Unsafe abortion: changing the narrative in Africa

Dr Kihara Anne looks at how to save more lives and move towards sustainable development

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Unsafe abortion prohibits development. All girls and women should have only wanted pregnancies, fulfilled sexual relationships and the right to choose when to become pregnant. Unfortunately, unplanned pregnancies, legislative restrictions and unmet needs for family planning mean that many women end up having unsafe abortions. Mothers need to be safe throughout pregnancy, childbirth and the postpartum period so as to optimise their potential to participate in development.

Globally, between 2015 and 2019, an average of 73 million abortions occurred annually. Of these, approximately 30% ended in induced abortion. In developed regions, it is estimated that 30 women die for every 100,000 unsafe abortions and the highest risk is in sub-Saharan Africa, at 520 deaths per 100,000. Each year, between 5% and 13% of maternal deaths are attributed to unsafe abortion, making it a public health and social concern. Unplanned pregnancies are associated with psycho-social, cultural, religious, political and economic factors and with related consequences such as violence against women, sexually transmitted infections including HIV, post-abortion complications and long-term social delinquency impacting future fecundity and even death. The cost to the health system of unsafe abortion arises from the 'three delays' (the delay in the decision to seek care, delay in reaching an appropriate health facility, and delay once the patient reaches the health facility); unmet need or failed contraception; associated complications; management of infertility; household drawbacks from out-of-pocket expenditure and the unwarranted morbidity/mortality.

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Unsafe abortion today

We are in the 21st Century but many paradoxes still prevail making the 'womb as her tomb'. Some of these include: struggles with the nomenclature used; failure to provide health promotion and preventive strategies such as comprehensive sexuality education; lack of access to premarital contraception; abortion related to marital rape; pervasive harmful cultural practices such as female genital mutilation (FGM); early marriage; gender-based violence (GBV) increasing women's vulnerability to unplanned pregnancy; failure to ratify, domesticate and implement abortion-relevant legislature. Among health care providers, ill-defined scope of practice; weak/unsupportive health systems; conflict of legislature and the penal codes; absence of guidelines and training curricula; untrained heath care professionals particularly with emergent technologies and products; bureaucratic protocols before services can be rendered; conscientious objection; addressing of

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care for minors; conflict associated with social values and norms and provision of the services; safe abortion versus the astronomical costs when unsafe practices prevail; and the provision of rights-based delivery of services. Unfortunately, the result of all this is that girls and women continue to be maimed or die. Unsafe abortion remains an unacceptable cause of maternal morbidity and death.

Abortion services and development

Population demographics, health and well-being; gender equality and empowerment; education both formal and informal; harmful cultural practices and social livelihoods are instrumental facets associated with reducing unsafe abortion services. The right to the highest attainable standard of care, inclusive of reproductive health gives the functions and processes associated with sexuality and reproduction as an area that must be discussed if girls and women are to be healthy, socially included, able to attain demographic dividends and to participate in gender development. The root causes of why girls and women seek abortion services include: lack of knowledge on rights-based care; unplanned/mistimed/unwanted pregnancies; social determinants; failure of partner to assume responsibilities of fatherhood; fatal foetal anomalies; stigma and mental illness; lack or failed contraception; environment and climate stressors that hamper access to basic needs; humanitarian crises and gender disempowerment and inequalities that affect relationships and power; unemployment; school drop out cases; lack of self-efficacy and unsupportive socio-ecological environments. This weaves a complex web that hampers girls and women from thriving to exude the fullest potential in their lives.

Addressing unsafe abortion holistically

The roadmap to preventing unsafe abortion has various programmatic interventions that we can leverage and at different entry points in the continuum of care during a woman's reproductive life span (Box 1).

Girls and women need a holistic approach to health and well-being addressing both their public and social health and sexual reproductive health and rights commencing even before puberty.

More must be done in health promotion and prevention strategies at the forefront averting unplanned pregnancy and thereby increasing risks for unsafe abortion. Global standards of health promoting schools and their implantation, context and standardised frameworks in age-appropriate comprehensive sexuality education impacts on values and norms. Furthermore, these standards provide for life skills, gender rights-based care with informed choices for decision-making that ultimately directs behaviour and related consequences. Education programmes that harness hobbies, talent, entrepreneurship, offer mentorship or apprenticeship and uphold healthy recreation can have a ripple effect that cascades to households and the community. The ongoing blame-and-shame of who is responsible for providing sex education is outmoded. The interrelationship between SRHR, gender equality and equity, social inclusivity and social livelihoods with family planning programmes is certain to have a bearing on the individual but cascades into her social-ecological environment.

