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Exploring the lived experiences of women who have had abortions in Kenya

EVIDENCE BRIEF : APRIL 2025

Context

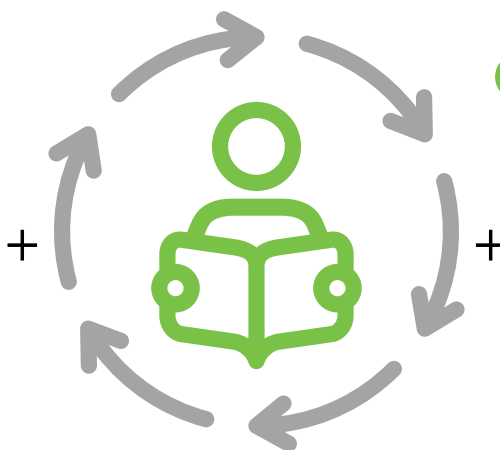
Abortion is legally restricted and highly stigmatized in Kenya. While abortion can be safe **when performed using a recommended method by a trained provider, legal restrictions around abortion in Kenya force many** women to seek abortion services from outside of the formal healthcare system. Despite these barriers, abortion is common in Kenya. The 2023 incidence of abortion study in Kenya¹ showed that approximately 57 abortions occur for every 1,000 women aged 15-49 in the country each year.

That said, not much is known about the experiences of women in Kenya who seek abortion services. Understanding the experiences of these women can offer critical information about abortion safety and gaps in sexual and reproductive service provision in Kenya.

This brief presents key findings from a survey (conducted April to May 2024) among women aged 15-49 in Kenya who have had an induced abortion in the past 5 years.

Methodology

- 1 Respondent-Driven Sampling (RDS) to survey a total of 2,022 women on their abortion experience and care-seeking behaviors.
- RDS relies on women's social networks to sample and recruit their friends, family members, and other peers who also induced an abortion over the same time period.



- 2 Data was collected in Nairobi, Mombasa, Kisumu, and Nakuru counties and their environs, representing women's diverse geographical and demographic characteristics in Kenya.

¹ 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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Key Findings

1

42% of study participants were **adolescents and young women** (15-24 years).

2

More than half of the women were **currently in a relationship** (58%), had **completed secondary education or higher** (56%), had at least one child (69%), and had **one abortion** in their lifetime (82%).

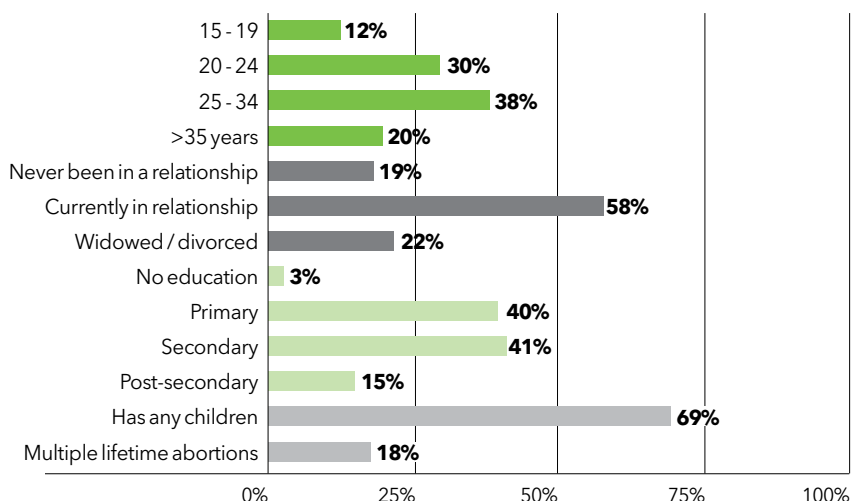


Figure 1. Sociodemographic characteristics of RDS study participants (N=2,022)

1 Contraceptive use at the time of pregnancy

- i Only 1 in 3 women (34%) were **using a contraceptive method** when they became pregnant.
- ii Among women using contraception at the time of pregnancy, **emergency contraception/contraceptive pills** (35%) and **injectables** (31%) were the most commonly reported methods.
- iii Among women who were not using a method, the most common reasons for non-use were a **fear of side-effects or other health concerns** (42%) and/or a **belief that they could not become pregnant** (31%) (i.e., breastfeeding, believed infertile, menopausal, etc)
- iv Few women reported issues with accessing contraceptive services as a reason for non-use (12%).

