GUTTMACHER INSTITUTE

In Brief

Facts on Abortion in Africa

INCIDENCE OF ABORTION

• The annual number of induced abortions in Africa rose between 2003 and 2008, from 5.6 million to 6.4 million. In 2008, the most abortions occurred in Eastern Africa (2.5 million), followed by Western Africa (1.8 million), Northern and Middle Africa (0.9 million), and Southern Africa (0.2 million). The increase in the number of abortions is due largely to increase in the number of women of reproductive age.

• Of the 6.4 million abortions carried out in 2008, only 3% were performed under safe conditions.*

• Despite the increase in the number of abortions, the annual abortion rate remained virtually unchanged between 2003 and 2008, at 29 abortions per 1,000 women aged 15–44.

• The estimated abortion rate in 2008 was 38 per 1,000 women aged 15–44 in Eastern Africa, 36 in Middle Africa and 28 per 1,000 in Western Africa; virtually all of the procedures in these subregions were unsafe. The rate was 18 per 1,000 in Northern Africa, all of which were unsafe, except for a small number in Tunisia.

• The lowest subregional abortion rate in Africa was in Southern Africa (15 per 1,000), where 58% of procedures were unsafe. Abortion law is liberal in the subregion's largest country, South Africa.

• Thirteen percent of all pregnancies in Africa ended in abortion in 2008.

*In this report, abortions are categorized as safe or unsafe using standard World Health Organization definitions. An unsafe, or clandestine, abortion is a procedure meant to terminate an unintended pregnancy that is performed by an individual without the necessary skills, or in an environment that does not conform to the minimum medical standards, or both.

PROVIDERS OF CLANDESTINE ABORTIONS

• Surveys of knowledgeable health professionals suggest that in Uganda, 23% of women seeking abortions go to traditional practitioners, many of whom employ unsafe techniques, and 56% go to doctors or nurses, who generally provide safer services. Some women try to induce abortion themselves using highly dangerous methods (15%), while others purchase abortion-inducing drugs from pharmacists or other vendors (7%).

• Unsafe abortion is even more common in other countries, including Burkina Faso, where evidence from knowledgeable health professionals indicates that 42% of women obtain abortions from traditional providers and 23% induce abortion themselves.

• In Nigeria, important differences in access to safe abortion exist by subgroup. For example, a 2002 national household-based survey found that almost six in 10 nonpoor women who had had an abortion had a surgical procedure, compared with just three in 10 poor women.

HEALTH CONSEQUENCES OF UNSAFE ABORTION

• The World Health Organization estimates that in Africa in 2008, 14% of maternal deaths (29,000) were due to unsafe abortion.[1]

• About 1.7 million women in the region are hospitalized annually for complications of unsafe abortion.[2]

Legality of Abortion

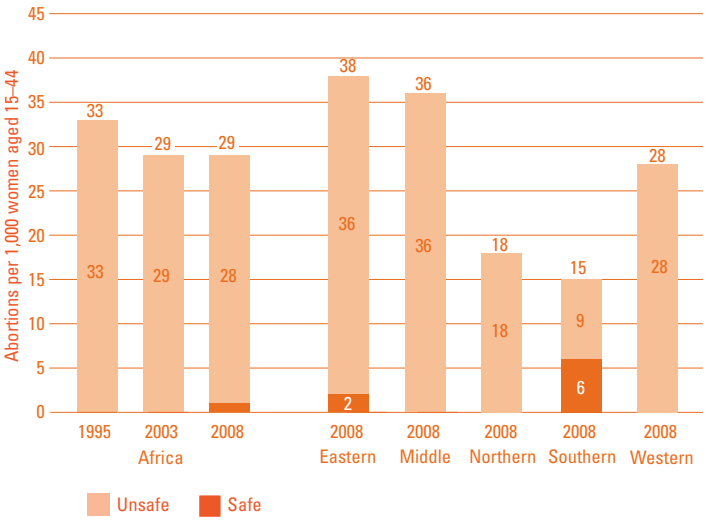
Countries in Africa can be classified into six categories, according to the reasons for which abortion is legally permitted.

