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The unmet need for abortion law reforms and modern contraceptive uptake in Nigeria, Kenya, Ghana and Ethiopia: A systematic review

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Abstract

Background: It is estimated that about 68,000-70,000 deaths occur from unsafe abortions annually, with 97% of this occurring in developing countries. The reality that almost 35% of these worldwide deaths occur in sub-Saharan Africa Countries alone is a lot to think about.

Aim of Article: This article seeks to bring to better lamplight the direct and indirect proportional relationship between contraceptive uptake, unwanted pregnancies, abortion laws and unsafe abortions. To suggest for better abortion law reforms to reduce maternal mortalities from unsafe abortions.

Discussion/Conclusion: Comprehensive male sex education, modern methods of pregnancy prevention and Reformed laws on Therapeutic Safe Abortion Care are key paths that should be taken more seriously in the quest to end the menace of unwanted pregnancies and unsafe abortions in Sub-Saharan Africa.

Restrictive abortion laws only further fuel the pathology of unsafe abortion in sub-Saharan Africa. We need to legalize safe abortion care and in fact, illegalize unsafe abortion services and/or procurement.

Keywords: Nigeria, Kenya, Ghana and Ethiopia, abortion laws, modern contraceptives

Introduction

There has been a global decrease in the prevalence of unsafe abortions from 47.6% to 44.6% between 2003 and 2014. This is largely due to global increase in safe abortion care, decriminalization of abortion, contraceptive uptake and informed family planning [WHO 2015]. However, much progress has not been made by Africa in this regard. As research shows that out of every 4 abortions carried out in Africa 3 are unsafe and the region had the highest risk of dying from an unsafe abortion [WHO 2008] ^[2] [WHO 2019].

As a fact, African rules and culture are tightly guarded by their religious and spiritual beliefs. It is a thing of Pride to most. As it has played substantial roles in their laws and reforms. These religions do not support abortion and view it as murder [Atakro *et al*, 2019] ^[22]. Hence, there is no other way to view abortion in most African cultures except as evil, murder or devilish. Thus, the unintended pregnancy is imposed, notwithstanding the circumstances of conception. Therefore, a woman with unintended pregnancy is always torn between deciding to be the devil or forced to drown in the deep blue sea of unintended motherhood.

Aim of article

This variance in abortion and unintended pregnancies are clearly a reflection of unmet need for contraceptives and stringent antiabortion laws.

This article seeks to bring to better lamplight the direct and indirect proportional relationship between contraceptive uptake, unwanted pregnancies, abortion laws and unsafe abortions. To suggest for better abortion law reforms to reduce maternal mortalities from unsafe abortions.

Sub-Saharan Africa

About 30% of all pregnancies end in abortion annually. This may be directly due to an increase in prevalence of unintended pregnancies, as studies have shown that 14 million, almost 30% (about a third), of all pregnancies in Sub-Saharan Africa are unintended. This almost parallels the percentage prevalence which shows that 30% of pregnant women are in denial of their pregnancy status. Yet, most African laws are stringent against women exercising their rights as stated by ICPD in 1994 which they signed.

This has forced many African women to resort to unsafe methods of abortion. [WHO 2019, Ameyaw *et al.*, Hubacher *et al.*] [6].

Safe abortion is an induced or therapeutic abortion is a very common procedure which when performed by a well-trained, qualified clinician, in the right environment and using the right equipment is safe [Impey & Child, 2015] [3]. Sadly, this is not Africa's narrative. It is estimated that about 68,000-70,000 deaths occur from unsafe abortions annually, with 97% of this occurring in developing countries. The reality that almost 35% of these worldwide deaths occur in sub-Saharan Africa Countries alone is a lot to think about. [Grimes *et al.* Okonufua *et al.* 2009] [8].

Ethiopia

Ethiopia has become one of the countries that have shown significant reduction in maternal mortality in relation to unsafe abortion. Before 2005, the contribution of unsafe abortion to maternal mortality was estimated to be 32% which prompted the change of the law to improve access to safe abortion services, introduction to safe and effective methods like Manual Vacuum Aspiration (MVA) and medical abortion, training of health care workers with comprehensive abortion care (CAC) and making health facilities ready. This decision and execution brought the current estimate down to 6-9%. There is still a lot of work to be done although we have good improvement. [Ethiopian national guideline for abortion services].

