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Review Article

Prevailing circumstances governing abortion in Africa

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ABSTRACT

A woman's worth is closely tied to childbirth in many African societies. The immense cultural emphasis that is placed on pregnancy means that women are also subject to stigmatization in the event of unintended pregnancies. In the patriarchal societies that commonly make up the region, a woman's bodily autonomy is often subjugated to insensitive decisions taken by men based on social circumstances. Abortion remains a largely taboo topic with the resulting lack of informed awareness putting women at risk. The current review aims to change that discourse by examining the sociodemographic considerations, beliefs, and traditions across various regions that prevent the effective utilization of existing facilities. The risk factors that govern elective abortions are examined with attention being given to commonly found age-disparate relationships as well as vulnerable and marginalized sections of society. The impact of the pandemic is also discussed with recommendations on multi-level action plans that would allow for effective advocacy. There is a lack of access to safe abortion infrastructure. Strengthening healthcare delivery infrastructure will mitigate the national economic burden and ensure that female reproductive health receives the attention it deserves.

Keywords: Abortion, Sociodemographic disparities in health, Medical infrastructure, Culture, Africa

INTRODUCTION

In many African societies, a woman's worth is closely tied to maternity with one of the hallmarks of muliebrity being childbearing and child care. Tradition defines a quintessential pregnancy as one which occurs within the confines of marriage and women who fit this ideal are held in high esteem. Pregnancies that fall outside these culturally defined limits are usually deemed unwanted.[1,2]

For married women in Africa, the abortion rate is around 26 per 1,000, while it is 36 per 1,000 for single women.[3] The abortion rates indicate the need for a healthcare system that can not only manage emergency cases suitably but is also effectively equipped to tackle all challenges that may present in elective cases. In the absence of this, women are exposed to unsafe procedures and substandard post-abortion care which significantly impacts their quality of life.

SOCIOECONOMIC FACETS OF ABORTION

The impact of socioeconomic disparities on women's access to abortion cannot be ignored. This is due to the diverse circumstances that follow from these disparities. Thus, it becomes very important to understand the local context which would allow for the drafting of tailor-made policies that a blanket one-size-fits-all approach would not be able to do justice to. The world bank classification of countries in Africa as per their income is shown in Figure 1.[4]

Geographically, Eastern and Middle Africa have a lot of countries in the lower-income socioeconomic belt as can be seen from Figure 1 and the region also has the highest proportion of unsafe abortions globally (a staggering rate of 36 unsafe abortions per 1000 live births).[5]

