenya.

Methodology

This study used the Abortion Incidence and Complications Methodology (AICM). Data was collected between April 2023 and May 2024 through three study components:

1. The **Health Facilities Survey (HFS)** entailed a nationally representative survey of public, private-for-profit, and private-not-for-profit health facilities in Kenya that provide postabortion care (PAC). Data from this survey is used to estimate PAC caseloads needed to calculate abortion and unintended pregnancy rates.

2. The **Respondent-Driven Sample Survey (RDS)** of women who have abortions: Over 2,000 women who had an induced abortion in the past 5 years in Kenya were surveyed. Data from this survey is used to estimate the proportion of all women who have abortions who end up receiving PAC.

3. The **Prospective Morbidity Study (PMS):** This involved interviewing women who presented to formal health facilities with abortion-related complications over a 30-day observation period, as well as collecting clinical data on the severity of their complications from their providers and medical records.

[1] *Results from 2012 draw from 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).*

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Key Findings

1 Unintended pregnancy and induced abortion

i In 2023, there were an estimated 2,850,346 pregnancies in Kenya, of which 1,435,988 **were unintended. This corresponds to an unintended pregnancy rate of 103.8 per 1,000 women of reproductive age** (WRA) (15-49 years).

ii Among these pregnancies, there were an estimated 792,694 **induced abortions, translating to an induced abortion incidence rate of 57.3 per 1,000 WRA and an induced abortion ratio of 48.1 per 100 live births.**

iii The 2023 results reveal **substantial regional variation** in induced abortion and unintended pregnancy rates. The **highest abortion incidence rates** were seen in Nairobi and Central (78.3 per 1,000 WRA) and Nyanza and Western (69.4 per 1,000 WRA), both of which were well above the overall rate. The **highest unintended pregnancy rate** was seen in Nyanza & Western (135.1 per 1,000 WRA), and the lowest was about half of that in Coast and N. Eastern (71.7 per 1,000 WRA).

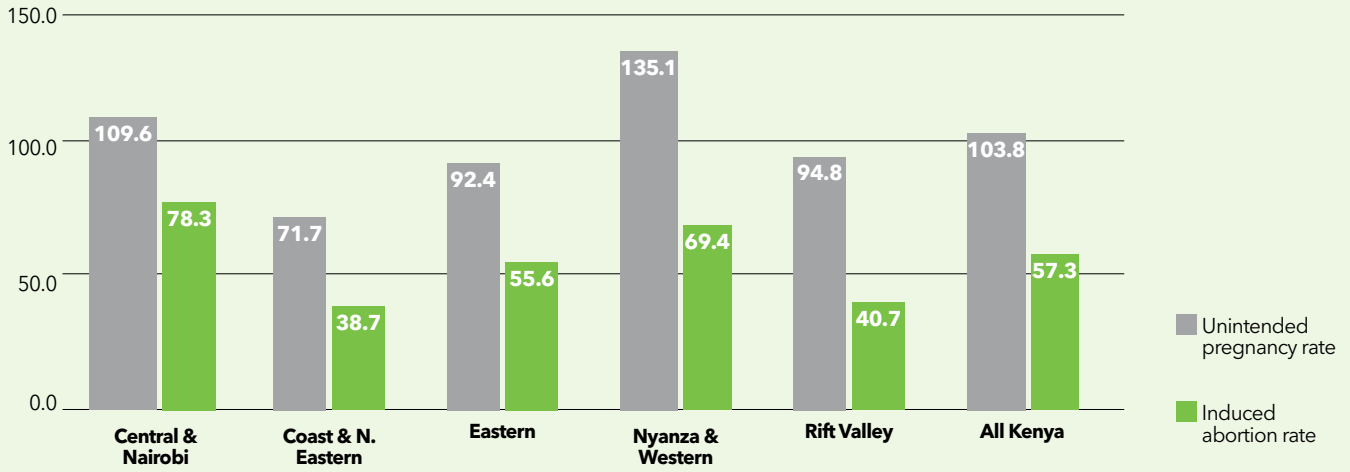


Figure 1. Induced Abortion and Unintended Pregnancy rates per 1,000 WRA, 2023

2 Management of post-abortion complications

i About 304,159 women received care for post-abortion complications in health facilities in 2023, corresponding to a **PAC treatment rate of 22.0 per 1,000 WRA**. This is higher than the rate from the 2012 study (16.0 per 1,000 WRA).

ii Nearly half (41.8%) of all PAC patients were women **aged 25 to 34**. More than three-fourths (78.6%) were **married or living with a partner**, and about one-third had **secondary-level education** (36.7%). About two-thirds (65.6%) had **previously given birth**, and 29.1% had more than three pregnancies in their lifetime (including this one).

