

# Fact sheet

## Unintended Pregnancies, Unsafe Abortion and Maternal Mortality in Kenya

### Context

This fact sheet presents synthesized information/data on unintended pregnancy, abortion, post-abortion care, and maternal mortality in Kenya. The content for this fact sheet was primarily drawn from secondary data on unintended pregnancy and abortion in Kenya and developed by the African Population and Health Research Center (APHRC).



Unintended pregnancy significantly contributes to unsafe abortion in much of sub-Saharan Africa, where abortions are legally restricted. In Kenya, abortion is legally restricted and is permitted only to save a pregnant woman's life or to preserve her physical health.



As such, the vast majority of women in need of abortion in these contexts resort to clandestine, often unsafe methods and procedures to terminate unwanted pregnancies. These unsafe abortions often result in complications, severe disabilities, and mortality.



Post-abortion care is a critical package of care meant to address complications and deaths related to abortion. Findings from a 2020 national survey by APHRC, on the quality of post-abortion care in Kenya, established that there was low capacity in primary and referral health facilities in providing a range of PAC services.

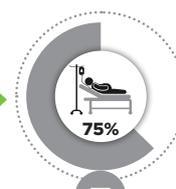
### Key findings



Unintended pregnancies (including unwanted and mistimed pregnancies) are high in Kenya (**41.9%**) and reflect the unmet need for contraception and family planning services in Kenya.



Induced abortions are common and mostly unsafe. Up to **14%** of unintended pregnancies end in abortion conducted using non-sanctioned methods and procedures, resulting in a range of life-threatening complications.



More than **75%** of women with induced abortion experience moderate to severe and near-miss complications (such as sepsis, hemorrhage, shock, and multiple organ failure) that require medical attention in health facilities, including admission into intensive care units.



Unsafe abortion is one of Kenya's leading causes of maternal morbidity and mortality, and the maternal mortality ratio (362 per 100,000) is highest among women of age (25–39).



About **2600** women and girls die annually from complications associated with unsafe abortion, translating to about seven women daily. While post-abortion care is important in addressing unsafe abortion-related deaths, several women still struggle to access quality and safe, comprehensive post-abortion care in Kenyan public health facilities, mainly due to barriers such as stigma, provider hostility, and unpreparedness of health facilities to offer complete services.

## Policy Recommendations

### Full implementation of existing policies on sexual and reproductive health services:

The Ministry of Health should fully implement all policies that allow women of reproductive age, adolescents, and vulnerable populations to access sexual and reproductive health services and information.

### Increased awareness by the religious and traditional leaders:

Civil society organizations should engage religious and traditional leaders by providing abortion information using available evidence, community testimonials, and legal frameworks on access to reproductive health services and information in an effort to address stigma on abortion.

### Capacity strengthening for health and development journalists:

There is a need for civil society to continuously strengthen the capacity of journalists through workshops to equip the media with the right information on access to reproductive health services such as abortion and post-abortion care.

### Generating more evidence on unsafe abortion for evidence-informed decision-making:

There is a need for more research and studies on the impact of unsafe abortion, particularly to understand the relationship between unsafe abortion and maternal mortality in Kenya and for use and engagement with policymakers to inform policy decisions.

## Acknowledgements

The Unintended Pregnancies and Abortion Dissemination (UPAD) studies project was designed to give an opportunity for researchers from APHRC and Guttmacher Institute to share their research findings on unintended pregnancies and abortion in Kenya and Malawi. The project aims to accomplish this through deliberate, strategic, and planned engagement with key stakeholders such as the policymakers, civil society organizations, media, and SRHR advocates in Kenya and Malawi. The one-year project was funded by the Guttmacher Institute.

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