

REDUCING MATERNAL MORTALITY DUE TO UNSAFE ABORTIONS IN ZAMBIA

Executive Summary

The government of the Republic of Zambia is accelerating efforts to reduce maternal mortality and morbidity; and realise better reproductive health outcomes. To achieve this, it has put in place the following policy documents: The National Health Strategic Plan, Adolescent Health Strategy, Family Planning protocols, Safe Abortion Guidelines and is currently reviewing the Reproductive Health Policy.

Zambia's maternal mortality ratio remains high at 252 deaths per 100,000 live births as adduced by the 2018 Zambia Demographic and Health Survey. The unmet need for family planning is also high, at 20 percent. Zambia remains committed to further reducing its maternal mortality ratio to less than 100/100,000 live births as outlined in our National Health Strategic Plan 2017 - 2021.

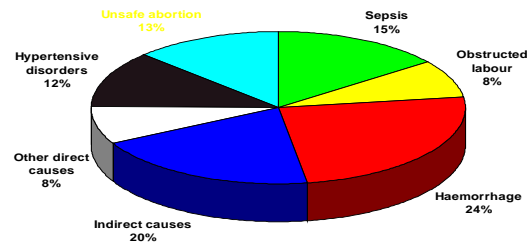
Maternal mortality is death of a woman while pregnant or within 42 days of delivery, miscarriage or termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Scope of the problem

The causes of maternal mortality are well known. Globally, it is estimated that 13% of all maternal deaths are due to abortion-related complications.

In addition, tens of thousands suffer long-term health consequences including infertility.

Unsafe abortion is one of the “big 5 causes” of maternal deaths



According to the World Health Organization (WHO), Unsafe Abortion is “a procedure for terminating an unintended pregnancy that is carried out either by persons lacking necessary skills or in an environment that does not conform to minimal medical standards, or both”.

Unsafe abortion remains a major challenge in Zambia despite an abortion law that is progressive. Abortion still remains among the top five causes of maternal mortality in Zambia whose maternal mortality ratio stands at 252 deaths per 100,000 live births (CSO et al, 2014).

The Zambian Termination of Pregnancy Act is a progressive piece of legislation that covers socio-economic grounds, but access to safe abortion services is limited and this constitutes a considerable problem for rights to sexual and reproductive health and maternal health.

In Zambia, every 4 hours, 1 woman dies from complications arising from pregnancy and childbirth, Studies have shown that about 30% of gynecological admissions are due to abortions. Maternal Mortality was declared a Public Health Emergency on 8th May 2019.

Zambia continues to have a high fertility rate with a total fertility rate of 4.7. Women with lower

educational backgrounds (no education or primary education) and those in a lower wealth quantile have higher fertility rates and are more prone to unintended pregnancy. Adolescent pregnancy is a major public health concern in Zambia as twenty-nine percent (30%) of adolescent girls aged 15 to 19 are already mothers or pregnant with their first child.

The Zambian legislative framework on the termination of pregnancies

The Zambian legislative framework on the termination of pregnancies consists of the Republican Constitution, the Termination of Pregnancy Act and the Penal Code. The Republican Constitution makes allowance for the termination of pregnancies when provided in accordance with provisions of an Act of Parliament for that purpose. The Termination of Pregnancy (TOP) Act is the principal legislative Act on the termination of pregnancy. It was enacted in 1972 with amendments in 1994. The TOP Act permits an abortion to be performed if a registered medical practitioner, and two other registered practitioners, one of whom is specialized in the branch of medicine in which the patient is specifically required to be examined, are of the opinion formed in good faith that continuation of the pregnancy would constitute (GRZ, 1994);

- i. A risk to the life of the pregnant woman.
- ii. A risk of injury to the physical or mental health of the pregnant woman.
- iii. A risk of injury to the physical or mental health of any existing children of the pregnant woman to such extent that the risk is greater than if the pregnancy were terminated.
- iv. A substantial risk so much that the child to be born would suffer from such physical or

mental abnormalities as to be seriously handicapped.