Nigeria

Legally speaking, social reasons for termination of pregnancies are illegal in Nigeria [National guidelines]. Yet, 3 to 4 out of 5 adolescent females will terminate an unintended pregnancy. This is seldom safely done, since they often meet quacks who use herbs and concoctions [Evuladu *et al.* 2017]. They meet local chemists to perform dilation and curettage (D & C) or bicycle spokes for curetting by local medicine vendors [Sada *et al.* 2019, Obiagwu *et al.* 2016, evuladu *et al.* 2017] [12, 13]. This desperation to engage in unsafe abortion claims about 50,000 lives annually [Ludovica *et al.*, 2015] [14]. Yet, the prevalence of contraceptive uptake is as low as 12% [NDHS 2018]. It is most interesting because the culture and religion that is the bed-rock of the antiabortion laws also does not support modern contraceptives uptake [Obasohan *et al.* 2015] [17]. Hence, preventing the prevention of unintended pregnancies. These laws unfairly do not consider nor exempt women and teenagers raped by the boko haram terrorist sect, even at the plea of the UN [Ludovica *et al.* 2015] [14].

Ghana

Despite Ghana's legally progressive abortion legislature and policies, the burden of unsafe abortions still remains relatively high. This is corroborated by data showing a low uptake of safe abortion services [Morhee & Morhee, 2006] [18]. The Ghana Statistical Service estimates that about 53% of all pregnancies are unintended and a further 23% percent ended in abortion [Ghn SS 2017]. The national abortion rate stands at 44 per 1000 women of reproductive age, varying between southern, central and northern ecological zones [Keogh *et al.*, 2019] [20]. About 71% of the abortions in Ghana in 2017 were illegal and likely to be unsafe contributing to the maternal mortality rate of 310 per 100,000 live births [Polis *et al.*]. The need for safe abortion services is clearly reflected as out of 43,000 cases of facility-based post-abortive care, 38,000 were of complications from unsafe abortion [Keogh *et al.*, 2019] [20]. The barriers to accessing these services point to a lack of knowledge about the legal status of abortion among patrons and health care workers, the intense stigma associated with abortion from a religious and moral viewpoint, and

challenges in rolling out safe abortion and comprehensive post abortion care in health centers nationwide [Atakro *et al.* 2019] [22].

Kenya

About half of all pregnancies in Kenya are unintended and more than 41% end as abortion [Mohamed *et al.* 2015] [23]. Most of these abortions are performed by unskilled people, often in conditions that do not meet minimal medical standards and are not followed with the appropriate post-abortion care. This results in at least 2,600 deaths of women and girls annually [Mohamed *et al.* 2015] [23]. 151,433 cases of teenage pregnancies have been recorded between January and May [Kahurani E]. That notwithstanding, up to 13,000 Kenyan girls drop out of school every year as a result of unintended pregnancy which results in sustained poverty and increased vulnerability [CSA 2008, Neal *et al.* 2015] [25, 26].

Abortion laws

One of reasons why most abortions in Sub-Saharan Africa countries unsafe is because abortion is seen as a crime and not a right. Thus, it is secretly and unsafely done using things such as acid, soaps, sticks, bicycle spokes, chemicals, laundry bleach and many more to avoid the wrath of the law if caught seeking or providing safe abortion care, without an underlying health indication. Hence, together with improved contraceptive uptake, legalization of abortion will to no small extent, reduce the cases of unsafe abortion and related morbidities. [Sada *et al.*, Grimes *et al.*] [12].

Some abortion laws in Africa

1. Nigeria

- Considered under the penal and criminal codes in the north and southern parts of the country, respectively.
- Abortion is permitted when two different practicing medical consultants independently agree that a pregnancy possess serious health dangers to the mother.
- Punishment ranges from 7 to 14 years in the southern and northern regions, respectively. Inclusive of anyone who aids the procedure.
- Furthermore, it is permitted in Nigeria when the mother is mentally unstable or has suicidal tendencies.
- Untreatable and almost fatal prognostic cases of fetal disorders may also legally be offered the option to terminate the pregnancy.
- However, the Nigerian laws do not permit abortions for social reasons, even in the case of rape or incest.

