

Abortion Incidence and Severity of Complications in Sierra Leone

In Sierra Leone, abortion is legally restricted, only allowed to save the lives of pregnant women, in case of rape or incest and, to preserve the physical and mental health of the woman. While the Sierra Leone government has made significant strides in addressing maternal health outcomes through various legislative and policy reforms, the persistently high maternal mortality rate in the country suggests that unsafe abortion continues to pose a threat to the health and lives of women of reproductive age.

Despite the need to better understand the incidence and safety of induced abortion in Sierra Leone, little scientific evidence currently exists. This study aims to estimate the incidence of induced abortion, the severity of abortion complications, and the type and quality of post-abortion care women receive in health facilities. The evidence provided in this study will help inform the relevant national policies, strategies, programs and advocacy efforts needed to reduce maternal mortality and strengthen the health systems in Sierra Leone.

Methodology

The study used the Abortion Incidence and Complications Methodology (AICM) approach to estimate the induced abortion incidence and the severity of complications. Data were collected using three surveys which are;

1. Health Facilities Survey (HFS)
2. Knowledgeable Informant Survey (KIS)
3. Prospective Morbidity Survey (PMS)

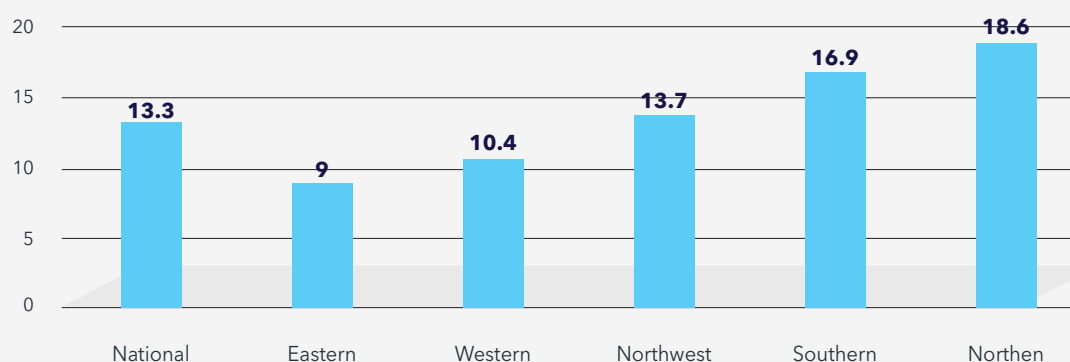
All data collection was done between September and November 2021. The study was reviewed and approved by the Sierra Leone Ethics and Scientific Review Board and the APHRC Internal Review Board.

Key Findings

Incidence of induced abortion

An estimated 91,494 induced abortions occurred in Sierra Leone in 2021, corresponding to an induced abortion rate of 44.2 abortions per 1000 women of reproductive age (15-49 years) (Table 1), and a PAC treatment rate of 13.3 per 1,000 women of reproductive age (Figure 1). There are substantial regional variations in the abortion incidence and PAC treatment rates.

Figure 1: Women with induced abortions receiving care (PAC treatment rate)



The majority of women treated for induced or spontaneous abortion-related complications were attended to in primary health facilities (86%), and in public health facilities (81%), suggesting that the public and primary facilities bear the highest burden of providing PAC services in Sierra Leone.

Table 4: Total number of induced abortions and abortion incidence rates, by regions

	Total number of PAC due to induced abortion	Multiplier	Total number of induced abortions	Abortion incidence estimate		
				Rate	Uncertainty Interval	
					Lower Bound	Upper Bound
National	27,476	3.33	91,494	44.2	20.1	68.4
REGION						
Eastern	4,459	3.33	14,848	29.9	12.9	46.9
Northwest	4,536	3.33	15,105	45.6	21.3	69.9
Northern	7,199	3.33	23,973	62.1	34.6	89.5
Western	5,065	3.33	16,866	34.7	9.2	60.3
Southern	6,217	3.33	20,702	56.2	27.6	84.9

Induced abortion and unintended pregnancy rates

The national unintended pregnancy rate was 70 per 1000 women. The highest unintended pregnancy rates were in the Southern and Northern regions (110 and 86 per 1000 women, respectively).

