



REDUCING UNINTENDED PREGNANCY

Empowering the family, community
and nation in Botswana

POLICY BRIEF



2gether
4SRHR

Technical and Financial Support: UNFPA and WHO.

Authored by Dr. Chelsea Morroni, Botswana Sexual and Reproductive Health Initiative [BSRHI]; Botswana Harvard Partnership; University of Edinburgh), with support from Dr. Rebecca Ryan and Dr. Bogadi Loabile (BSRHI).



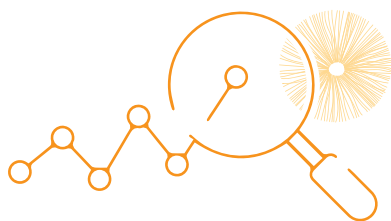
This Policy Brief stems from key findings and recommendations of a strategic assessment on unintended pregnancy, contraception and unsafe abortion in Botswana. The Strategic Assessment was completed in 2020 as the first of three stages in the WHO-sponsored Strategic Approach to Strengthening Reproductive 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.

UNINTENDED PREGNANCY IN BOTSWANA: THE CURRENT SITUATION

Every year, 74 million women and girls in low- and middle-income countries have unintended pregnancies (WHO 2019).

In Botswana, approximately 44 per cent of all pregnancies are unintended (Doherty *et al.* 2018 and Mayondi *et al.* 2016). The COVID-19 pandemic has increased the number of unintended pregnancies worldwide, predominantly due to disruptions in contraception access (UNFPA 2021).

Unintended pregnancies are associated with adverse health, social, economic and educational outcomes, including: increased maternal and neonatal mortality; increased risk of vertical HIV transmission; increased rates of unsafe abortion; reduced educational attainment of girls; exacerbated gender inequality; increased rates of sexual and gender-based violence (SGBV) (Pallitto *et al.* 2013); and an impact on economic growth and development (Yazdkhasti *et al.* 2015).



Box 1: Indicators of unintended pregnancy in Botswana

- Approximately 44 per cent of pregnancies are unintended. (Doherty *et al.* 2018 and Mayondi *et al.* 2016)
- 67.4 per cent women aged 15-49 are using a modern method of contraception, predominantly the male condom, a user-dependent method with 87 per cent effectiveness with typical use (98 per cent with correct and consistent use). (Government of Botswana 2018 and WHO 2018)
- The maternal mortality ratio is high at 166.3 deaths/100,000 live births. (Government of Botswana 2019).
- The adolescent birth rate remains high at 44.66 per 1,000 women aged 15-19. (World Bank 2019)
- Knowledge and uptake of emergency contraception is limited. (Kgosiemang *et al.* 2018)
- 62 per cent of women have experienced intimate partner violence in their lifetime. (Machisa *et al.* 2012)



Policy and guidelines for family planning in Botswana

Botswana has a policy of contraception for all. This is delivered through a rights-based family planning programme, with clear policy on contraception provision (Macleod 2020). However, progress towards reducing unintended pregnancy is hindered by: the lack of a strategic plan to guide policy implementation; insufficient integration and coordination of community health services; and underdeveloped monitoring and evaluation systems to capture the true burden of unintended pregnancy in Botswana.

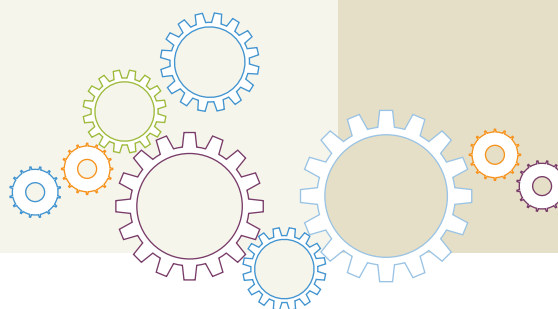
Although contraceptive prevalence has increased in recent years (UNFPA 2020), several important health indicators, including the rates of teenage pregnancy (World Bank 2019), maternal mortality (Government of Botswana 2021) and complications from unsafe abortion (MoHW 2019), have remained high (see Box 1). This suggests that contraception provision alone is not sufficient to reduce unintended pregnancy in Botswana.

The drivers of unintended pregnancy in Botswana

The drivers of unintended pregnancy in Botswana are multifactorial (see Figure a), requiring a multisectoral approach in response.