[NMoH, National guidelines on safe termination of pregnancies for legal indications, Ludovica *et al.*] [14]

2. Ghana

- It will be permitted if it is a case of rape or incest.
- If the mother is mentally deranged or has a mental deficiency
- If there is a presence of an untreatable fetal abnormality or deformity
- If the pregnancy is a threat to the mental or physical wellbeing.
- Abortion must be carried out in a registered facility by a registered medical practitioner
- In 2006, abortion in Ghana was decriminalized in order to relieve the burden of unsafe abortion.

[Morhee & Morhee, 2006] [18]

3. Kenya

- The current abortion law in Kenya was promulgated in 2010.
- It permits abortion when a trained health professional proposes it to save the life of the mother.
- Abortion for social or therapeutic reasons are however still illegal in Kenya.
- A reproductive health bill which also positively addresses termination of pregnancy was passed to the parliament in 2019, however, this has not yet been passed into law

[Deeqa Mohammed *et al.*, 2018]

4. Ethiopia

- It is contained in the penal code of the federal democratic republic of Ethiopia
- Allowed to abort the pregnancy if it was a result of rape or incest
- If the continuation of the pregnancy endangers the life of the mother or the child
- If the fetus has an incurable or/and serious deformity
- If the pregnant woman, owing to physical or mental deficiency
- This termination must be performed in public or private health facilities as contained in the preset criteria.

[Constitution of the federal Democratic Republic of Ethiopia, article 551 of the penal code]

Discussion

Africa is witnessing an increasingly sexually active population. This is accompanied by some consequences of public health concerns. Complications like Sexually Transmissible Infections, as shown by the burden of HIV in South Africa, Kenya and Nigeria, over-population, as seen in Nigeria and Ethiopia; unwanted pregnancies, as in Ghana; and unsafe abortion as seen in almost all African Nations [HIV burden in Africa] [Population by nation in Africa] [WHO 2019] [Standard Media Kenya, 2020] [News Portal, 2020].

The African woman is often torn between unintentionally becoming a mother and committing an abortion, acts which are viewed as a disgrace to the family's name and evil deed, respectively. There are many circumstances surrounding sex, pregnancy and motherhood in Africa, majority of which most women have a submissive say in. However, with the rise in disturbing events such as dumping babies in dustbins and rivers coupled with the high burden of cruel unsafe abortions, it is now obvious that not all pregnancies are intended. We need to see this as a cry for help by the African woman [African News Kenya, 2020]^[33] [Standard Media Kenya, 2020]^[33] [Sada *et al.*]^[12] There is an urgent need to amend abortion laws and to promote better contraceptive uptake. Going by the corona pandemic lockdown and suspension of most socioeconomic activities, a lot happened, necessitating urgent reform of the existing abortion laws. In Ghana, within 3 weeks, about 9,000 unwanted pregnancies occurred [News portal, 2020]. Within the first two months of the lockdown, 4,000 high school girls were impregnated in Kenya [Standard Media Kenya, 2020]^[33]. In Ethiopia, the state of emergency limited access to safe abortion and reproductive health services [VoA Ethiopia]. In Nigeria, reportedly 3,600 rape cases occurred, albeit this is a country that does not permit safe abortion care even to victims of rape [All Africa news, 2020].

It will almost be impossible to stop people from having sex. These waves of unwanted pregnancies and unsafe abortion also affects

married couples; we will need to address the issue at each national level. So how do we positively help the Sub-Saharan African women, particularly with regard prevention of unwanted pregnancies and accessibility to safe abortion care services?

To comprehensively approach this issue, its best done from three angles:

1. Comprehensive Male Sex Education.
2. Pregnancy Prevention Education and Methods.
3. Reformed laws on Therapeutic Safe Abortion Care.

