



# A case for a Safe Motherhood & Reproductive Health (SMRH) Law in Sierra Leone

## Context

Unsafe abortion is among one of the leading causes of maternal mortality in Africa. In the Sub-Saharan Africa region, women are most likely to die from unsafe abortion. As of 2019, the Sub-Saharan Africa region has the highest abortion-related case-fatality rate of any world region. Sierra Leone has one of the highest maternal mortality rates in the world, currently at 717 for every 100,000 births, and about 10 % of these are due to unsafe abortion. Most of these deaths are preventable with better access to sexual and reproductive health (SRH) services and information, particularly family planning and post-abortion care.

According to a study by the Guttmacher Institute, among all women aged 15-49 in Sierra Leone, 890,000 want to avoid a pregnancy: 490,000 (55%) whose need for modern methods is met and 400,000 (45%) have an unmet need.

Anecdotal evidence shows that countries with restrictive abortion laws have higher maternal mortality. Sierra Leone is among countries that have restrictive abortion laws. According to a tool on abortion laws by the Center for Reproductive Rights (2009), Sierra Leone is classified in category three in the world's abortion laws, meaning abortion is performed only when it is intended to save the life of the mother.

The country's law on abortion was inherited from the British colonial government in 1861. The above situation, coupled with the stigma created by cultural and religious influences have caused many women to resort to clandestine abortions. The lack of guidance and vacuum in policy has caused a dilemma among health providers to perform their duty or obey the law. In December 2015, Sierra Leone attempted to revoke Sections 58 and 59 of the 1861 Offenses against the Person Act, in the Safe Abortion Bill, allowing abortion on request. However, religious leaders in the country had some concerns and the Bill was not signed

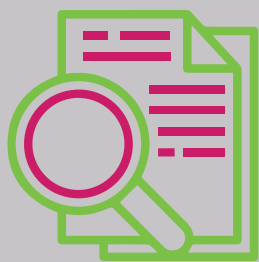


into law. Since 2017, the People's Alliance for Reproductive Health Advocacy (PARHA), a coalition of CSOs has collaboratively been working with the Ministry of Health & Sanitation (MoHS) on a new Safe Motherhood & Reproductive Health (SMRH) Bill to replace it with the aborted Safe Abortion Bill. The SMRH Bill enables greater access to SRH information and services for the Sierra Leone citizens, particularly women of reproductive age. Access to SRH information and services gives women and girls the means to make informed choices about their reproductive health which is the basis of an equal and fair society which offers social and economic opportunity to all.

When women of reproductive age cannot legally and openly obtain safe termination of pregnancy, they access whatever type of service is available to them, of which in most cases is unsafe. Such informal services often lead to health complications and an immediate need for facility-based care. If the women do not receive care in time, it more often than not can result in avoidable injury and in some cases eventually death.

The quality of healthcare services in Sierra Leone has been a significant problem over the last decade. In addition, there is limited access to sexual and reproductive health information and services, partly due to the 11 years of civil war followed by the Ebola outbreak in 2014 and other natural disasters like flooding and mudslide. Further, there is an acute shortage of trained medical personnel to provide the needed healthcare services. For example, in contrast to the WHO recommendation of 23 skilled healthcare providers per 10,000 population, Sierra Leone has only about two qualified skilled healthcare providers (physicians, community health officers, midwives and nurses) per 10,000 population. Moreover, the situation of women having induced abortions is made worse by the low uptake of modern contraceptive (24%) among women of reproductive age.

## Key findings:



**1**. Unsafe abortion contributes to about 10% of Sierra Leone's maternal mortality ratio.

**2**. Unsafe abortions occur more often where abortion is restricted by law. The restrictive environment causes women of reproductive age to resort to clandestine abortions.

**3**. The situation of women having induced abortions is made worse by the low uptake of modern contraceptive, where (45%) of women aged 15-49 have an unmet need.

**4**. Stigma created by religious and cultural influences have caused many women to resort to unsafe abortion practices.

## Policy Recommendations:

1. The government, through the Ministry of Health and Sanitation should promote women's access to safe termination of pregnancy in line with the WHO recommendations, and ensure that the policies and programs focus on increasing access to modern contraceptives among women of lower socio-economic status.

2. The Ministry of Health and Sanitation, jointly with partners, should train mid-level healthcare providers such as nurses, midwives, clinical officers, and physicians on abortion and post-abortion care, in line with the WHO recommendations.

3. The Ministry of Health and Sanitation jointly with the CSOs must provide comprehensive and culturally appropriate sexual and reproductive information and services for women of reproductive age. The Ministry should set up programs addressing women's education and livelihood to help them make informed choices like contraceptive use and prevention of unwanted pregnancies.

4. The Ministry of Health and Sanitation should implement existing SRHR policies where applicable and where not, develop clear policies that will be used to guide health care providers on managing and handling post-abortion care. Specifically, the Ministry should enact and ensure the implementation of the Safe Motherhood and Reproductive Health (SMRH) Bill.

## Call to action:

**Sierra Leone should fast track the enactment of the Safe Motherhood and Reproductive Health Bill to allow women of reproductive age access SRHR services such as safe termination of pregnancy and post-abortion care. In addition, beyond the enactment of the Bill, the Ministry of Health and Sanitation should ensure its implementation.**



## Acknowledgements:

The APHRC/Guttmacher Institute capacity strengthening for CSOs project was designed to deliver policy advocacy knowledge, tools, and skills into the hands of CSOs, safe abortion advocates and practitioners in Liberia and Sierra Leone to enable them to effectively engage with policymakers. The project aims to accomplish this through bespoke and custom-made policy advocacy training to SRHR advocates on using evidence to strategically engage with policymakers.

## Credits

The content for this policy brief was developed jointly by the African Population and Health Research Center and People's Alliance for Reproductive Health Advocacy (PARHA), Sierra Leone.

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