

Policy Brief



RIGHT HERE
RIGHT NOW

Addressing Unsafe Abortions Critical For Health and Rights of Women and Girls

*Something Needs To Change
Right Here Right Now*

Introduction

Globally, about 55.9 million abortions occur every year, with about eighty eight (88%) of these in developing nations like Kenya. Most of these abortions are unsafe and leads to lose of lives of girls and women as well as severe complications.

The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.

These complications, injuries and deaths have a heavy toll on women and girls, families and societies and countries and can be avoided.

Situation of Abortions in Kenya

About 17 women die in Kenya every day from pregnancy and childbirth related complications, with haemorrhage, complications from hypertensive disease in pregnancy, sepsis and abortion complications being the leading contributors. (Kenya MPDSR Guidelines, 2016)

There were about 465,000 abortions in Kenya in 2012 translating into one of the highest national abortion rates globally. (MoH, APHRC 2013)

About 120,000 women received care in health facilities for complications from unsafe abortion. (MoH, APHRC 2013)

More than three-quarters (77.2%) of those

treated had moderate or severe complications. (MoH, APHRC 2013)

Almost half of those who accessed the post abortion care services were young people below the age of 25, demonstrating how disproportionately affected young people are. (MoH, APHRC 2013)

How To Abort and What is Sex were among the most asked questions in Kenya online in 2012 (Google Zeitgeist).

It costs the Kenyan taxpayers about Ksh 432.7 million annually to treat complications from unsafe abortions. (MoH, APHRC 2018)

Case Study on Abortion

Mary was a normal teenage girl living with her mother, uncle and siblings in a Kenyan village. Her mother would work a lot so most of the times it was just her, her uncle and her siblings at home. She used to do the house chores. She would cook for the family before they all retired to bed. One day the uncle grabbed her and forced himself on her. She was just fifteen years old. It was not until after some time that she realized she was pregnant. She couldn't believe it. How could she be pregnant? She had not even had sex before this incident.

Mary was confused and worried about what would happen to her. She didn't know who to tell. Her mother was definitely out of the question. She was afraid of what she might do to her. Weeks turned into months and her belly grew bigger and bigger. She had no option but to confide in a friend. The friend advised that

the only way out was to procure an abortion. She took Mary to the hospital for the procedure. However, it was too costly and so they had to turn back. The friend advised her that the other option would be to do it themselves. Little did she know the anguish that would follow.

The friend advised her to buy Omo (a detergent) and juice and mix them to prepare a solution. She was then advised to take a glass of the concoction. She started feeling a sharp pain in her body and started bleeding profusely. Mary's siblings were in the house and wondered what was happening to their sister. Meanwhile the bleeding was getting heavier and forming a little stream in the bed where Mary lay. Being an outgoing person who frequently checked on the neighbours, the neighbours were concerned when they didn't see her out for some time. One neighbour came into the house and found her

in a pool of blood and let out a scream. Other neighbours quickly crowded the small house.

When they realized that she had attempted an abortion, they turned on her with kicks and blows. Mary was in excruciating pain. She could feel her life ebbing away. The rowdy crowd carried her haphazardly to the chief, beating her and calling her all manner of derogatory names. When they got to the chief, her mother was summoned. Mary's mother had to part with ten thousand shillings as a 'fine' imposed by the chief. But the crowd was still baying for her blood. After receiving treatment, she was further ordered to clean the chief's compound, a punishment she did, until the matter subsided from public conversations. Mary is still nursing scars that remind her of the ordeal. Her stomach still hurts and is swollen, making people think she's pregnant.

Policy and Legal Environment in Kenya

The Constitution of Kenya 2010, in Article 26 (4) permits abortions when in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

In addition, Article 43 (1) (a) guarantees every individual the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

Further in 43 (2) it guarantees the rights of all individuals to emergency medical treatment.

However, these constitutional provisions are severely violated as many girls and women are exposed to severe complications that lead to injuries and even death.

The Ministry of Health developed and launched the Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya (S&Gs) in 2012.

However, these Guidelines were unprocedurally withdrawn barely a year later, followed by a memo prohibiting training of health care providers on Comprehensive Abortion Care. The result has been the increase in unsafe abortions.

In a landmark ruling on 12th June 2019, the High Court ruled that the decision to withdraw the 2012 Standards and Guidelines and Training was unjustified, discriminatory, was prejudicial to the and violated the rights of women and adolescent girls of reproductive age.

We therefore call upon the County Government To:

- 1. Disseminate, popularize and resource the Policy, Standards and Guidelines for The Reduction of Maternal Mortality and Morbidity that provide clinical guidance to health care providers on the skills and indications for provision of safe abortion care.**
- 2. Increase percentage of primary care facilities offering comprehensive youth friendly services including family planning by increasing resource allocation to youth friendly services.**
- 3. Increase budgetary allocation to family planning and address all demand and supply oriented barriers of access to, and use of family planning**

References

- Kenya National Bureau of Statistics, ICF International et al. 2015. Kenya Demographic and Health Survey 2014: Key Indicators. Nairobi and Rockville, MD: KNBS and ICF.
- Government of Kenya, 2014: Kenya Service Availability and Readiness Assessment Mapping (SARAM). Ministry of Health, Nairobi Kenya
- Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study (Nairobi, Kenya: African Population and Health Research Center, Ministry of Health, Kenya, Ipas, and Guttmacher Institute 2013).
- My Abortion Story, Citizen Television, June 22, 2019
- The Costs of Treating Unsafe Abortion Complications in Public Health Facilities in Kenya Report, by the Ministry of Health, African Population and Health Research Center and Ipas, 2018
- Ministry of Health of Health, Kenya, Maternal and Perinatal Death Surveillance and Response (MPDSR), 2016
- Singh S et al., Abortion Worldwide 2017: Uneven Progress and Unequal Access, New York: Guttmacher Institute, 2018.

Acknowledgment

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The Right Here Right Now Kenya is a platform of 15 organizations working on Sexual and Reproductive Health and Rights of young people in Kenya.

