Republic of Botswana
MINISTRY OF HEALTH

UNFPA

World Health Organization

A MULTIFACETED APPROACH to prevent UNSAFE ABORTION

Redoubling efforts to reduce maternal mortality in Botswana

POLICY BRIEF

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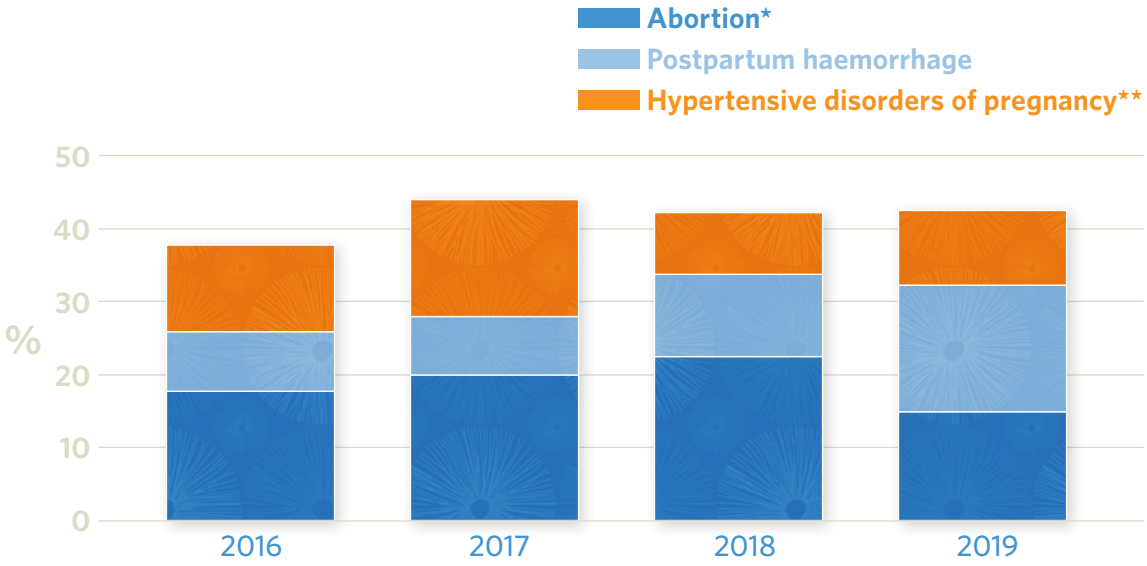
This Policy Brief stems from key findings and recommendations of a strategic assessment on unintended pregnancy, contraception and unsafe abortion in Botswana. The Strategic Assessment was completed in 2020 as the first of three stages in the WHO-sponsored Strategic Approach to Strengthening Reproductive Health Policies and Programmes. The main aim of the Strategic Assessment was to identify and prioritise needs and potential follow-up actions related to critical sexual and reproductive health issues, specifically: the reduction of unintended and unwanted pregnancies; the unmet need for contraception; morbidity and mortality related to the unsafe termination of pregnancy; and the integration of HIV and Sexual and Gender-Based Violence.

UNSAFE ABORTION IN BOTSWANA: **THE CURRENT SITUATION**

Every year, an estimated 40 to 50 million abortions take place across the world, and approximately 44 per cent of these are performed unsafely (Bearak *et al.* 2020). In Botswana, complications from abortion remains a leading cause of maternal mortality (see Figure a), accounting for 23 per cent of all maternal deaths (MoHW 2019) and is consistently more than double the Sustainable Development Goal target of a maximum 70 maternal deaths per 100,000 live births.[1]

Figure a: Top three causes of maternal mortality in Botswana



* 'Abortion' includes 'Genital tract and pelvic infection following abortion and ectopic & molar pregnancy'; 'Unspecified abortion, incomplete with complications', 'Unspecified abortion, incomplete without complications' and 'Missed abortion'

** 'Hypertensive disorders of pregnancy' includes pre-eclampsia, eclampsia & gestational hypertension

Source: Botswana Maternal Mortality Ratio, Statistics Botswana: 2016, 2017, 2018 and 2019.

