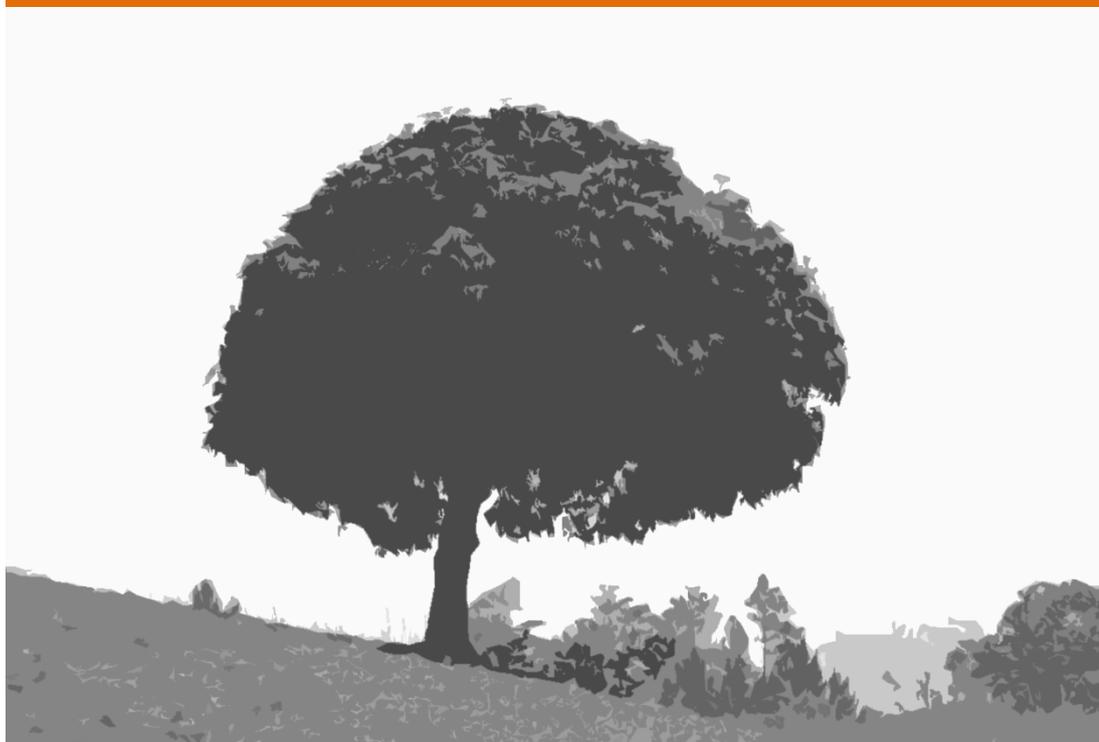




Country  
Factsheet

# Malawi

# Unsafe Abortion



## Globally

The annual number of abortions worldwide is estimated at 56.3 million, with 25% of pregnancies ending in abortion (2010-2014).<sup>1</sup> 6.9 million women in the developing world were treated for complications from unsafe abortion in 2012,<sup>2</sup> and as many as 40% of women who need care do not obtain it.<sup>3</sup> Globally, unsafe abortion procedures account for an estimated 13% of maternal deaths, or 47,000 women.<sup>4</sup> The Sustainable Development Goals aim to reduce the global maternal mortality ratio from 216 (2015) to 70 (2030) maternal deaths per 100 000 live births.<sup>5</sup> 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.<sup>6</sup>

### Key Issues

- Malawi has one of the highest maternal mortality ratios in the world. A significant cause of maternal mortality is the **estimated 70,500 unsafe abortions annually**, with 1 in 5 women suffering severe complications.
- Postabortion care costs the state \$313,000 USD per year.** The societal costs of the consequences of unsafe abortion are unknown. Consequences include women dying, being disabled, and/or needing ongoing treatment and care due to complications.
- Abortion is legal to preserve the pregnant woman's life**, though confusion and ignorance of abortion laws and fear of punishment means that women and service providers are reluctant to undertake an abortion, even where the pregnancy threatens the woman's life.
- Malawi is **currently considering liberalising its abortion law**, though the Law Commission stopped short of recommending decriminalisation of abortion. However, prosecutions for illegal abortion appear to be very rare.
- Safe abortions-on-request are illegally and unofficially provided by some private clinics**, with tacit approval from the authorities. However, these abortions are currently beyond the financial means of most women.
- There is **strong community and service level stigma and discrimination around abortion**, pushing women to secretly self-abort or use hidden but less/unqualified abortionists. It can also prevent or delay women from seeking post abortion care in hospitals or clinics.
- CBOs report that **girls and young women are keen to have more information about unsafe and safe abortion** and, in some places, abortion can be discussed relatively openly with the younger generation.