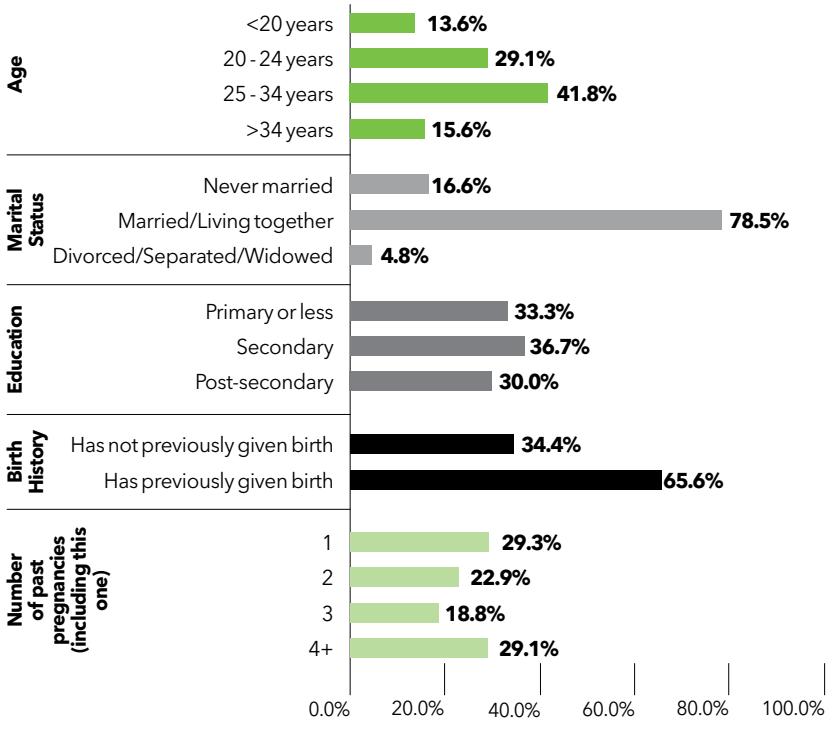


Figure 2. Socio-demographic characteristics and reproductive history of women seeking PAC in 2023 (N=3,710)

iii Most PAC patients (65.2%) received **manual vacuum aspiration/electric vacuum aspiration (MVA/EVA)** for uterine evacuation. **Medication abortion (MA)** was used in about one-fifth (18.9%) of cases. The remaining cases used **dilation and evacuation (D&E)** (2.3%), **dilation and curettage (D&C)** (1.9%), or **did not receive a uterine evacuation procedure** (11.7%). The majority of cases without any uterine evacuation procedure represent women with mild complications who had expelled all of the products of conception before arriving at the facility.

iv About half (51.5%) of patients were **treated by a clinical officer,** more than three-fourths (78.1%) were in their **first trimester**, and 80% **received any pain medication** during their treatment.

v Most patients (92.3%) **received contraceptive counseling** before being discharged, although only 43.5% left with a method of family planning.

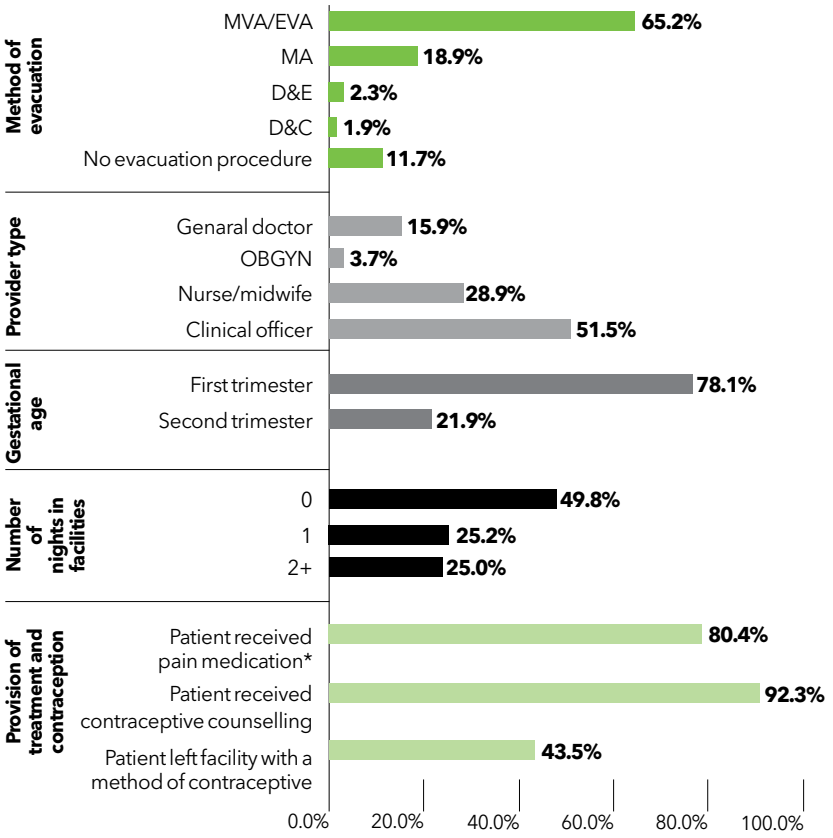
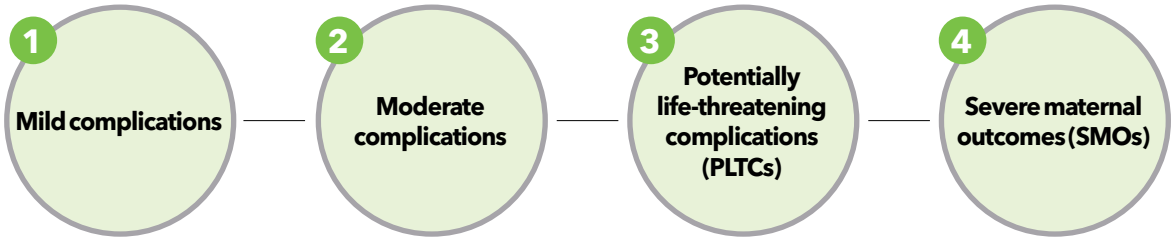