[1] The 2030 agenda and the Sustainable Development Goals: Botswana: https://botswana.un.org/en/sdgs

The legal status of abortion

Abortion is legally permitted in Botswana, up to 16 weeks' gestation and under specific circumstances (see Figure b), including: rape, defilement and incest; if the mother's health is at risk; or in the event of significant foetal abnormalities (Government of Botswana 1991). Abortion can only be performed by registered medical practitioners within a government hospital or an approved private hospital. National clinical guidelines on safe, legal[2] abortion care procedures are lacking, and neither Mifepristone nor Misoprostol (the two medications most commonly used for medical termination of pregnancy) are included in the national 'Essential Medicines' list. In the Botswana penal code, abortion is positioned as a moral issue under "Offences against Morality", rather than a health issue.

The drivers of unsafe abortion

The drivers of unsafe abortion in Botswana are multifactorial, and there is significant overlap with the drivers of unintended pregnancy. The 2020 Strategic Assessment (MoHW Botswana and Phologolo T. 2020) highlighted several key drivers of unsafe abortion in Botswana, including:

- Poverty and financial constraints leading to concerns about ability to provide for the child
- Gender inequality and gendered power imbalances leading to coercion into unsafe sex and/or unsafe abortion
- Sexual and gender-based violence, including rape, incest or defilement
- Lack of access to and knowledge about contraception services, including emergency contraception
- Limited knowledge of the existing law surrounding safe, legal abortion
- Multiple barriers to obtaining a safe, legal abortion

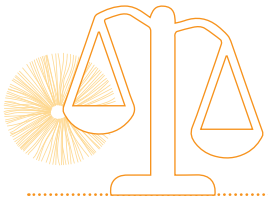


Figure b: The legal framework for abortion

Section 160-162, Botswana Penal Code Amendment Act 1991

Abortion is criminalized except if it is undertaken within the first 16 weeks of pregnancy in the following cases:

a) rape, defilement or incest, according to evidence accepted by the medical practitioner carrying out the abortion, and if requested by the victim or next of kin or guardian acting in *loco parentis* if the victim lacks the capacity to make such a request;

b) risk to the life of the pregnant woman or injury to her physical or mental health, again if requested by the pregnant woman or next of kin; or

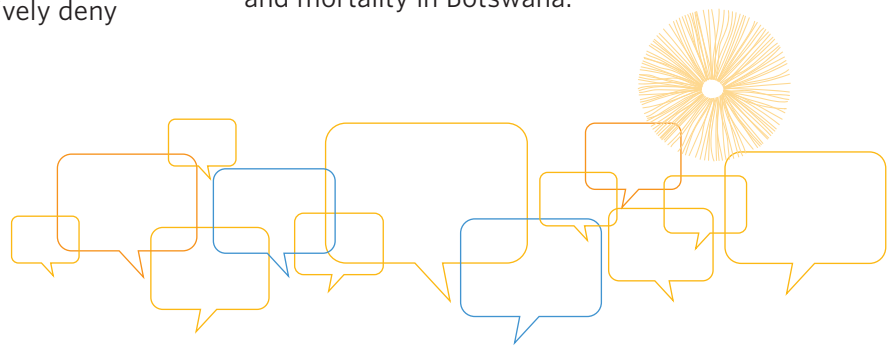
c) risk of such serious physical or mental abnormality that a child, if born, would suffer serious disability or disabling disease.

[2] In this document, legal abortion refers to abortion permitted within the current Botswana penal code 8

Policy and guidelines for safe abortion

While unsafe abortion is recognized as a key contributor to maternal mortality in Botswana, currently there is more focus on family planning initiatives and improving access to contraception to reduce unintended pregnancy. The absence of directed policy and guidelines on abortion care, and lack of clarity on procedural implementation of the penal code, perpetuates a lack of knowledge on abortion law and provisions at many levels (including amongst the police, health care workers and the wider community). This provides scope for a range of gatekeepers to effectively deny abortion on grounds of their own making (Ngwako & Banke-Thomas 2020). Furthermore, widespread abortion stigma and fear of repercussions may contribute to health complications and death from unsafe abortion through delayed care-seeking (Macleod & Reynolds 2020).