Figure a: The multifactorial drivers of unintended pregnancy in Botswana

CULTURAL	SOCIAL	ECONOMIC	HEALTH SYSTEMS
<ul style="list-style-type: none"> Contraception is treated as a confidential subject, resulting in limited discussion of it at home Intergenerational sexual relationships Cultural expectations, with marriages planned by families from an early age 	<ul style="list-style-type: none"> SGBV Challenges negotiating safe sex or exercising the right to make decisions about sexuality or reproduction Family coercion e.g. against reporting incest or defilement Drug and alcohol abuse (with associated issues of consent) Lack of knowledge on indications for the legal termination of a pregnancy 	<ul style="list-style-type: none"> Economic dependence on men by women (due to high unemployment amongst women) resulting in loss of decision-making power Transactional relationships exacerbated by poverty (for example exchanging sex for food) 	<ul style="list-style-type: none"> Limited access to or uptake of long-acting, reversible methods of contraception (LARC) Limited knowledge of and negative attitudes towards abortion and emergency contraception Lack of integration of contraception into other health care services

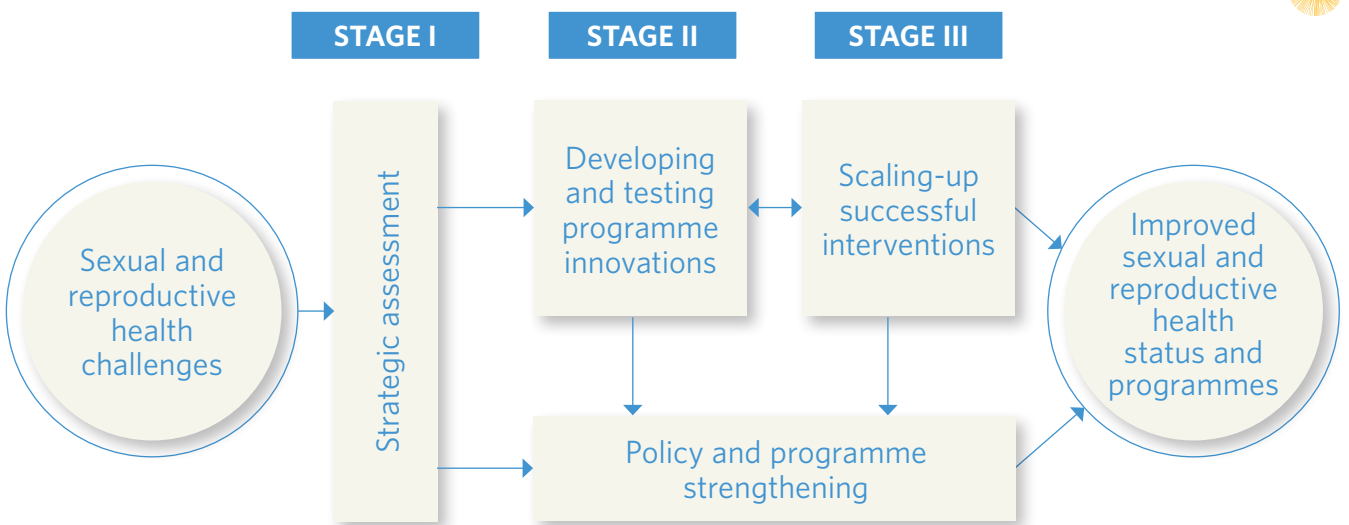


KEY FINDINGS OF THE STRATEGIC ASSESSMENT

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 (SRH) issues and improve the health of women and girls in Botswana (Phologolo 2020 and

Macleod & Reynolds 2020). Stakeholders were asked questions related to unintended pregnancy, contraception and abortion. 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 b).

Figure b: 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 unintended pregnancy were identified in the Strategic Assessment:

There are gaps in community knowledge about safe, effective methods of contraception to prevent unintended pregnancy, including emergency contraception

- Contraception is viewed as a private topic that is not widely discussed, preventing community members from receiving correct information.
- There is a lack of understanding of available methods of contraception, expected side-effects and how to manage them, which leads to high rates of contraceptive discontinuation or poor adherence.
- Stigma and negative attitudes towards emergency contraception, including by health care workers, may lead to the denial of prescription or dispensation, and limit uptake.

There are barriers to accessing highly effective long-acting reversible methods of contraception

- There are limited numbers of trained LARC providers, with geographical inequity in distribution (the majority are in urban areas).
- The centralized nature of training for LARC providers limits the frequency and the number of trained providers.

There is a lack of specific SRH services, including contraception, for adolescents and young people, and gaps in comprehensive sexuality education (CSE) programming

- Negative perceptions towards adolescent sexual activity perpetuate stigma and secrecy, and may prevent adolescents from accessing contraception, emergency contraception or safe, legal termination of pregnancy.

- Educators and guidance counsellors are not fully equipped with sufficient knowledge about SRH and contraception to provide adequate CSE.

