



SafAIDS

Knowledge for action: **The power to make a difference!**

SafAIDS Policy Brief: Malawi

Preventing Unsafe Abortions among Young People in Malawi

The Role of Effective Policies



SUMMARY

Policies alone cannot stop unintended pregnancies and unsafe abortions. However, the legal environment can play a powerful role in ensuring that the health and well-being of young women is preserved when unintended pregnancies occur. The implementation of effective policies (through translation of policies into concrete strategies and actions) can support prevention programmes, increase access to reproductive health services including safe abortions, and prevent unnecessary deaths. In contrast, ineffective and restrictive policies increase the young women's vulnerability to unsafe abortions, fuel stigma and discrimination around pregnancy and abortion in young people, and increase avoidable costs borne by the state in providing post-abortion care following unsafe abortions.

Although Malawi is by no means the only African country battling with the high occurrence and effects of unsafe abortions among young people, the situation illustrates the compound effects of restrictive abortion policy, societal stigma around young people's sexuality and inadequate sexuality education, that prevent young people accessing and using contraceptives. At the same time, Malawi presents a case that is alive with possibility – the possibility of significantly reducing the incidence of unsafe abortion and the consequent illness and deaths, through the formulation and implementation of evidence-based policies regarding induced abortion and young people's sexual and reproductive health and rights.

As this brief highlights, evidence abounds indicating that unsafe abortions occur most often where there are restrictive abortion laws and where there are structural and cultural barriers to contraceptive use. This evidence should be used in countries like Malawi to create responsive policies and programmes to avert unintended pregnancies and unsafe abortions among young women.

MALAWI: THE FACTS

Population	15 million
Rate of unsafe abortions	35%
Median age of sexual debut (women)	17.3
Median age of sexual debut (men)	18.5
Teen pregnancy rate	35%

Malawi's rate of unsafe abortion is high. This situation is not unique to Malawi - 98% of unsafe abortions occur in the developing world. In addition, 60% of unsafe abortions in Africa occur among young women. The risk of death from abortion is highest in Africa (650:100,000 versus 10:100,000 in the developed world), and 46% of these deaths are among women under 24 years of age (Levandowski et. al., 2012). In Malawi, however, the high rate of unsafe abortion stems from a number of key underlying factors, including early sexual debut and low contraceptive uptake.



Factors Leading to Unsafe Abortions Among Young Women

- poverty and the inability to care for a child
- unplanned pregnancies
- fear of being forced out of school
- fear of parents and guardians
- fear of community stigma
- contraceptive failure
- being unmarried
- fear of forced early marriage.

Among women aged 15-49 years, 7% have given birth by age 15 and 65% by age 20. These statistics indicate early sexual debut. Over forty-four percent (44.3%) of births are unplanned and of these, 25.5% are unwanted.

Knowledge of contraception is high among women (97.9%) and men (98.6%) in the 15-49 age group, but the unmet need is high.

Among sexually active unmarried women aged 15-19, 50.2% have ever used a method of contraception. The figure is higher for men of the same age group, at 66.5% (MDHS 2010). However, having ever used contraception is not an indicator of consistent use of contraceptives.

At the same time there are structural and cultural barriers to contraceptive use, e.g. unavailability of appropriate contraceptives at clinics; attitudes of health workers to young women seeking contraception; beliefs that contraception should only be used after first pregnancy; beliefs that contraception causes infertility; and beliefs that husbands/boyfriends are the ones who make decisions on contraception.

The unmet need for contraception is high, at (28%) (MDHS, 2010). The situation is worse for young women who may lack the knowledge or means to access contraception. The result of all this is shocking statistics on unsafe abortions among young women. Information from health practitioners indicates that on average, there are 4-5 deaths per month due to complications from induced abortion, commonly among girls aged 13 and younger. Methods used are often horrific, involving the insertion of soil, plant roots, sticks, beverage bottles and broken glass. Women resort to these drastic measures because of lack of access to contraception and laws that prohibit abortion and make the process of getting a legal abortion cumbersome, leaving them with nowhere to turn.

“The problem remains the Ministry of Health’s problem because women are going to hospital for treatment after unsafe abortions. What are we doing as a country to prevent unsafe abortions?”