Reason	Countries
Prohibited altogether, or no explicit legal exception to save the life of a woman	Angola, Central African Republic, Congo (Brazzaville), Democratic Republic of the Congo, Egypt, Gabon, Guinea-Bissau, Lesotho, Madagascar, Mauritania, Mauritius, São Tomé and Principe, Senegal, Somalia
To save the life of a woman	Côte d'Ivoire, Libya (e), Malawi (f), Mali (a,b), Nigeria, Sudan (a), Tanzania, Uganda
To preserve physical health (and to save a woman's life)*	Benin (a,b,c), Burkina Faso (a,b,c), Burundi, Cameroon (a), Chad (c), Comoros, Djibouti, Equatorial Guinea (e,f), Eritrea (a,b), Ethiopia (a,b,c,d), Guinea (a,b,c), Kenya, Morocco (f), Mozambique, Niger (c), Rwanda, Togo (a,b,c), Zimbabwe (a,b,c)
To preserve mental health (and all of the above reasons)	Algeria, Botswana (a,b,c), Gambia, Ghana (a,b,c), Liberia (a,b,c), Namibia (a,b,c), Seychelles (a,b,c), Sierra Leone, Swaziland (a,b,c)
Socioeconomic grounds (and all of the above reasons)	Zambia (c)
Without restriction as to reason	Cape Verde, South Africa, Tunisia

*Includes countries with laws that refer simply to "health" or "therapeutic" indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) incest, (c) fetal impairment or (d) other grounds. Some restrict abortion by requiring (e) parental or (f) spousal authorization. Countries that allow abortion on socioeconomic grounds or without restriction as to reason have gestational age limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds.

Abortion Rates in Africa

Estimated abortion rates in 2008 were highest in Eastern Africa.



Notes: Subregions are defined according to the United Nations classification system.

• The most common complications from unsafe abortion are incomplete abortion, excessive blood loss and infection. Less common but very serious complications include septic shock, perforation of internal organs and inflammation of the peritoneum.

• In South Africa, where the abortion law was liberalized in 1997, the annual number of abortion-related deaths fell by 91% between 1994 and 1998–2001.

• Because poor and rural women tend to depend on the least safe methods and on untrained providers, these women are especially likely to experience severe health consequences. In Nigeria, women who obtain abortions from traditional healers or induce abortion themselves are the group with the highest incidence of complications (36%).

• In Nigeria, 25% of all women who have an abortion report experiencing moderate or severe complications; only one-third of these women obtain treatment.

• In Uganda, an estimated 45% of all women experiencing complications that require treatment do not receive medical care at a facility, and the proportion is even higher among poor women.[3]

• Many women with untreated complications suffer long-lasting health effects, such as anemia, chronic pain, inflammation of the reproductive tract and infertility.

• Postabortion services are of very poor quality in Sub-Saharan Africa. Common shortcomings include inadequate access to services, delays in treatment, shortages of trained health workers and medical supplies, use of inappropriate procedures, judgmental attitudes among clinic and hospital staff, and high costs for patients.

LEGAL STATUS OF ABORTION

• In 2008, an estimated 92% of women of childbearing age in Africa lived in countries with restrictive abortion laws (i.e., countries falling into the first four categories in the table). Even where there are narrow grounds for abortion, it is likely that few women in these countries are able to navigate the processes required to obtain a safe, legal procedure.

• Abortion is not permitted for any reason in 14 African countries.

• Four countries in Africa have relatively liberal abortion laws: Zambia permits abortion on socioeconomic grounds, and Cape Verde, South Africa and Tunisia allow pregnancy termination without restriction as to reason, but with gestational limits.

• In 2005, Ethiopia expanded its abortion law—which had previously allowed the procedure only to save the life of a woman or protect her physical health—to also allow abortion in cases of rape, incest or fetal impairment. In addition, it permits a woman to terminate a pregnancy if she is unable to raise the child, owing to her status as a minor or to a physical or mental infirmity.

RECOMMENDATIONS

• Because contraceptive use is the surest way to prevent unintended pregnancy and reduce the need for abortion, programs and policies that improve women's and men's knowledge of, access to and use of contraceptive methods should be established and strengthened.

• To reduce the high levels of morbidity and mortality that result from unsafe abortion, the provision of postabortion care should be improved and expanded.

• To reduce the number of clandestine procedures, the grounds for legal abortion in the region should be broadened and access to safe abortion services should be improved for women who meet legal criteria.

• A liberal abortion law does not ensure the safety of abortions. Service guidelines must be written and disseminated, provider must be trained, and governments must be committed to ensuring that safe abortions are available within the bounds of the law.

Unless otherwise indicated, the data in this fact sheet are from Sedgh G et al., Induced abortion: incidence and trends worldwide from 1995 to 2008, Lancet, *2012 (forthcoming), and Singh S et al.,* Abortion Worldwide: A Decade of Uneven Progress, *New York: Guttmacher Institute, 2009.*

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