Open, generalized discussion around abortion is urgently needed in the community, among health professionals, and with policy makers, to enable positive change and decrease maternal morbidity and mortality in Botswana.



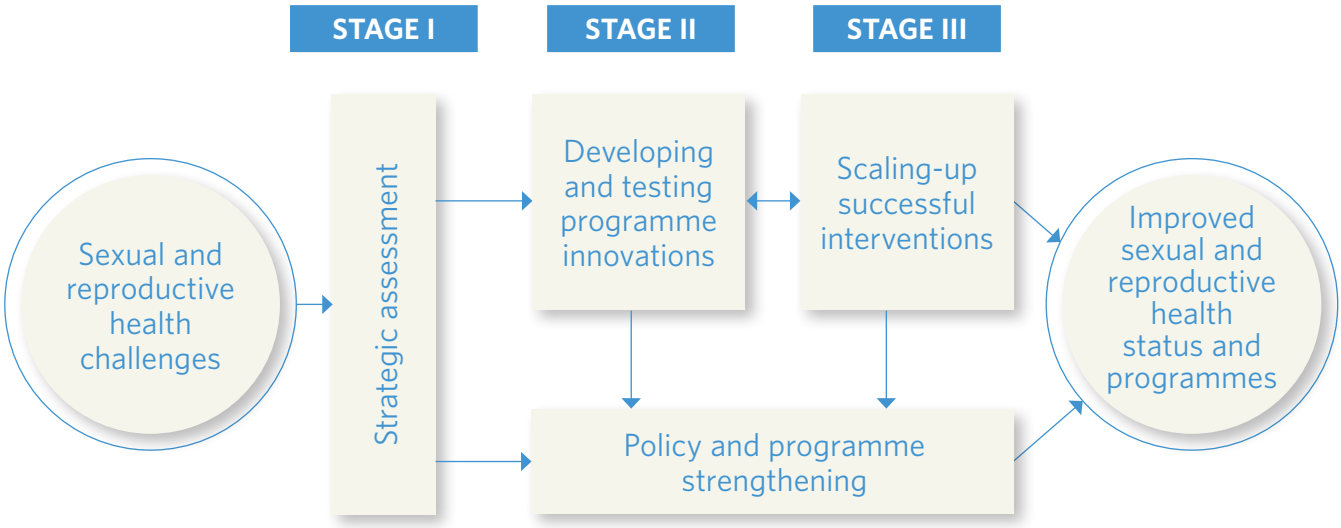
"[unsafe abortion] is an issue as it kills a lot of people, and lack of knowledge [is part of] the problem."

Male community leader, 45
(MoHW Botswana and Phologolo, T. 2020)

KEY FINDINGS OF THE STRATEGIC ASSESSMENT

This policy brief highlights key findings from the Strategic Assessment commissioned by the Botswana Ministry of Health and Wellness (MoHW), United Nations Population Fund (UNFPA) and World Health Organization (WHO) to assess priority sexual and reproductive health issues and improve the health of women and girls in Botswana (MoHW Botswana, Phologolo, T. and Macleod & Reynolds 2020). Stakeholders were asked questions about abortion, unintended pregnancy and contraception, and specific gaps in policy, health systems and service delivery were identified. Based on this, the study provided key findings and recommendations for policy and programmatic change (see Figure c).

Figure c: The Strategic Approach implementation process



Source: The WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes

The following key issues contributing to unsafe abortion in Botswana were identified in the Strategic Assessment:

Limited knowledge of abortion law throughout the community, with a common assumption of illegality

- Limited knowledge extends to health care professionals, law enforcement officials and community leaders.
- The assumption of illegality may cause erroneous denial of abortion in cases which do meet legal criteria, and/ or delays in provision of abortion care.
- The absence of specific policy and lack of guidance for the procedural implementation of the abortion law, including the requirement (or otherwise) for third party authorization, leads to lack of clarity and likely creates obstacles to abortion, even if the legal criteria are met.