## Malawi

### Unsafe abortion

Malawi has one of the highest maternal mortality ratios in the world. While the ratio has declined from 890 per 100,000 live births in 2000 to 634 in 2015,<sup>7</sup> the country is far from reaching its Millennium Development Goal (MDG) target of 155.<sup>8</sup> A significant cause of maternal mortality is unsafe abortions: a Ministry of Health (MoH) study estimated that 70,500 unsafe abortions occurred in Malawi in 2009, equating to 24 abortions per 1,000 women aged 15-44 years.<sup>9</sup> One in five women who presented at health facilities for postabortion care (PAC) in 2009 had or developed severe complications, such as organ or system failure, sepsis, shock or death.<sup>10</sup> The same study found that 50% of PAC clients in 2009 were under the age of 25, with 20% aged between 15 and 19.<sup>11</sup> 81% of PAC clients reported being married, and 14% reported being single, while two thirds of all PAC clients lived in rural areas.<sup>12</sup> 25% of PAC clients were seeking treatment for their first pregnancy, while 40% sought treatment for their fourth or higher number pregnancy.<sup>13</sup> The costs of unsafe abortion complications are significant. PAC costs the state approximately US\$314,000 per year.<sup>14</sup> The societal costs of the consequences of unsafe abortion are not well understood, notably the costs of women and girls dying, being disabled, including becoming infertile, and/or needing ongoing treatment and care.

### Law & policy

Abortion is restricted by law in Malawi to circumstances where it is performed to preserve the pregnant woman's life. The law was introduced by the British in the 1930s, and adopted by Malawi on gaining independence in 1964. Malawi is currently reviewing a proposed revision to the abortion law which would increase the grounds under which a woman can legally seek an abortion, in accordance with an extensive public consultation and recommendations of the 2003 Maputo Protocol: in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.<sup>15</sup> Malawi's policy is to provide PAC free of charge to all women with abortion complications, whether from spontaneous or (illegally) induced abortion. PAC providers are not required to report (suspected) illegal abortions, and arrests and prosecutions for aiding or having an illegal abortion are extremely rare.<sup>16</sup>

In 2009, an MoH study found that unsafe abortion was a significant contributor to maternal deaths, and that highly restrictive abortion laws were an important factor in the magnitude of unsafe abortion.<sup>17</sup> This study, published in 2011, supported the empanelment in 2013 of a Special Law Commission on Review of Abortion Laws. Following two years of extensive consultation and deliberation, in February 2015 the Commission recommended liberalisation of the law on the evidence

of the negative health impact of unsafe abortions, the high cost of providing postabortion care, the obligations on abortion provision as a signatory to the Maputo Protocol and other conventions, and in recognition of significant public support for liberalisation.<sup>18</sup>

The proposed Termination of Pregnancy Bill, drafted by the Commission, is awaiting parliamentary debate and vote, though there is currently no timeframe for this. In September 2015, all 11 political parties issued a joint communiqué in support of the proposed Bill, and even urged to remove the requirement of a police report to access legal abortion in cases of rape, as 'this may be a barrier to women and girls because of cultural, logistical and financial challenges associated with obtaining police reports'.<sup>19</sup> Despite this declaration of support at the party level, there is, reportedly, significant uncertainty as to whether individual parliamentarians can be persuaded to support the Bill, or whether it will be stopped by pro-life consciences and influential constituents.<sup>20</sup>

While the proposed Bill is a significant step in liberalisation, the law will still criminalize abortion on socio-economic grounds, believed to be the most common reasons for seeking an abortion.<sup>21</sup> For those who support decriminalisation of abortion and provision of abortion services on-demand, their hope lies in the interpretation and implementation of the proposed revised law, and the opportunities and flexibility this might allow in providing safe abortion services as widely as possible to the many women and girls who need them.<sup>22</sup>

## Knowledge & attitudes

There is, reportedly, a lack of knowledge among the people about Malawi laws on abortion and grounds for legal abortion, from politicians to reproductive health service providers, to the police, to the general population. The majority of people will assume that abortion is illegal under any circumstances and consequently women do not seek a legal abortion even when the pregnancy threatens their life. Even where a health service provider may recognise the symptoms of pregnancy complications, the service provider's ignorance or uncertainty about the law and fear of committing a criminal act may prevent them from offering or agreeing to provide a safe, legal abortion.<sup>23</sup> Knowledge of the 'Human Right to the highest attainable standard of health', and the codification of rights to safe abortion under various protocols to which Malawi is a signatory, is also extremely limited.