There is need for leadership and governance with formation of communities of practice and interest to address coordination, partnerships, relay of information, sharing of expertise, experiences, conduct of research and establishment of technical groups offering evidence best practices, amicus curiae and alternatives to conscientious objection, thus keeping alive the evolving legislative and policy environments. Countries have ratified treaties and covenants such as the Maputo Protocol, rights of the child, AU gender equality and empowerment, but unfortunately the tracking scorecards and index correlations to health and development are rarely undertaken, especially in lower and middle-income countries where the need is most. Advocacy based on evidence and communication strategies critical for voice and agency should target different audiences and pay attention to this continuing vice. Furthermore, social accountability demanded by communities of duty bearers and service providers needs to be sharpened. Elimination of unnecessary maternal deaths and SRHR must be at centre stage, but with ensuing tangible actions. In operational planning, results frameworks and harmonised matrices both within ministries of health and sector-wide should track our nations priorities and performance regularly.

Cost-effective and cost-beneficial health economics need to be intertwined in our health systems. Unsafe abortion is an extremely costly medical emergency

The abortion roadmap	Intervention
Unplanned pregnancy	• Age, Appropriate, Comprehensive Sexuality Education (AACSE) • Life skills / self-care • Safe sexual practices • Safeguarding • Eliminating harmful traditional practices • Peace and conflict resolution • FP/ contraception • Male engagement
Unsafe abortion	• Value Clarification Tool for Global Audiences (VCAT) • Pregnancy crisis: safe motherhood (kiotas) • Gender empowerment: education, employment, social livelihoods; living standards • Legislature and adoption policies • Safe abortion practices related to gestation and decriminalization • Men with positive masculinity /supportive parenting / champions
Abortion related complications	• Post-abortion care • Family Planning (FP)/ contraception • Linkage to other Sexual Reproductive Health SRHR services • Reintegration in society • Psycho-social-sexual support
Legislature, policy and guidelines	• Human rights • Gender mainstreaming: equity and equality • Social inclusivity • Multi-stakeholder engagement • Multi-sectoral engagement • Voices and agency • Social accountability: oversight / coordination; policy; budget and expenditure; services • Evidence informed decision-making • Evidence-based policy and advocacy with communication strategy • Public health: competencies • VCAT/ handling conscientious objection • Scope of practice • Referral and linkages
Cross-cutting issue	• Local country context upheld • Woman-centred rights • Conduct implementation science • Quality and safe services • Communication strategy with media engagement recognizing the target audience and channels of communication • Leveraging at any point in the roadmap to curtail unsafe abortion • Monitoring, evaluation, accountability, learning (MEAL) • Programmatic impact evaluation

for both the individual and the nation. In most African nations we provide post-abortion care, which is at the tail end of the care pathway. We must be bold enough to seek alternative care pathways (Box 1) that introduce value and investment propositions unapologetically.

An abstract from Mahatma Ghandi quotes: 'Habits become your values and your values your destiny'. There is need for all of us to scrutinise our social and gender values and norms. They influence our priority agendas and behaviours. Self-efficacy, self-advocacy and self-care stem from an individual's value system and vision of one's destiny. We need to embrace self-care and telemedicine all the more. The COVID-19 pandemic unmasked sinister problems with valuing and norming but has also given us an opportunity to re-frame and take charge towards having healthier habits and also be able to provide life-lines that drive towards saving more lives.

Resources

1. FIGO welcomes Benin's new law to address preventable maternal deaths and disability by improving access to safe abortion https://www.figo.org/resources/figo-statements/figo-welcomes-benins-new-law-address-preventable-maternal-deaths-and-disability-improving-access
2. Addressing barriers to safe abortion https://www.figo.org/resources/figo-statements/addressing-barriers-safe-abortion (cited 8/12/22021 18.45pm)
3. Conscientious objection: a barrier to care https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care (cited 8/12/2021 19.00pm)
4. Post abortion contraception including LARC https://www.figo.org/resources/figo-statements/post-abortion-contraception-including-long-acting-reversible-contraceptives (cited 8/12/2021 9.05pm)
5. WHO Global standard of health promoting schools and their implementation www.who.int/publications/i/item/9789240011069
6. Margery Kabuya. Our values and our destiny: A conversation of values in Kenya
7. FIGO embraces the permanent adoption of telemedicine in abortion services www.figo.org/FIGO-endorses-telemedicine-abortion-services
8. Kihara Anne B. Lessons learnt from "We are all women human rights defenders": Strengthening reproductive Justice in West Africa FIGO-webinar held on 29th November 2021