High levels of stigma towards abortion amongst all members of society

- Stigma creates high levels of secrecy surrounding abortion within the community and prevents necessary community and national discussions about unsafe abortion and how to address issues.
- Clandestine, dangerous illegal abortion practices may be encouraged due to concerns around privacy from family, partners or the community.
- Delays in presentation to health care services following abortion due to stigma, fear of judgement or prosecution are an important contributor to complications and death from abortion.

The absence of standardized guidelines or a training curriculum to streamline and facilitate access to safe, legal abortion

- A lack of standardized guidelines, curriculum and training on safe, legal abortion care may result in the use of approaches to termination of pregnancy which are not evidence-based, or pregnancies being terminated with limited training or supervision, increasing the risk of complications.
- A lack of clarity on the roles and responsibilities of key stakeholders involved in access to and the provision of safe, legal abortion (including law enforcement officials, health care workers, social workers and community leaders and members), may lead to gatekeepers effectively denying abortions based on their personal beliefs or opinions.

Limited training of health care providers in comprehensive post-abortion care (CPAC) and the management of post-abortion complications

- CPAC training is currently delivered at national level, limiting the dissemination of guidelines and restricting the availability of staff trained in CPAC.
- The lack of trained CPAC providers in Botswana may result in health care workers being ill-equipped to manage any life-threatening complications of abortion, and lead to increased morbidity and mortality.

REDUCING UNSAFE ABORTION IN BOTSWANA

Reducing morbidity and mortality from unsafe abortion in Botswana requires a multifaceted approach, with engagement in policy, in health care services and in the community.

- An overarching **policy,** directly focused on reducing unsafe abortion, is crucial to tackle the multiple drivers of morbidity and mortality.
- Strengthening and scaling-up existing CPAC training, whilst establishing new unified **training** for safe, legal abortion among health professionals, will improve the quality and safety of these services.
- **Community** engagement, at local and national levels, is key to opening up and destigmatizing the dialogue surrounding abortion.

In turn this could increase support for directed policies and programmes that act to improve the provision of and access to safe, legal abortion, as well as providing evidence-based, comprehensive post-abortion care.

The following actions are suggested to improve the provision of, and access to, safe, legal abortion care and reduce morbidity and mortality related to unsafe abortion in Botswana.

Strengthen the provision of and access to safe, legal abortion services

A lack of knowledge on abortion law, a general assumption that all abortion is illegal, and high levels of abortion-related stigma demonstrate the need for comprehensive guidelines on abortion care. Training for health care providers should draw from an associated curriculum which include values clarification, and accompanied by ongoing supervision and mentorship to sustain quality service delivery. Additional training should target individuals beyond the health sector, such as law enforcement officers, social workers and community and religious leaders.

This multi- and inter-sectoral training curriculum should provide clarity on the procedural implementation of the penal code, and training on issues of sexual and gender-based violence, family planning (including emergency contraception), and how to signpost towards accessing safe, legal abortion.

Strengthen the provision of and access to quality post-abortion care services

The decentralization and scale-up of CPAC training will increase the number of trained CPAC providers. Existing CPAC guidelines should be reviewed and updated with evidence-based recommendations, and include the provision of post-abortion contraception (including long-acting reversible methods) for women who wish to delay or prevent future pregnancies.

Knowledge of lifesaving interventions to manage abortion complications, alongside values clarification, should be prioritized in both pre- and in-service training curricula for health care workers, to reduce morbidity and mortality following abortion.

"Abortion is a sensitive issue and parents are reluctant to address the problem openly and end up keeping it a secret."

