October 2023

Policy brief

Unintended Pregnancies, Unsafe Abortion and Maternal Mortality in Kenya

Context

Unintended pregnancy significantly contributes to unsafe abortion in much of sub-Saharan Africa, where abortions are legally restricted. According to the 2014 Kenya Demographic Health Survey (KDHS), the prevalence of unintended pregnancy rose from 34% in 2014 to 41.9% in 2020 (PMA, 2020). Unintended pregnancies disrupt the lives of all women of reproductive age, regardless of whether they are married or not. However, the humiliation or dishonor associated with unintended pregnancies disproportionately affects teenage girls and young women, and as such, vast numbers of them resort to unsafe abortion to evade shame and exclusion. While these social and other economic factors guide women's decisions to terminate their pregnancy, the legal restrictions of abortion in Kenya and abortion stigma often direct them towards unsafe procedures. Up to 14% of pregnancies end in unsafe abortion in Kenya (Mumah et al., 2014), resulting in about 2600 deaths annually. Kenya's maternal mortality ratio (362 per 100,000) is highest among women of peak reproductive age (25–39), and in this group, up to 17% of deaths and severe morbidities may be associated with induced abortion.

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 a low capacity of primary and referral health facilities to provide a range of PAC services. Barely 3% of primary facilities could deliver all designated PAC services, while only 29% of referral health facilities could provide the entire package of PAC services. The limited capacity to treat PAC cases among primary facilities was largely due to the absence of trained providers and the limited availability of necessary equipment and commodities for PAC services. Further, over two-thirds of referral facilities lacked the capacity to deliver the full range of PAC services. In some cases, patients reported instances of hostile providers, complex referral processes, and long waiting hours. The findings also revealed other barriers impeding access to and provision of quality PAC services. The limited dissemination of the standards and guidelines for reducing morbidity & mortality from unsafe abortion has created gaps in clinical care and staff capacity. In certain instances, the lack of PAC guidelines created room for poor patient-provider interactions, with some providers denying services to patients suspected of inducing abortion. It will be critical that these gaps and barriers are addressed to improve access to quality PAC services.

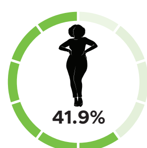
Kenya has made considerable progress towards realizing women's and girls' reproductive rights by developing frameworks and policies that address reproductive health. The Constitution of Kenya 2010 provides for the right of every person to the highest attainable standard of health, including reproductive health and the right to life. The National Reproductive Health Policy 2022-2032 seeks to consolidate the gains made in the previous policy period and addresses the emerging challenges in reproductive health.

Nevertheless, too many women and girls in Kenya continue to die from complications associated with unsafe abortion and face several barriers when seeking post-abortion care, including stigma and hostility from health providers delivering the services.

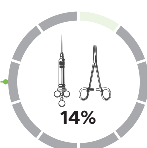
About the brief

This brief presents synthesized information/data on unintended pregnancy, abortion, post-abortion care, and maternal mortality in Kenya and suggests best-buy recommendations to improve access to and availability of sexual and reproductive health services.

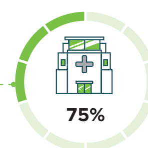
Key findings



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



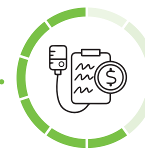
Induced abortion is common and mostly unsafe. Up to 14% of unintended pregnancies end in abortion conducted using non-sanctioned methods and procedures, resulting in a range of life-threatening complications.



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.

The maternal mortality ratio (362 per 100,000)

2,600 Girls die



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 religious and traditional leaders:

Civil society 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:

Civil society needs 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.

Generate more evidence on unsafe abortion for evidence-informed decision-making:

More research and studies are needed on the impact of unsafe abortion, to understand the relationship between unsafe abortion and maternal mortality in Kenya and for use and engagement with policymakers to inform policy decisions.

Call to action

The ministries of health and education should fully implement all policies that allow access for women of reproductive age, adolescents, boys, and vulnerable populations to quality reproductive health services and information. In addition, the government should decriminalize abortion and continuously engage all stakeholders, including civil society, religious, and traditional leaders, in addressing the stigma associated with abortion.

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.

Credits

The content for this brief was primarily drawn from secondary data on unintended pregnancy and abortion in Kenya, and developed by APHRC.

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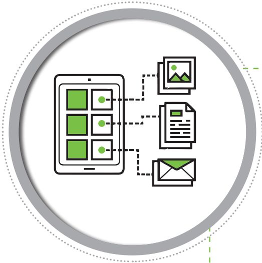

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