There appears to be significant variance across the country and communities about levels of knowledge of the dangers of unsafe abortion and the availability of unofficial safe abortion services through private clinics. Some non-governmental organisations (NGOs) and community based organisations (CBOs) observed that girls know of unofficial safe abortion services through their friendship networks, though some believe these services are intended only for married women. Most NGOs and CBOs felt the girls in their communities do not

adequately understand the dangers of unsafe abortion, but are keen to have more information. However, NGOs and CBOs noted that there are very few (if any) printed educational resources aimed at girls and young women on unsafe abortion, and education and discussion on abortion are challenging in the context of pervasive anti-abortion beliefs, attitudes, and practices.<sup>24</sup>

Most people's anti-abortion attitudes appear to be rooted in religious convictions that view abortion as a sin, although traditional values that emphasise fertility and large families in some areas also create a social environment in which terminating a healthy pregnancy is highly stigmatised.<sup>25</sup> Leading Christian and Muslim umbrella organisations were represented on the Special Law Commission on Review of Abortion Laws where they opposed liberalisation and they have publicly rejected the Commission recommendations for liberalisation.<sup>26</sup> However, there is no evidence of faith-based interference with private clinics that unofficially provide safe abortions. Unmarried women and girls who are perceived to have had an abortion risk being expelled from school and ejected from their home by their father. Their marriage potential, and bride price which is still observed in the north of Malawi, is damaged by their perceived immorality, and for some parents, the reduction in expected bride price is a significant disappointment and financial challenge.<sup>27</sup>

## Abortion & postabortion care services

Safe, but illegal, abortion services are provided by some private clinics and this is widely known, though no action is taken against them. Most commonly, clinics offer a choice of medical abortion (Misoprostol) and surgical abortion (Manual Vacuum Aspiration - MVA) available on-demand and restricted only by gestation period and ability to pay. A safe abortion costs 10,000 Kwacha (US\$13.50), which is prohibitively expensive for most women in Malawi.<sup>28</sup> Unsafe, illegal abortions are believed to be provided by some traditional birth attendants, pharmacists, off-duty medical staff, and other, non-medical persons, commonly by a poisonous concoction.

Post Abortion Care (PAC) is provided free to all under the national health system and includes post-abortion counselling and provision of contraceptive solutions to prevent repeat abortions. Although training in the preferred PAC method, MVA, has been provided in hospitals since 2006, many PAC providers revert to using the Dilation & Curettage (D&C) method they were taught previously and which is much slower, causing long waiting times and increased complications.<sup>29</sup> PAC providers were also reported as in some cases being highly judgmental, discriminatory against adolescent girls, and indiscreet about their clients, which deters many women and girls from seeking PAC.<sup>30</sup> Furthermore, PAC services are not advertised outside of the hospital and it is unclear how women come to know of these services.<sup>31</sup>