Furthermore, in determining whether the continuance of the pregnancy would include such a risk as mentioned above, **account may be taken of the pregnant women's actual and reasonably foreseeable environment or of her age** (GRZ, 1994). Additionally, due to the escalating number of sexual gender-based violence (SGBV) cases, the Zambian Parliament in 2005 amended sections of the Penal Code to extend the provisions under which a female child can access safe, legal abortion to **include instances of rape and defilement** (GRZ, 2005).

Other supportive legislation is the Gender Equity and Equality Act enacted In 2015 which provides that a woman has a right to adequate sexual and reproductive health, which includes the right to: access sexual and reproductive health services; access family planning services; be protected from sexually transmitted infection; self-protection from sexually transmitted infections; choose the number of children and when to bear those children; control fertility; reproductive rights education; and choose an appropriate method of contraception.

WHO recommendations on the regulatory, policy and human rights aspects of abortion

Comprehensive abortion care is included in the list of essential health care services published by WHO in 2020. The recommendations from the WHO Safe abortion: technical and policy guidance for health systems which was updated in 2012 and includes a compilation of international human rights bodies' observations on abortion laws and policies state the following:

- Laws and policies on abortion should protect women's health and their human rights
- Regulatory, policy and programmatic barriers that hinder access to and timely provision of safe abortion care should be removed.
- An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care
- Policies should be geared to respecting, protecting and fulfilling the human rights of women, to achieving positive health outcomes for women, to providing good quality contraceptive information and services, and to meeting the particular needs of poor women, adolescents, rape survivors and women living with HIV.
- In 2009, MOH developed the standards & Guidelines for reducing morbidity and mortality due to unsafe abortion and commissioned a study to introduce safe, medical abortion in public sites with the University Teaching Hospital.
- In 2017, MOH updated the 2009 standards and guidelines for CAC in Zambia, in line with the 2012 WHO standards.

The ministry of Health and its cooperating partners have made the following strides so far: Media sensitization, community sensitization, training of providers, partnership with pharmacists, development of standards and guidelines, operations research.

Laying the groundwork: Ministry of Health response

- In 1998 MOH conducted a Needs assessment
- In 2008 the Ministry of Health (MOH) Initiated a Strategic Assessment to ascertain why abortion continues to cause severe morbidity and mortality despite a favorable law and establish how the need for abortion can be reduced and consequently maternal mortality. The assessment revealed the following: Complications of abortions are a major contributor to maternal mortality, Manual Vacuum Aspiration was introduced in 1988 but not accessible in all facilities, legal and safe abortion services are not very accessible and family planning use is very low.

Estimates of Health Care System Costs of Unsafe Abortion

A study shows that costs of women having had a safe abortion in the University Teaching Hospital (UTH) Lusaka were compared to costs of women having an unsafe clandestine medical abortion or other unsafe abortion initiated elsewhere with post-abortion care at the hospital. It was found that unsafe abortion with post abortion care (average costs 72,36 USD) costs women 27% more than a safe abortion (average total cost 52,60 USD).

Policy recommendations

- i. The reproductive health policy has adopted a comprehensive approach in addressing Reproductive Health issues. This policy however has not been updated for a very long time (almost 20 years) and therefore it is not in tandem with the current reproductive health needs including Comprehensive Abortion Care in terms of strategies and interventions. There is need

therefore to revise and update this policy document accordingly. The Reproductive health policy should include a clear and costed operational plan.

- ii. Create awareness on the law on abortion and consequences of unsafe abortion.
- iii. Increasing domestic financing towards Sexual and Reproductive Health.
- iv. Advocate for sufficient training of service providers in the provision of Comprehensive Abortion Care; procurement support and ensure continuous supply of reproductive health commodities including contraceptives (LARC), Medical Abortion drugs (MA) and Manual Vacuum Aspiration (MVA kits)
- v. Review of the Termination of pregnancy act to include new technology such as medical abortion; and revise the three doctors signature requirement to reflect the current doctor- patient ratio in Zambia.

Consulted or recommended sources

Zambia Demographic Health Survey 2013-2014

Reproductive Health Policy 2000

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