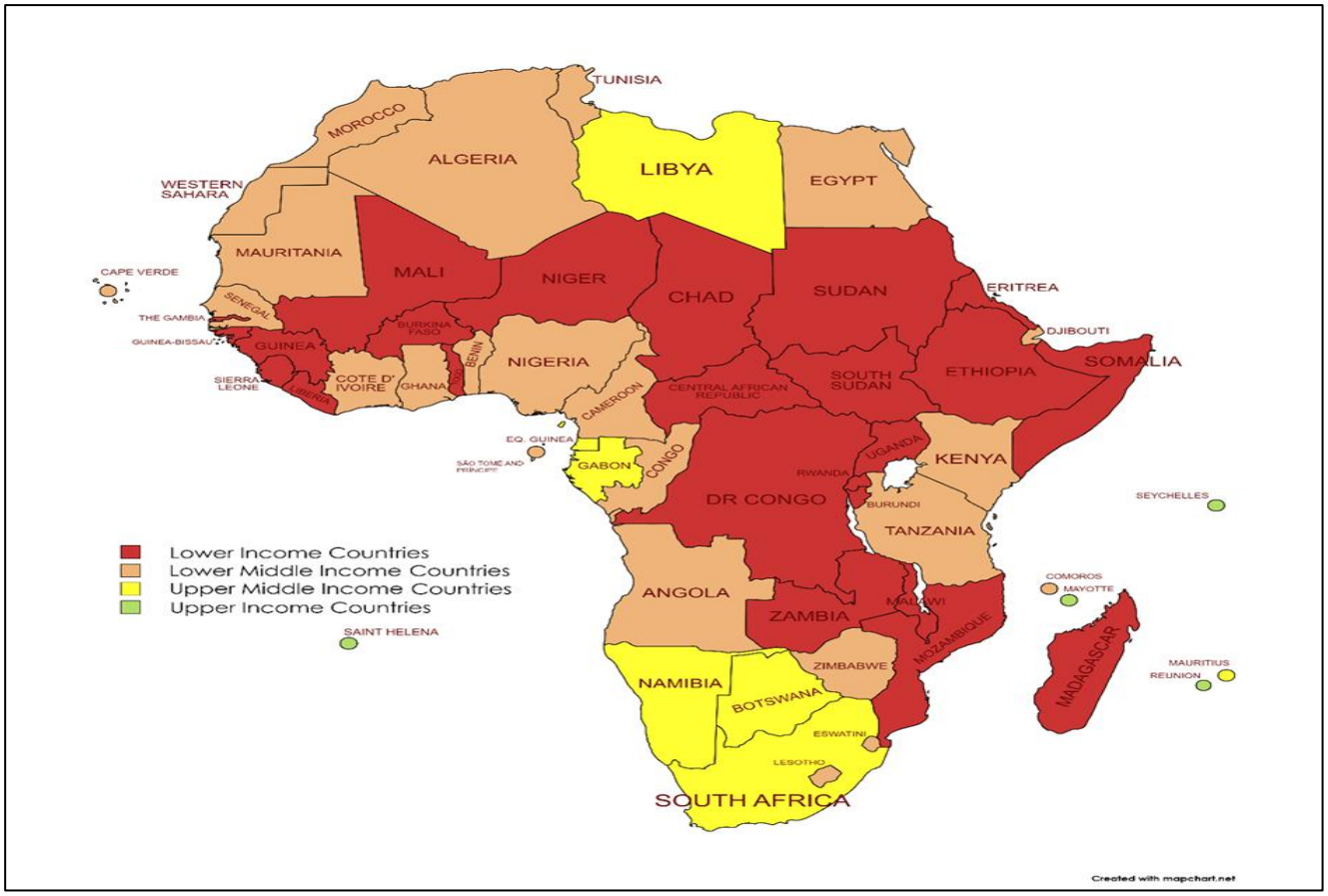

Figure 1: Income classification of African countries as per world bank.
Territories have been marked with the income status of their governing countries. [Map created with mapchart.net].

RISK FACTORS FOR ABORTION

Prev studies have demonstrated certain risk factors that impact elective abortion rates as summarized shown in the Table 1 below.

Table 1: Sociodemographic risk factors governing elective abortion.[6-9]

Variables	Probable causes
Exacerbating rates	
Advancing maternal age	Essential for health reasons and to avoid genetic complications
Cohabiting relationships	Intimate partner emotional support can be vital in such decisions
Women whose need for contraception is met	Indicative of greater control over the decision on progeny
Urban women	Better access to abortion services
Exposure to media	Advocacy for increasing awareness is vital
Early sexual debut	Teen pregnancies and women not ready for motherhood
Substance use*	Indicative of exploitation, may be coerced and probably, without informed consent
Mitigating rates	
Female household leads	May provide better social support with child rearing decisions and thus, discourage abortions
Married women	Family members chipping in to assist with kids may discourage abortions
Lower-income status*	Poor quality of life, low awareness, no access
Illiteracy*	Lack of information leads to a lack of choice

*Factors in italics do not have positive connotations

Access to safe abortion not only prevents the complications associated with untrained and unsafe procedures but also greatly improves the mental health of these women, who would otherwise be burdened with additional economic, familial, and social responsibilities adversely impacting their career fulfillment.

However, not all risk factors can be clearly classified as protective or otherwise. The on-field situation is not binary for all facets. For example, a study shows that nulliparous women tend to have disproportionately higher abortion rates in countries like Nigeria and Gabon.[7] However, on the other hand, literature has also indicated that higher parity is associated with higher chances of pregnancy termination, while an East African study found it to be a protective factor against abortion.[6,8] Thus, the situation is complex and differs from case to case when such aspects are considered.

Equally, it is important to note that though substance use has been found to increase rates of elective abortion, this is not an encouraging trend. The high abortion rate in this scenario is suggestive of tragic circumstances of exploitation, leaving them with no alternatives. Abortions in such circumstances are often unsafe and carried out by untrained quacks.

The majority of unsafe abortions occur in rural residents.[10] These women lack access to basic facilities like hygienic restrooms, piped water, and even electricity, and the subsequent illnesses, infections, and abscesses complicate pregnancies and often lead to miscarriages.[11] These women are not able to afford an abortion in an equipped center and undertake abortions from insufficiently trained providers or worse, by themselves.[12]

HEALTHCARE INFRASTRUCTURE AND ABORTION

Another key facet of healthcare delivery where socioeconomic conditions play an important role is the infrastructure. This includes the facilities, their ease of access, the availability of equipment, and the status of the nation's healthcare workers. Drugs like mifepristone, misoprostol, 'Divabo' (the combination pill), parenteral antibiotics, intravenous fluids, and uterotonics are in insufficient supply, and surgical techniques like MVA (manual vacuum aspiration) and D and C (dilatation and curettage) cannot be safely completed due to a lack of basic facilities even at these centers.[11,13]

