Abortion and Unintended Pregnancy in Kenya

• In 2010, Kenya adopted a new constitution that explicitly permits abortion when there is need, in the opinion of a trained health professional, for emergency treatment; if the life or health of the woman is in danger; or if it is permitted under any other written law. Previously, abortion was only permitted to protect a woman’s life.

• To date, it is unclear how widely the new legal status of abortion is understood or being implemented. Sections of the Kenyan penal code have not been revised to reflect the language in the new constitution; thus, many medical providers may be reluctant to perform abortions for any reason for fear of legal consequences.

INCIDENCE OF ABORTION IN EASTERN AFRICA AND KENYA
• In Eastern Africa, an estimated 2.4 million unsafe abortions were performed in 2008, a slight increase since 2003. The unsafe abortion rate declined slightly in 2008, to 36 abortions per 1,000 women of reproductive age, but remains one of the highest in the world.

• The only national estimate of abortion in Kenya is based on a 2002 study of women treated for postabortion complications. According to that study, more than 300,000 abortions occur in Kenya annually; that translates to 46 abortions for every 1,000 women of reproductive age. However, the study did not differentiate between induced abortions and miscarriages, and the true incidence of abortion is unknown.

• Despite legal restrictions and the medical risks associated with clandestine procedures, Kenyan women obtain abortions from a wide range of providers, including doctors at private clinics, midwives, traditional herbalists and other untrained providers; some women induce abortion themselves.

• Unsafe abortion methods include inserting foreign objects into the cervix or uterus, overdosing on various drugs, ingesting harmful substances, engaging in extreme physical exertion and roughly applying pressure to the abdomen.

MATERNAL MORTALITY AND UNSAFE ABORTION
• One in 55 Kenyan women die from pregnancy-related causes. There are 360 maternal deaths per 100,000 live births annually. In some urban slums, that figure is estimated at 706 per 100,000.

• According to WHO estimates for 2008, about 13,000 women in Eastern Africa die from unsafe abortion each year; these cases account for almost one in five maternal deaths in the region.

• While no national data exist on the contribution of unsafe abortion to maternal mortality in Kenya, a study of hospital records in slum areas of Nairobi found complications from unsafe abortion to be the fourth greatest cause of maternal mortality. In addition, a pilot study conducted in Nakuru Provincial General Hospital found complications from unsafe abortion accounted for 25% of all maternal deaths in 2002.

• One small-scale Kenyan study found that as many as 60% of all gynecologic emergency hospital admissions are due to abortion complications.

POSTABORTION CARE
• Abortions performed after the first trimester of pregnancy are generally riskier than those performed earlier. In 2002, one-third of Kenyan women treated in public hospitals for postabortion complications were in the second trimester. Women in rural areas have much less access to treatment for abortion complications than do women in urban settings.

• Some women delay getting treatment for abortion complications because they do not recognize the need for care soon enough or because they fear stigma and hostility from health care providers.

• While nurses and midwives are legally able to provide postabortion care, in many instances only doctors are adequately trained, and women with abortion complications may have to wait for a trained provider to arrive before receiving treatment. A 2010 study in Central Kenya found that by training more health care providers in postabortion care, many more midlevel facilities could legally provide the service than currently do.

CONTRACEPTION AND UNINTENDED PREGNANCY
• Behind nearly every abortion is an unintended pregnancy.

• In Kenya, unmet need for contraception has not declined during the past decade. In 2008-2009, about one in four married
women had an unmet need for contraception—that is, they
did not want a child soon or wanted to stop childbearing
altogether, but were not using any method of contraception.

• Unmet need for contraception is particularly high among those
who are sexually active and unmarried: 45% want to avoid
a pregnancy but are not using a method. Only 41% of sexually
active unmarried women use a method of contraception, a
rate that has not changed since 1998.

• Disparities in modern con-
traceptive use among Kenyan
women are stark. Only 12–17% of
Kenya’s poorest and unedu-
cated married women use mod-
ern contraceptives, compared
with 48–52% of the wealthiest
and most educated.

• According to 2008–2009 data,
more than 40% of births in
Kenya are unplanned.

• On average, a Kenyan woman
gives birth to one child more
than she wants. Rural and poor
women have 1.5–2 children
more than they desire.

YOUNG WOMEN AT RISK
• Premarital sex is common in
Kenya. The average age at first
sex is about two years younger
than the average age at first
marriage. Nearly 40% of unmar-
rried 15–24-year-old women
have had sex, and more than
one in seven are sexually active.

• Pregnancy is the second most
common reason for adolescent
girls’ dropping out of secondary
school in Kenya, with 13,000
teenage girls leaving school for
this reason each year.

• Cultural taboos prevent open
discourse about sex at home
or in school. Few adolescents
receive comprehensive sex edu-
cation, and often teachers do
not have sufficient training or
information to provide it.

RECOMMENDATIONS
• Reduce unmet need for con-
traception and eliminate barri-
ers to obtaining family planning
services. The government should
ensure that public-sector facili-
ties reach all women, especially
the poor and young, with free
or low-cost family planning
services. Programs should offer
more comprehensive family
planning services that include
counseling, information and
a wide range of contraceptive
methods, enabling women to
choose the best methods for
themselves.

• Improve sex education in
school. Cultural taboos and
stigma should not prevent the
government from offering
comprehensive sex education
programs that offer vital infor-
mation that adolescents need
to make informed decisions and
protect their health and future
well-being.

• Expand postabortion care
services. Until unsafe abortion
is eradicated in Kenya, the
need for postabortion care will
persist. More providers must be
trained in comprehensive posta-
bor to properly address
the need for services in all parts
of the country.

• Increase access to safe abor-
tion under the existing legal
criteria and emphasize the
government’s obligation to
provide access to safe and legal
abortion under the new con-
stitution. Both providers and
women should be made aware
that abortion is an available
option to protect the health of
a woman.

The data in this fact sheet are the
most current available and are
drawn from Hussain R, Abortion and
unintended pregnancy in Kenya,
In Brief, New York: Guttmacher