

Zambia urged to tackle the stigma of abortion and unwanted pregnancies

Around 43 million abortions are carried out globally each year, 22 million of which are unsafe and mostly confined to developing countries. The latter cause 47,000 unnecessary deaths as well as serious health issues for another five million women. LSE researchers are bringing this to the world's attention with a major fieldwork project in Zambia.

A young, married Zambian mother of a small child finds she is pregnant again. She hides this from her husband and tries taking contraceptive pills and painkillers to induce a miscarriage. When this fails, she turns to a herbalist for help, who inserts a stick into the woman's womb to abort the foetus. A hospital emergency admission follows after the woman develops severe complications.

In this case, the woman's life was saved, but the story is sadly all too common in Zambia, where the Government estimates 30 per cent of maternal deaths are due to unsafe abortions.

Ernestina Coast: Unsafe abortions in Zambia



Despite safe abortion being legal in a very wide number of circumstances since 1972, women in Zambia continue to take unnecessary risks to end unwanted pregnancies.

A new study by LSE researchers **Dr Ernestina Coast**, **Dr Emily Freeman** and **Dr Tiziana Leone**, along with colleagues from the University of Zambia and Kings College London, sheds some light on this paradox.

Lack of sex education and access to contraception in the first place, poor knowledge about available safe and legal abortion facilities, combined with the shame and stigma associated with abortion, all steer women towards unsafe practices when terminating a pregnancy, the researchers say.

These practices include inserting pills into the cervix, overdosing on painkillers, drinking herbal medicines and even resorting to more crude methods as described above.

Despite the serious health risks in taking these measures, the stigma surrounding abortions remains very strong in Zambia, hence the covert actions employed by pregnant women and those they turned to for help.

Lastly, there is always a financial cost involved and many women – particularly teenagers – don't have the means to fund a safe abortion. Clandestine, 'under the table' payments made to service providers for unsafe abortions are a very real concern.

"In Zambia, unplanned pregnancies are common and this leads to the high rate of abortions," Dr Coast explains. "About 6 per cent of births are unwanted and 31 per cent reported as being mistimed.

"Lack of access to effective contraceptives, used by just 45 per cent of married women, is a contributing factor and this needs to be addressed as quickly as possible."

Zambia's legal requirement that a specialist obstetrician gynaecologist and two other registered practitioners sign-off an abortion is also hugely problematic for many women, particularly those living in rural areas where very few registered doctors operate, Dr Coast adds.

In 2014, Zambia had less than 1,000 eligible medical practitioners, of which less than 60 are "specialists", serving a population close to 14.5 million, with the large majority of doctors based in urban areas.

The researchers found that Zambia could save 2.5 million Kwacha (more than £300,000) a year by providing access to legal, safe abortion services. This figure is partly based on the higher costs incurred in treating complications arising from unsafe abortions.

"In our study, over a third (37%) of women we interviewed in hospital had first tried to abort unsafely, even though safe and legal abortions services were available", Dr Coast says.

The study highlights the need for some major reforms in Zambia to remove the obstacles to safe abortions, the researchers say, particularly in regard to the three signature requirement.

"Better access to contraceptives – especially in rural areas – is crucial. This is especially important because over a fifth (21%) of married women who wish to delay or stop child-bearing altogether are not using effective contraception."

All these factors explain why, despite making some progress, Zambia is unable to meet the 2015 Millennium Development Goal to reduce maternal deaths by 75 per cent.

"Our study shows that the health care system in Zambia spends two and a half times more treating complications arising from unsafe abortions than it would spend on providing safe abortions. A change in policy is needed to address the barriers that hinder many women from accessing safe abortions, with a focus on improved service provision and information about the services that are legally and safely available" Dr Coast says.

Additional Notes

The study was carried out by Dr Ernestina Coast, Dr Tiziana Leone, Dr Emily Freeman and Dr Eleanor Hukin from LSE's Department of Social Policy; [Dr Bellington Vwalika](#) from Zambia's University Teaching Hospital; Dr Bornwell Sikateyo from the University of Zambia; [Dr Susan Murray](#) (Kings College London); and [Dr Divya Parmar](#) (City University). It was funded by the UK's [Department for International Development](#) (DFID) and the [Economic and Social Research Council](#) (ESRC).

The researchers conducted interviews with more than 100 women who had attended hospital in Zambia for either a safe abortion or as a result of complications from an unsafe abortion. Healthcare practitioners, administrators and NGO staff were also interviewed and medical records reviewed.

For more information about the study go to www.zambiatop.wordpress.com/ or follow them on Twitter [@ZambiaToP](#)

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The views expressed in this post are those of the authors and in no way reflect those of the Africa at LSE blog or the London School of Economics and Political Science.

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