In light of such scenarios, some women often tend to induce abortions themselves by making use of catheters and sticks near the vagina, causing mechanical harm and impacting their reproductive health.[14] They also resort to other unsafe and unscientific alternatives like super rose lotion, blue soap, and 'Dettol' to cause abortions.[14] Women have reported using 'Stametta', a herbal mixture that is well-known for causing abortions along with the use of cigarettes, aloe vera, and castor oil.[15] These attempts to exacerbate abortion leads to complications including perforations, life-threatening sepsis, shock, and may even necessitate a hysterectomy.[1] These challenges gain further importance in light of findings that report these behaviors lead to an overall loss of productivity which is a serious challenge for any nation.[16]

There is also a high prevalence of women in age-disparate relationships and this population subset is also susceptible to increased risk of abortions and sexually transmitted infections.[17] The situation is no different among vulnerable sections of women like migrants who are often victims of sexual violence but have to contend with prevailing abortion laws in the countries of their inhabitation.[18] While risk factors for spontaneous abortion and miscarriages have been adequately covered in previous studies, an assessment for elective abortion would significantly help in the advocacy of reforms to improve women's health.[19] This aligns with sustainable development goal 5 which strives to achieve gender equality by empowering girls. Ensuring that every woman gets access to safe abortion should be something that all countries need to work towards.

THE INTERTWINING OF PERSONAL BELIEFS AND LEGAL IMPLICATIONS

It is interesting to note that paradoxically countries with restrictive abortion laws have been found to have higher abortion rates, suggesting that liberalizing these laws would promote access to safer abortion sources allowing these women to achieve better health overall.[6,20,21] It can be theorized that individual religious beliefs could go on to shape the overall public perception of abortions. This in turn determines what laws and regulations govern abortion access as well as where and how individuals choose to get them.[2] This specific issue is not restricted to Africa alone with even the Roe vs Wade overturn making headlines across the Atlantic.

A discussion on abortion and unintended pregnancies is invariably tied to the use of contraception. Orthodox beliefs often stem from misinformation and stigmas associated with using contraception. Unsurprisingly, men made the majority of decisions regarding condom use, and they stigmatized usage as a sign of a lack of love and trust.[1] Beliefs that condoms are only intended to prevent diseases and that women who take contraceptives may experience problems getting pregnant in the future lead to low usage.[22] Such belief structure even percolated to adolescents who believed that using herbal remedies could aid in preventing pregnancy.[22] One of the largest misconceptions was that induced abortions were a quick and safe alternative to utilizing contraceptives and that abortion deaths were primarily caused by late pregnancy.[22]

Abortion laws also need a relook. Even in countries like Zambia, which are considered 'liberal' with their pregnancy termination policies, a closer assessment reveals the equivocal nature that impedes access for the

population and leaves interpretations open to subjectivity.[23]

CRUNCHING THE NUMBERS AND THE IMPACT OF COVID-19

Unsafe abortion is a major bane throughout Africa and the economic burden is severe. Providing a safe abortion experience would mitigate this. The figures on contraceptive behavior are not very encouraging either with a recent study marking the usage of modern contraceptives at 22%.[24] Mass awareness programs would eliminate the myths that surround contraception and the resulting higher usage can go a long way in freeing up scarce healthcare resources.

The COVID-19 pandemic exacerbated the vulnerabilities of young African women to seek medical care.[25] The number of prenatal attendances fell sharply during the three-month lockdown and continued to be below pre-COVID levels even though the overall number of abortions and complicated pregnancies increased.[26,27] To prevent the use of unsafe techniques, a self-directed abortion procedure was also made available for pregnancies of less than nine weeks to facilitate non-surgical abortion for women.[28] Overall, the COVID-19 pandemic has had a negative influence on maternal health and utilization of family planning services with delayed care-seeking behaviour leading to poorer outcomes.

CONCLUSION

High rates of unintended pregnancies and low rates of contraceptive use are prevalent in Africa. Due to a large number of territories in the lower economic classifications, the healthcare infrastructure is inadequately equipped to cope with the need for safe abortion. This clubbed with religious beliefs and the prevailing social stigma causes women to resort to unsafe methods of abortion which poses a severe risk to their long-term reproductive health. There is an urgent need for institutional and administrative reforms along with the development of national public health reforms. Investment in healthcare infrastructure and health workers with the initiation of resource-intensive yet essential advocacy strategies to bring about behavioral change will reform the landscape of reproductive health across Africa.

Recommendations

Large-scale national-level multidisciplinary collaborative investment of time and effort is needed to rectify the existing scenario. Training programs about the use of effective contraception techniques and the benefits of a safe and elective abortion will ensure that there is awareness. Recruitment of high-influence stakeholders like citizen's bodies and other high-interest organizations would be necessary to ensure this. Women should have access to accurate information in the language they most commonly speak which reduces anxiety and stress associated with unfamiliar circumstances.

Having primary health centers which have the facilities to effectively ensure transportation to larger hospitals, when necessary, will boost women's confidence in getting an abortion. This will require the development of a robust and resilient health system. At the government level, this will also include the drafting of effective public health policies that will encourage women to opt for safe abortions.

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