There are high rates of SGBV and difficulties negotiating safe sex

- The inability to negotiate safe sex, including condom use, is a key driver of unintended pregnancy, and may be exacerbated by economic dependence on a male partner, intergenerational relationships with associated power imbalances, or SGBV.
- The absence of or delays in reporting SGBV, including rape, incest and defilement, may occur due to shame, stigma, attempting to maintain privacy or fear of losing financial support.

There is limited knowledge and understanding of the circumstances under which the termination of pregnancy is legally permitted

- Abortion is legally permitted in Botswana up to 16 weeks of gestation in the case of rape, incest or defilement, where the physical or mental health of the woman is at risk, or in the case of serious foetal impairment (Government of Botswana 1991). However, knowledge of the law on legal abortion in Botswana is limited across all sectors.
- The absence of guidance on the procedural implementation of abortion law leads to a lack of clarity and may create obstacles to obtaining safe, legal abortion.



REDUCING UNINTENDED PREGNANCY IN BOTSWANA

Improve access to quality contraception and SRH services for all

Two key elements are essential to reduce unintended pregnancy in Botswana: **increasing the provision of highly-effective methods of contraception** (particularly the less user- and supply-dependent LARC methods of contraceptive implant and intrauterine contraceptive device); and **emphasizing the need for dual protection** (condoms in addition to another effective modern contraceptive) for optimal pregnancy, HIV and STI prevention. Strengthening commodity supply chains to maintain a continuous supply of contraception will prevent stock-outs, which limit contraception provision.

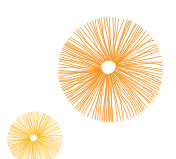
The decentralization and scale-up of contraception training, particularly in LARC methods, is essential to increase the numbers and geographical distribution of trained implant and intrauterine contraceptive device providers.

The integration of family planning services into other health services, while expanding contraception delivery in community settings,

will reduce missed opportunities for providing contraception and improve access, thus reducing unintended pregnancies. Expanded access to contraception in the community should include emergency contraception. In order to reduce barriers to access or denial of provision of emergency contraception, health care worker and community training should specifically include values clarification to reduce stigma and misinformation.

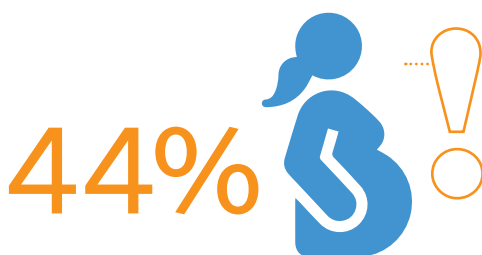
Increase community SRH education and advocacy

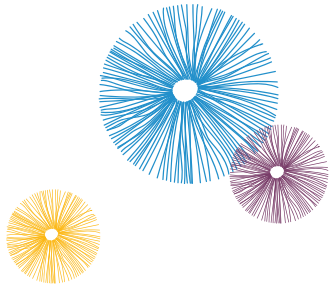
Community advocacy strategies utilizing peer educators, local traditional and religious leaders and teachers can be harnessed to improve the community's knowledge and understanding of: the drivers of unintended pregnancy; modern contraceptive methods, including emergency contraception; and the circumstances for and ways to obtain safe, legal abortion (Government of Botswana 1991).



Approximately **44 PER CENT OF PREGNANCIES** are unintended.

(Doherty *et al.* 2018 and Mayondi *et al.* 2016)





“When girls get into relationships with older men, they lose power to negotiate anything, condom use or even whether to have a child or not.”

(Male community member, 21)

Improving community knowledge through targeted education and the provision of information in local languages, available on accessible platforms, may help to reduce stigma regarding contraception and unintended pregnancy.

Develop specific interventions to prevent unintended pregnancy in adolescents and young people

Youth-friendly SRH and contraception services should be strengthened and widely implemented in schools, youth centres and community groups, empowering young people to make informed decisions regarding their sexual and reproductive health, and preventing adolescent pregnancy. Adolescents and young people should be supported to initiate and continue modern contraceptive methods, particularly LARCs, through youth-friendly health services.

CSE educators must be trained to discuss sensitive topics with adolescents and young people, to build capacity for quality CSE provision. Adolescents and young people should be actively involved in the development of the CSE curriculum to ensure that the content is relevant and accessible.

Strengthen the implementation of specific interventions for the prevention of SGBV and dedicated services for survivors

A key action to strengthen the implementation of specific interventions to prevent SGBV is the targeted provision of information in local languages to increase community knowledge of SGBV, including how to recognize, prevent and report it. Existing community structures for the prevention of SGBV and unintended pregnancy such as Village Child Protection Committees should be strengthened.

Those affected by SGBV need dedicated, holistic support, including: immediate access to emergency contraception; signposting towards and support through legal procedures to access safe, legal abortion when required (Government of Botswana 1991); and sustained psychological and socioeconomic support. Services and community support networks for women experiencing SGBV should be developed, and health care workers, law enforcement officers, social workers and other key stakeholders should be educated about the importance of providing timely, sensitive and judgement-free care to those affected by SGBV.