## References

- <sup>1</sup> Sedgh, G., J. Bearak, S. Singh, A. Bankole, A. Popinchalk, B. Ganatra, C. Rossier, C. Gerdt, Ö. Tunçalp, B. Ronald Johnson Jr, H. Bart Johnston, L. Alkema (2016) Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *The Lancet*, published online 11 May 2016. [http://dx.doi.org/10.1016/S0140-6736\(16\)30380-4](http://dx.doi.org/10.1016/S0140-6736(16)30380-4)
- <sup>2</sup> Singh S., & I. Maddow-Zimet (2015) Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries. *BJOG*; published online Aug 19. DOI:10.1111/1471-0528.13552
- <sup>3</sup> Singh S., D. Wulf, R. Hussain, A. Bankole, G. Sedgh (2009) *Abortion worldwide: a decade of uneven progress*. New York: Guttmacher Institute.
- <sup>4</sup> WHO (2011) *Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*, sixth edition, Geneva: World Health Organisation.
- <sup>5</sup> WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2015) *Trends in maternal mortality: 1990-2015*, Geneva: World Health Organisation
- <sup>6</sup> WHO (2011).
- <sup>7</sup> World Bank (2015) *Data: Maternal mortality ratio (modeled estimate, per 100,000 live births)*, <http://data.worldbank.org/indicator/SH.STA.MMRT>
- <sup>8</sup> Ministry of Finance, Economic Planning and Development (2014) *2014 Millennium Development Goal Report for Malawi*, Lilongwe: United Nations Development Program. [http://www.undp.org/content/dam/malawi/docs/general/Malawi\\_MDG\\_Report\\_2014.pdf](http://www.undp.org/content/dam/malawi/docs/general/Malawi_MDG_Report_2014.pdf)
- <sup>9</sup> MoH of Malawi (2011) pp. 30, 32.
- <sup>10</sup> MoH of Malawi (2011) pp. 4, 11.
- <sup>11</sup> MoH of Malawi (2011) p. 8.
- <sup>12</sup> MoH of Malawi (2011) p. 7.
- <sup>13</sup> MoH of Malawi (2011) p. 8.
- <sup>14</sup> Benson, J., H. Gebreselassie, M. Amor Mañibo, K. Raisanen, H. Bart Johnston, C. Mhango & B. A. Levandowski (2015) Costs of postabortion care in public sector health facilities in Malawi: a cross-sectional survey, *BMC Health Services Research*, 15:562 DOI 10.1186/s12913-015-1216-2
- <sup>15</sup> *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* (also known as the Maputo Protocol) (2003), African Commission on Human and Peoples' Rights, African Union, Article 14, 2c
- <sup>16</sup> Researcher interview with Director of Reproductive Health Unit, MoH of Malawi, 24 November 2015.
- <sup>17</sup> MoH of Malawi (2011)
- <sup>18</sup> Researcher interview with Chief Law Reform Officer, Malawi Law Commission, 24 November 2015.
- <sup>19</sup> *Communiqué of Malawi political parties after a meeting on law reform and abortion in Malawi*, 7 September 2015. See also: <http://www.ipas.org/en/News/2015/September/Malawi-political-parties-unite-to-reform-abortion-law.aspx>
- <sup>20</sup> Researcher interviews with WHO Malawi; Director of Reproductive Health Unit (RHU), MoH of Malawi; Dr Edgar Kuchingale, prominent proponent of liberalisation of abortion; Chair of Parliamentary Health Committee, November 2015.
- <sup>21</sup> Researcher interviews with Centre for Girls and Interaction (CEGI); Centre for Social Cooperation and Development (CESOCODE); Girls Empowerment Network (GENET) Malawi; Northern Youth Network (NYN), November 2015.
- <sup>22</sup> Researcher interviews with CESOCODE; Banja La Mtsogolo; RHU, MoH, November 2015
- <sup>23</sup> Researcher interviews with WHO Malawi; CESOCODE; GENET, November 2015.
- <sup>24</sup> Researcher interviews with CEGL; CESOCODE; GENET; NYN, November 2015.
- <sup>25</sup> Researcher interviews with WHO Malawi; CEGL; CESOCODE; GENET; NYN; Chair of Parliamentary Health Committee, November 2015.
- <sup>26</sup> Researcher interview with Chief Law Reform Officer, Malawi Law Commission, 24 November 2015.
- <sup>27</sup> Researcher interviews with CEGL; CESOCODE; GENET; NYN, November 2015.
- <sup>28</sup> Researcher interview with private clinic, November 2015.
- <sup>29</sup> Researcher interview with Director of RHU, MoH, November 2015.
- <sup>30</sup> Researcher interviews with GENET; NYN; CEGL, November 2015.
- <sup>31</sup> Researcher interview with Director of RHU, MoH, 24 November 2015.

### Factsheet produced by HEARD

May 2016

This factsheet is based on findings from a rapid assessment of unsafe abortion and postabortion care conducted in Malawi by HEARD researchers between 16 and 30 November 2015, and review of existing literature.

Suggested citation:

HEARD (2016) *Unsafe abortion in Malawi: country factsheet*, Durban: Health Economics and HIV/AIDS Research Division/ University of KwaZulu-Natal

HEARD is an applied research organisation affiliated with the University of KwaZulu-Natal, South Africa

Visit us at [www.heard.org.za](http://www.heard.org.za)

For questions about this publication, please contact us at [heard@ukzn.ac.za](mailto:heard@ukzn.ac.za)

© HEARD 2016