Comprehensive male sex education

A lot has been done and is still being done on sex education in Africa, especially amongst the women and girls. This has proven useful because female education status has improved family planning, both covertly or with the knowledge of her spouse. However, it has been shown that one of the major determinants of appropriate contraceptive use and seeking appropriate alternative reproductive health services is highly dependent on the husband's occupation, permission, religion and level of education [Abate *et al.*]^[36] [Olutosin *et al.*] [Asiedu *et al.*]. Hence, male education too is very important. Especially comprehensive sexual education (CSE).

Husbands who understand the sexual health of their female spouse are open to them benefiting from appropriate reproductive health care. Western education is not as encompassing about sex education as basic health knowledge demands. Thus, advocacy to the highly unmet regions is advised because communities may also influence contraceptive use [Abate *et al.*]^[36].

Majority of leaders such as parliamentarians, legislators and those in civil government in the Sub-Saharan Africa region are men. To achieve an appropriate decriminalized of abortion laws and reform, they need to understand that they are doing it for the good of their nation and not as a favour to their women. Also, more importantly for the good of their women and girls. This can be achieved if these men have basic knowledge on the needs for contraception, safe abortion care and the plight of the African woman concerning unintended pregnancies.

Modern methods of pregnancy prevention

Prevention of pregnancy is known as contraception. We will not have to worry about unsafe abortion if there are no unintended pregnancies. Thus, pregnancy prevention is very important. This comes down to the contraceptive uptake prevalence. There are intra-national and inter-national variation in inhibitory or promoting factors, such as the husband, religion, culture, community orientation (myths and misconceptions) and government all play unfathomable roles. This further emphasizes the need for improvement in male sex education. [B. Odongo] [Abate *et al.*]^[36] [Olutosin *et al.*] [Ochako *et al.*]. Although some studies put the predisposition to utilize modern contraceptives more in the hands of the women. This is still related to occupation and educational levels attained by the woman, an opportunity still deprived to some African girls. [Avisah *et al.*] [Olutosin *et al.*].

As we see in the uptake of contraception in Ethiopia varies from as low as 3.6% in the Somali region with less educated women to 56.3% in Addis Ababa with more educated and professional oriented women. However, the government aims to increase the national contraceptive uptake from 35% to 55% by 2020 [FMoH Ethiopia]. Somewhat contradicting, another study conducted amongst 12,688 sexually active men from the same EDHS showed that 73.9% sexually active males, not their spouses, in Ethiopia practiced no form of contraception while 18.9% and 7.2% had spouses that used female contraceptives and male contraceptive methods, respectively [Shaweno T *et al.*]. It is rather

imperative that the path to appropriate pregnancy prevention in Ethiopia is improved male centered contraceptive education.

There is an active use of contraception amongst the sexually active population in Ghana, as was shown by 9,000 unwanted pregnancies when the covid-19 curfew limited purchase of daily-utilized contraceptive services/methods. The Ghana Demography of Health Survey of 2014 showed a contraceptive uptake of 22%. However, more recent researches have been recording a steady increase, especially in the rural areas. Although myths, misconceptions and male disapproval is still a prevalent issue [News Portal TV, 2020] [GDHS2014] [Asiedu *et al.*].

Kenya is a role model to a lot of African nations as it boasts of one of the highest Contraceptive prevalence in Africa. It has an uptake higher than 58%, it aims to reach a national prevalence of 66% by 2030 [KNBS and KDHS] [Ochako *et al.*]. However, resistance to further improved uptake is met with unfriendly services to adolescents, myths and misconceptions, male spousal disapproval, religious bodies and the belief that contraceptives will promote promiscuity amongst the adolescents. [Odongo *et al.*] [Adding it up] [Okal J *et al.*]. However, with the dead infants found dumped in the Nairobi River infants and the 4,000 impregnated high school girls within two months of the COVID-19 pandemic lock down, it is imperatively clear that contraception may not be a dominant factor in promiscuity promotion [African News Kenya, 2020] [20] [Standard Media Kenya, 2020] [20].