The adolescent
BIRTH RATE remains high at **44.66**
PER 1,000 WOMEN aged 15-19.

(World Bank 2019)

A national registry for monitoring the rates and patterns of SGBV should be established to identify priority areas of need and response.

Strengthen the collection and use of data on unintended pregnancy prevention

Data collection, monitoring and evaluation tools and procedures should be revised and harmonized to ensure that all key indicators related to unintended pregnancy are fully captured, including: the unmet need for contraception; the contraceptive prevalence rate; unintended pregnancy rates; adolescent pregnancy and birth rates; and statistics on abortion and SGBV.

Data should be analysed and used to better understand the burden of unintended pregnancy, abortion and SGBV in communities, and identify targeted areas for improvement.

Review, revise and harmonize policies to reduce unintended pregnancy


Review, harmonize, and revise as appropriate, those policies and laws in Botswana related to the prevention and/ or management of unintended pregnancy, including on contraception access, SGBV, SRH education and abortion.

“As Chiefs we convene morning meetings with various village stakeholders like VDC, Ipelegeng, and Clusters, as a way to relay health messages to the community at large.”

(Male chief, 40)




CONCLUSION



The drivers of unintended pregnancy in Botswana are multifactorial, and a multisector approach is required to address them. Improving the implementation of CSE, targeted actions to reduce SGBV, and the widespread provision of family planning services, particularly LARCs and emergency contraception, will have a significant and sustainable impact on reducing unintended pregnancy and its associated harms.

Women must be provided with the knowledge and services they need to prevent and manage unintended pregnancy, whatever the circumstances in which that pregnancy arose. This is essential to safeguard the health and wellbeing of women, children and families, achieve gender equality, and reduce the burden of unintended pregnancy nationwide.



“I usually collect and keep condoms and distribute them to my clients as a way to help curb the STIs/HIV and pregnancy issues.”

(Male traditional healer, 29)

REFERENCES

- Doherty, K., K. Arena, A. Wynn, O. Offorjebe, N. Moshashane and O. Sickboy (2018). Unintended Pregnancy in Gaborone, Botswana: A Cross-Sectional Study. *African journal of reproductive health*. 2018 22(2):76-82.
- Government of Botswana (1991). Penal Code (Amendment) Act of 11 October 1991. (Government Gazette, Suppl. A, 1991, pp. A55- 6. 1991).
- Government of Botswana (2018). 2017. Botswana Demographic Survey Report.
- Government of Botswana MoHW (2019). Maternal Mortality Internal Report.
- Government of Botswana (2021). Maternal Mortality Ratio 2019: <http://www.statsbots.org.bw>.
- Kgosiemang, B. and J. Blitz (2018). Emergency contraceptive knowledge, attitudes and practices among female students at the University of Botswana: A descriptive survey. *African journal of Primary Health Care & Family Medicine*, 10(1):e1-e6.
- Machisa, M. and R. van Dorp (2012). Gender-Based Violence Indicators Study, Gaborone: Gender Links and Ministry of Labour and Home Affairs, Women's Affairs Department.
- 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.
- Mayondi, G., K. Wirth, C. Morroni, S. Moyo, G. Ajibola and M. Diseko (2016). Unintended pregnancy, contraceptive use, and childbearing desires among HIV-infected and HIV-uninfected women in Botswana: A cross-sectional study. *BMC Public Health* 16 16(1):1-10.
- Pallitto, C., C. García-Moreno, H. Jansen, L. Heise, M. Ellsberg, C. Watts and WHO (2013). Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *International Journal of Gynaecology and Obstetrics*, 120(1), 3-9.
- 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.
- UNFPA (2021). The impact of COVID-19 on Family Planning: what we know one year into the pandemic. Technical Note: https://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf.
- WHO (2018). Family Planning: A global handbook for providers.
- WHO (2019). High rates of unintended pregnancies linked to gaps in family planning services: New WHO study: <https://www.who.int/news/item/25-10-2019-high-rates-of-unintended-pregnancies-linked-to-gaps-in-family-planning-services-new-who-study>.
- World Bank (2019). Adolescent fertility rate (births per 1,000 women ages 15-19). *World Population Prospects*: <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=BW>.
- Yazdkhasti, M., A. Pourreza, A. Pirak, & F. Abdi (2015). Unintended Pregnancy and Its Adverse Social and Economic Consequences on Health System: A Narrative Review Article. *Iran J Public Health*, 44(1), 12-21.



Republic of Botswana
MINISTRY OF HEALTH



**World Health
Organization**



**2gether
4SRHR**