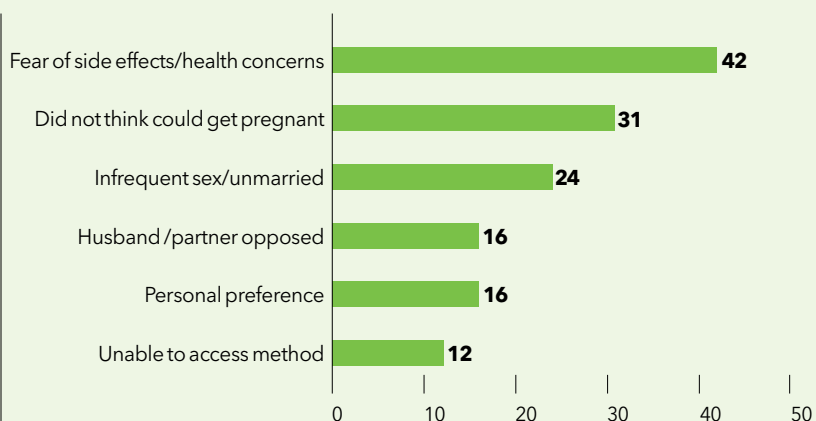
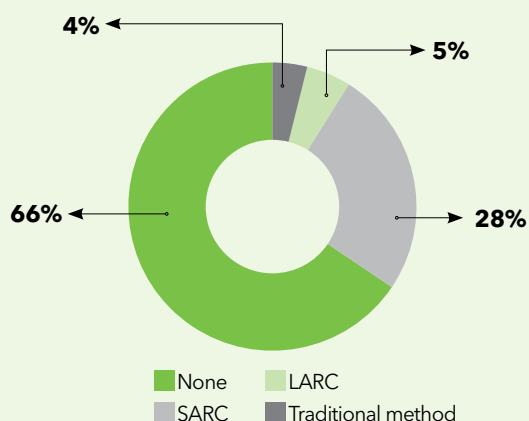


Figure 2. Contraceptive use and reasons for non-use when the woman became pregnant (N=2,022)



2 Methods of abortion used

- i The majority of women (85%) **used only one method** to terminate their pregnancy, and 72% used at **least one method that is recommended by the WHO**.
- ii Most commonly (62%) of women reported using **medication abortion (MA)**, either with misoprostol alone or in combination with mifepristone, as their abortion method.
- iii One in four women (27%) used a **traditional method**, such as ingesting herbs, drinking tea, and receiving massages, to induce abortion.
- iv About 13% of women reported receiving a uterine evacuation procedure (most likely **Manual Vacuum Aspiration (MVA)**).
- v Almost one in 10 women (8%) reported using a **harmful, unsafe method**, including inserting something sharp into the vagina, drinking a toxic or caustic substance, or taking inappropriate medication, to induce abortion.

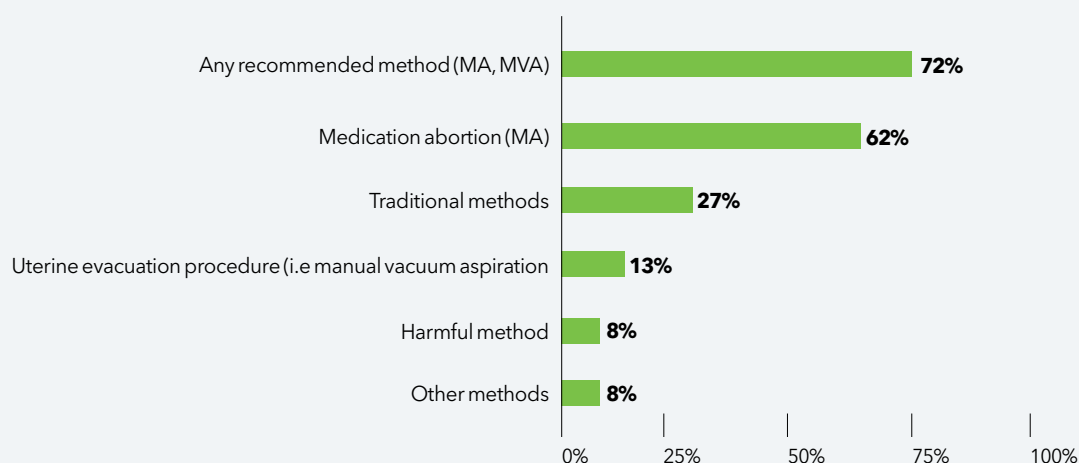


Figure 3. Distribution of abortion methods used among RDS study participants (N=2,022)

*Other methods include: imbibing non-toxic substances like soda, tea, alcohol; vigorous exercise, etc.

Conclusion and Recommendations



Abortion continues to be common in Kenya, and women who have abortions have diverse socio-demographic backgrounds. The majority of women who induced were **older (age 25-34), married or in a relationship**, and **already had children**.



2 out of 3 women who had an abortion were **not using a contraceptive method when they got pregnant**. Women reported that access to family planning services was not a significant barrier to contraceptive use. More common reasons were fears and misconceptions about contraceptives and pregnancy. As such, improving the quality of contraceptive counseling is likely a critical intervention to avoid unintended pregnancy.



While the vast majority of women who induced an abortion used MA, almost 1 in 10 reported using **harmful, unsafe methods to end their pregnancy**. This represents a preventable risk to women who experience unintended pregnancies.



Continued documentation of the lived experiences of women in Kenya who have undergone induced abortions is essential to provide evidence that informs policy.

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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