Lastly Nigeria, the most populated nation in Africa with more than 210 million people had a modern contraceptive prevalence of 12% as at 2018, Recorded less than 2% increase in modern contraceptive uptake between 2014 and 2018 [NDHS2018] [NDHS2014] [Population by nation, Wikipedia]. With so many factors to attest, the unmet need for contraceptives is shown by its population being 100 million citizens above the second most populated nation and being the second leading HIV prevalent nation in Africa [Population by nation]. The case of Nigeria is so dire, as women with past near death obstetric histories still turn down contraception for reasons such as; God should decide when they should conceive, religion and husband's disapproval [Ochejele *et al.*]. In the presence of poor maternal health, low to no financial empowerment and more than five children, some husbands still intend to bare more children, at times in sole search of a male child. There is an ever-present desire to bear a male child to carry on the family name. Nigeria is screaming for the need of improved male sex education [Olutosin *et al.*] [Financial Times] [Okoroba Igaezuma] [Okonta P *et al.*]. The major religious bodies in Nigeria are strongly against contraception. Notwithstanding, Nigeria alone contributes a significant percentage of the world's maternal mortality prevalence. Majority of which are para-gestational co-morbidities and unsafe abortion complications. For this reason, the need for improved male comprehensive sexual health and rights education to Nigerian men cannot be over emphasized [Olutosin *et al.*] [Do M *et al.*] [Gina Piane].

Reformed laws on therapeutic safe abortion care

The desired abortion law reform in Kenya should reflect clearly the national stand to avoid ambiguity and misinterpretations. With the rising prevalence of unwanted pregnancies amongst minors, a law reform to cater for unwanted pregnancies among minors with whom it has been determined that termination will be in their best interest needs to be affected. While procurement and provision of unsafe abortion services should be illegalized, safe abortion services should be made legal. Restrictive abortion laws do not reduce or stop abortion; it only makes it more occult and dangerous.

Although, having a friendlier abortion law, this has not been clearly or openly communicated. While some believe the clause "physical and mental wellbeing" may mean openly legalized abortion, others take it to mean presence of a disease or deformity. Hence, a clearly spelt out national clause needs to be stated, like in the South African's abortion law.

Ethiopia is a very orthodox and spiritually founded country, hence making reform come slower than readily possible. However, a desired reform is needed as to control the unwanted pregnancies even amongst married women who desire it. It already has a go ahead for incest and rape. A final reform though should be granted amongst minors. This may be hard to define though, as teenage marriages are common in Ethiopia.

Likewise, in Nigeria; teenage marriages are very common and rampant in all regions of Nigeria, especially Northern Nigeria. Furthermore, with a very sexually active young population, we are merely increasing the maternal mortalities from unsafe abortions by the penal and criminal laws against therapeutic safe abortion care on demand. As Nigeria prides herself by religion and spirituality, this may take a while to attain. However, there is an urgent need for a reformed abortion law in Nigeria, especially amongst raped and incest victims.

Conclusion

The Sub-Saharan women are also human beings that feel pain and pleasure, sorrow and joy; we need to understand their plight when they are found in an unintended state of pregnancy and respect their decision to best handle their situation. Via covert contraception, unsafe abortion and dumping of new born neonates, they have cried out long enough.

Comprehensive male sex education, modern methods of pregnancy prevention and Reformed laws on Therapeutic Safe Abortion Care are key paths that should be taken more seriously in the quest to end the menace of unintended pregnancies and unsafe abortions in Sub-Saharan Africa.

Restrictive abortion laws only further fuel the pathology of unsafe abortion in sub-Saharan Africa. We need to legalize safe abortion care and in fact, illegalize unsafe abortion services and/or procurement.

We need to further improve the prevalence of contraceptives in the region and improve significantly, male comprehensive contraceptive education.

Recommendation

- Safe abortion care should be made legal in well-equipped health facilities
- Unsafe abortion procurement or provision should be made illegal
- Improved abortion services at Primary health care facilities
- Improved family planning services to include unmarried but sexually active couples

Abbreviations

CSE – Comprehensive Sexual Education

HIV – Human Immunodeficiency Virus

Conflicting opinions

1. Religious bodies.
2. Nomadic African population.
3. Pro-life movements.

Author's contribution

OTOBO, OTSYINA, AOUTA and TETERE contributed to the literature of the introduction

Each author provided the laws guiding

OTOBO, OTSYINA and AOUTA composed the discussion session

OTOBO compiled the separate paper contributions into a single script

AOUTA and OTOBO carried out the final proof reading and Editing

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