– Civil Society Representative in Policy Discussion Forum November, 2012

THE CURRENT POLICY ENVIRONMENT

Malawi’s policy environment demonstrates some important contradictions that help to explain the high rates of unsafe abortion (particularly among young women) in the country. The age of sexual consent is 13; the minimum age of marriage is 18, or 15 with parental consent (although there is an outstanding bill to increase the minimum age). Abortion laws are restrictive, which encourages young women to access abortion services under unsanitary and unsafe conditions, from unqualified and unprepared people. Research shows that countries with restrictive abortion laws have higher rates of unsafe abortion.

Malawi’s Restrictive Abortion Laws

- An abortion can only be legally induced when the life of the expectant mother is in danger
- Legal induced abortion occurs at the discretion of obstetric specialists
- Two independent obstetricians must agree that an abortion is necessary in order for one to be approved
- All approved abortions must be reported to the authorities

Continued advocacy for policy action and programming on sexual and reproductive health and rights (SRHR) issues for young people, including young people living with HIV is essential in order to change the policy environment.

As a result of these restrictive laws (and in spite of a widespread perception that abortions are ‘not part of Malawian culture’), unsafe abortions abound. In one study, 20% of 12-14 year olds, and over 30% of 15-19 year olds, reported having a close friend who had attempted to abort.

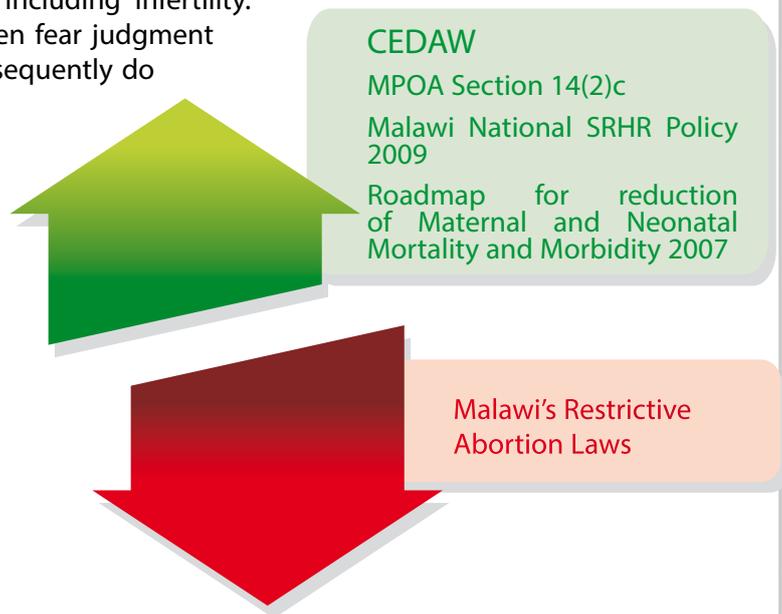
A study of post-abortion care patients found that 7.4% were between 12-17 years of age, while 42.6% were between 18-24 years of age (Munthali et. al, 2004). Furthermore, abortion rates in Malawi are significantly higher (38:1000) than the global average (29:1000). Self-induced abortions are also indicative of the stigma around young women's sexuality, which is likely to impede access to health services.

Critically, Malawi's abortion laws directly contravene several national and regional commitments, such as the Maputo Plan of Action that among other things, calls for the enactment of policies to reduce the occurrence of unsafe abortion. It also calls for expanding the legal basis for induced abortion to include sexual assault, rape and incest.

THE IMPACT OF UNSAFE ABORTION

The impact of unsafe abortion on young women is enormous; it is the second leading cause of pregnancy-related mortality in Malawi, accounting for approximately 18% of all maternal deaths. These unsafe abortions also result in other long term complications including infertility. Although post-abortion care is available, women fear judgment and being reported to the authorities and consequently do not seek post-abortion care.

In a policy discussion forum with policy makers, health practitioners, and civil society organisations, medical officials expressed their frustration at the unnecessary deaths. They also highlighted the costs associated with post abortion care, with one official indicating that as much as 350 million Malawi Kwacha could be saved annually if women had access to safer abortions.