(Female traditional healer, 61)

Strengthen advocacy, community mobilization and education to reduce stigma surrounding abortion

An evidence-driven national discussion on unsafe abortion, involving the community, health care workers, law enforcement and policymakers, will increase knowledge and awareness of unsafe abortion and reduce stigma. Shifting negative attitudes towards abortion will enable service providers to provide comprehensive, client-centred, rights-based care, and reduce morbidity and mortality related to delays in abortion care-seeking or treatment following abortion.

Increased community-level education for men and women on issues including consent, the negotiation of safe sex, sexual and gender-based violence, family planning, and the current legal framework for abortion, will empower people to make informed choices about their own sexual and reproductive health.

Removing barriers to obtaining a safe, legal abortion within the confines of Botswana's current abortion law, and exploring the need for abortion law reform, will require multi-level support.

Strengthen strategic information gathering and data use

Robust indicators, data collection and management, and monitoring and evaluation procedures on abortion are urgently needed.

This is essential to understand the demand for safe, legal abortion services; understand the burden and consequences of unsafe abortion; and monitor the quality of safe, legal abortion and post-abortion care services. Data should be analysed and monitored to identify targeted areas for improvement.

All monitoring and evaluation should be conducted anonymously and non-judgmentally, to avoid creating additional barriers to accessing care.

Review, revise and harmonize policies for safe, legal abortion and post-abortion care services

Directed policies on comprehensive abortion care, the procedural implementation of abortion law and clear roles and responsibilities are urgently needed to improve the quality and equity of abortion and post-abortion care in Botswana, as permitted under the current law.

To provide a targeted focus for policy reform, all policies related to family planning, sexual and reproductive health services and education, and the legal system related to abortion, should be reviewed to identify those which are supportive or obstructive.

CONCLUSION

A multifaceted approach to reducing mortality and morbidity from unsafe abortion is essential, through strengthening access to safe, legal abortion and post-abortion care services.

Without action, stigma and misinformation surrounding abortion will continue to propagate, preventing timely access to safe, legal abortion; increasing the number of unsafe abortions; and furthering delays to delivering quality post-abortion care.

Prompt action is key to reducing barriers to accessing safe, legal abortion and post-abortion care and will, ultimately: reduce maternal morbidity; prevent maternal mortality; achieve greater gender equality; and safeguard the health and wellbeing of women, children and families in Botswana.

"Our culture does not allow someone who had an abortion to come into contact with a child less than five years old; it is believed that the child might become sick. There is, therefore, stigma on issues of abortions."

(Male community leader, 39)

REFERENCES

- Bearak, J., A. Popinchalk, B. Ganatra, C. Gerdts, A. Moller, O. Tuncalp, C. Beavin (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet*: https://doi.org/10.1016/S2214-109X(20)30315-6.
- Government of Botswana (1991). *Penal Code (Amendment)* Act 11 October 1991. Government Gazette, Suppl. A, 1991, pp. A55- 6. 1991.
- Government of Botswana MoHW (2016). Statistics Botswana Maternal Mortality Ratio Statistics.
- Government of Botswana MoHW (2017). Statistics Botswana Maternal Mortality Ratio Statistics.
- Government of Botswana MoHW (2018). Statistics Botswana Maternal Mortality Ratio Statistics.
- Government of Botswana MoHW (2019). Statistics Botswana Maternal Mortality Ratio Statistics.
- Macleod, C. and J. Reynolds (2020). Strategic assessment of policies, programmes and research on unintended pregnancies, contraception, unsafe abortion and abortion services in Botswana: Background paper. Commissioned by MoHW, UNFPA and WHO.
- Ngwako, K. and A. Banke-Thomas (2020): 'I guess we have to treat them, but … ': health care provider perspectives on management of women presenting with unsafe abortion in Botswana. Global Public Health, DOI: 10.1080/17441692.2020.1751863.
- MoHW Botswana and Phologolo, T. (2020). Strategic assessment of policies, programmes, and research on unintended pregnancies, contraception, unsafe abortion and abortion services in Botswana: Study paper. Commissioned by MoHW, UNFPA and WHO.

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