Figure 3. Management of PAC cases in 2023 (N=4,105)

3 Severity of abortion complications

i Patients were classified into four severity categories based on clinical data from their providers and medical records:



ii About 1.4% of patients experienced **severe maternal outcomes** (including five women who died and eight who were in a coma), 16.4% experienced a PLTC, and 28.5% were classified with **moderate complications**. More than half of PAC patients (53.7%) were classified with **mild complications**.

iii In comparison to the 2012 study, a much **higher proportion of PAC patients experienced severe complications in 2012** than in 2023 (37.1% vs. 17.8%, respectively)[2]. The proportion of women in the mild complication category in 2023 is more than twice that in 2012 (58.7% vs. 22.9%, respectively).

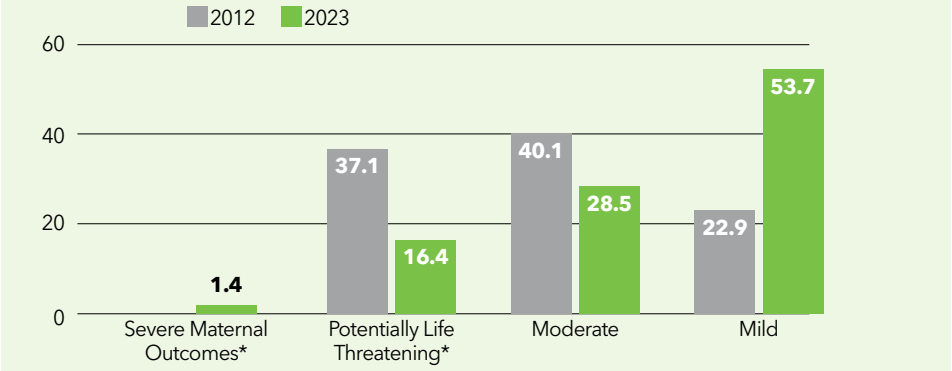


Figure 4. Distribution of severity outcomes among PAC patients in 2012 and 2023

[2]*The severity categories changed slightly between 2012 and 2023. The 2012 study combined cases that are now classified as "severe maternal outcomes" and "potentially life threatening" into one category, which was then called "severe complications".*

Conclusion

This study's estimated abortion incidence rate of 57.3 per 1000 women of reproductive age demonstrates that abortions continue to be common in Kenya. Further, while the unintended pregnancy rate in Kenya decreased from 120.0 to 103.8 per 1,000 WRA between 2012 and 2023, we also found that the proportion of unintended pregnancies that end in an induced abortion increased during this time period. As such, high-quality care for abortion and PAC services must remain a key priority for sexual and reproductive health.

Our results suggest significant improvements in access to PAC in Kenya since 2012. While we observed an increase in the PAC treatment rate (number of women per 1,000 who are treated for PAC) in the years since the previous study, this increase is not necessarily due to more women experiencing severe post-abortion complications. Instead, our results show a decrease in the proportion of women seeking PAC who experience the most severe complications. A more likely explanation is that PAC is more easily accessible, and more women are seeking care for mild and moderate complications. That said, there remain women who experience severe maternal outcomes, including near misses, that threaten their lives and can potentially result in death. Such complications require attendance by highly skilled providers, such as physicians and gynecologists, and sometimes lengthy admission.

Recommendations

01 **Enhance the capacity of health facilities to provide quality PAC:** Ensuring the provision of high-quality, comprehensive post-abortion care, including contraceptive counseling and services, will help reduce the incidence of recurrent pregnancies and repeat abortions.

02 **Continue to sensitize communities:** Improved community awareness and education on the availability of contraceptives and quality post-abortion care services can help ensure individuals know where to seek help.

03 **Support abortion policy advocacy:** Advocating for intensive implementation of existing policies and guidelines on PAC and engaging community members and service providers in these efforts can help promote better knowledge of and adherence to high-quality standards of care.

04 **Conduct further research:** Additional evidence on the safety of induced abortions, pathways to care, and PAC management will ensure effective interventions and that PAC services are tailored to meet the needs of those seeking them.

Acknowledgments

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Further information on the results presented in this evidence brief can be found in:

Incidence of Induced Abortions and the Severity of Abortion-related Complications in Kenya:
Findings of a National Study (Nairobi, Kenya): Ministry of Health, Kenya, African Population and Health Research Center, Nairobi, Kenya, and Guttmacher Institute 2025, New York, USA.

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