IDENTIFIED GAPS

- Inadequate knowledge of sexual and reproductive health among young women
- Families do not discuss sexuality as it is considered taboo.
- Limited access to comprehensive sexual and reproductive health education and contraception. Although the schools in Malawi have a life skills curriculum it is focused on HIV. In addition, the breadth, depth, and quality of the current curriculum varies across the country.
- Limited access to SRH services and products. Abortion services are offered at tertiary health facilities with varying standards of quality. Even at this level, some facilities do not have the recommended equipment to provide safe abortions. In addition, staff are not always professional in their conduct, thereby deterring patients. Rural areas, which are home to 85% of Malawi's population, have virtually no abortion services.
- Health facilities are not youth-friendly and as a result, the SRH services that are available are not utilised by young people. In some cases, they provide no privacy and staff sometimes exhibit judgmental, moralising attitudes towards young clients, making young people reluctant to access services. Research evidence documents that both young women and young men have been denied condoms and are engaging in unprotected sex. Only a low percentage of young people are accessing contraceptive services.
- Stigma around young people's sexuality remains unaddressed. This is pervasive and crosscutting - from family and community, to school and health facility level. For example, if a girl falls pregnant, she is removed from the school system. Although she is technically allowed to return after two years, girls rarely do return because of the ensuing stigma.

HOPE FOR THE FUTURE

Much hope is placed in the new Gender Equality Law. This law seeks to protect women from various inequalities and promote the sexual and reproductive health of women, including access to legal abortion and the right to choose not to have a child. This law, if implemented effectively, should curb the occurrence of unsafe abortion.

“As a country we are doing much in terms of post-abortion care but it is failing. What we should do is move to comprehensive abortion care”

– Civil Society Representative at Policy Discussion Forum, November, 2012

RECOMMENDATIONS

Policy recommendations to address the problem of unsafe abortion among young women must, of necessity, cover the continuum of need that has been highlighted in research. This means that any efforts to address unsafe abortion must tackle the issues beginning from access to contraception and prevention of unplanned pregnancies, to the provision of safe abortion services and post-abortion care. Such reforms will lead to the recommended comprehensive abortion care as illustrated in the diagram below.

Abortion Prevention

Strengthen pregnancy prevention services to ensure availability, accessibility and affordability of contraceptive services

- Review, reform and implement abortion laws to simplify the approval process.
- Review life skills curriculum to introduce comprehensive sexuality education and equip educators with skills to effectively inform.
- Facilitate dialogue between young people and their parents.
- Establish support services for pregnant young people.
- Produce IEC materials to educate on the risks of unsafe abortions.

Abortion Services

- Improve abortion services to ensure standard, quality services in all geographical areas and at all major health facilities.
- Establish youth-friendly and gender-sensitive programmes and services.

Post-Abortion care

- Improve post-abortion care services by improving training and equipping facilities.
- Provide post-abortion and child birth support, including encouraging young girls to return to school afterwards pregnancy.

COMPREHENSIVE ABORTION CARE

CONCLUSION

Malawi has an obligation to meet its commitment to various regional and national declarations. Without meaningful reform at policy level, Malawi's women will continue to suffer and die through horrendous unsafe abortion experiences. In addition, the Malawi Government will continue to spend its limited financial resources on the provision of expensive post abortion care services to treat the complications of unsafe abortion.

The new Gender Equality Law holds much promise for the reform of policies that affect women's sexual and reproductive health and rights. In the words of a participant at the recent Policy Discussion Forum, it is necessary for Malawi to work towards upholding the rights granted in the country's constitution, notwithstanding cultural, religious or systemic norms and attitudes that stigmatise sexuality, pregnancy and abortion among young people, "What rules us as a country? Is it our religion? Our culture? Or our Constitution?" The answer to these pertinent questions is the difference between the continued provision of inconsistent sexual and reproductive health services, and comprehensive sexual and reproductive health services that fully address the needs of women, from pregnancy prevention to post abortion care.

SOURCES

1. Jackson, E., Ronald-Johnson, B., Gebreselassie, H., Kangaude, G. D., & Mhango C. (2011). *A strategic assessment of unsafe abortion in Malawi. Reproductive Health Matters* 19(37), 133-143.
2. Levandowski, B. A., Kalilani-Phiri, L., Kachale, F. Awah, P., Kangaude, G., & Mhango, C. (2012). *Investigating social consequences of unwanted pregnancy and unsafe abortion in Malawi: The role of stigma. International Journal of Gynecology and Obstetrics* 118(S2), S167-S171.
3. *Malawi Demographic and Health Survey 2010. National Statistical Office, Zomba, Malawi and ICF Macro, Calverton, MD, USA.*
4. Munthali, A., Chimbiri, A., & Zulu, E. M. (2004). *Adolescent sexual and reproductive health in Malawi: A synthesis of research evidence. The Guttmacher Institute.*