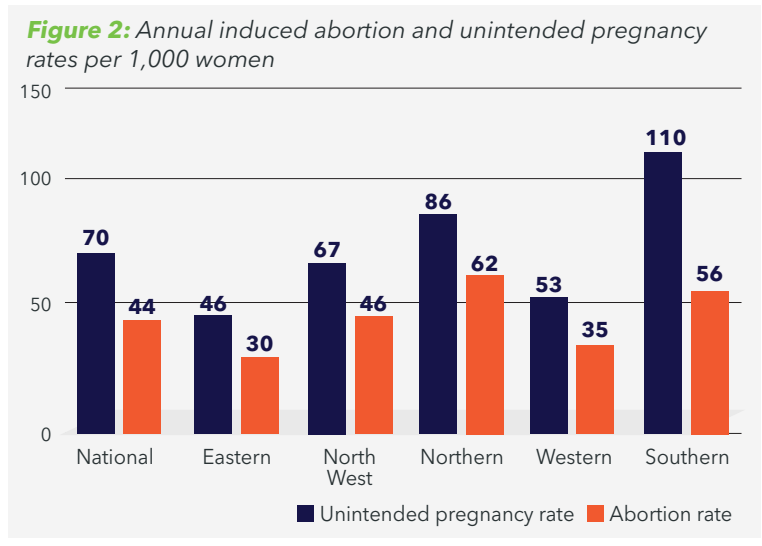
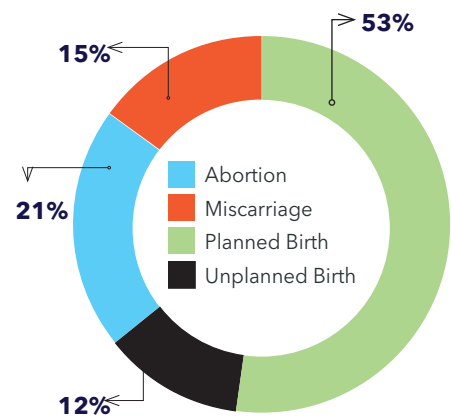


Figure 3: Distribution of all pregnancy outcomes

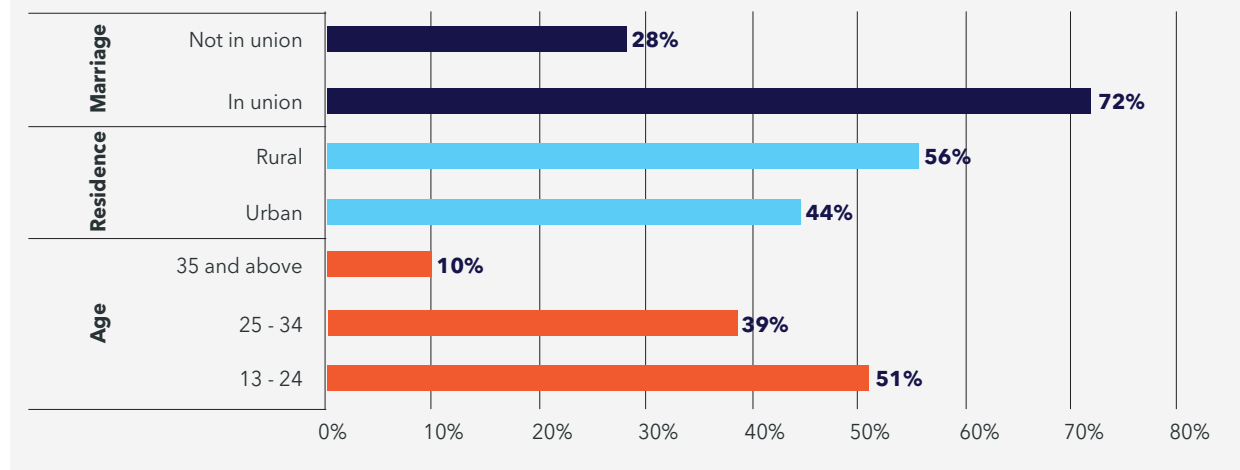


Of all pregnancies in the country in 2021, 38% were unintended, and of all these unintended pregnancies, 63% ended in abortions. Abortions constituted 21% of all pregnancy outcomes.

Severity of Abortion Complications

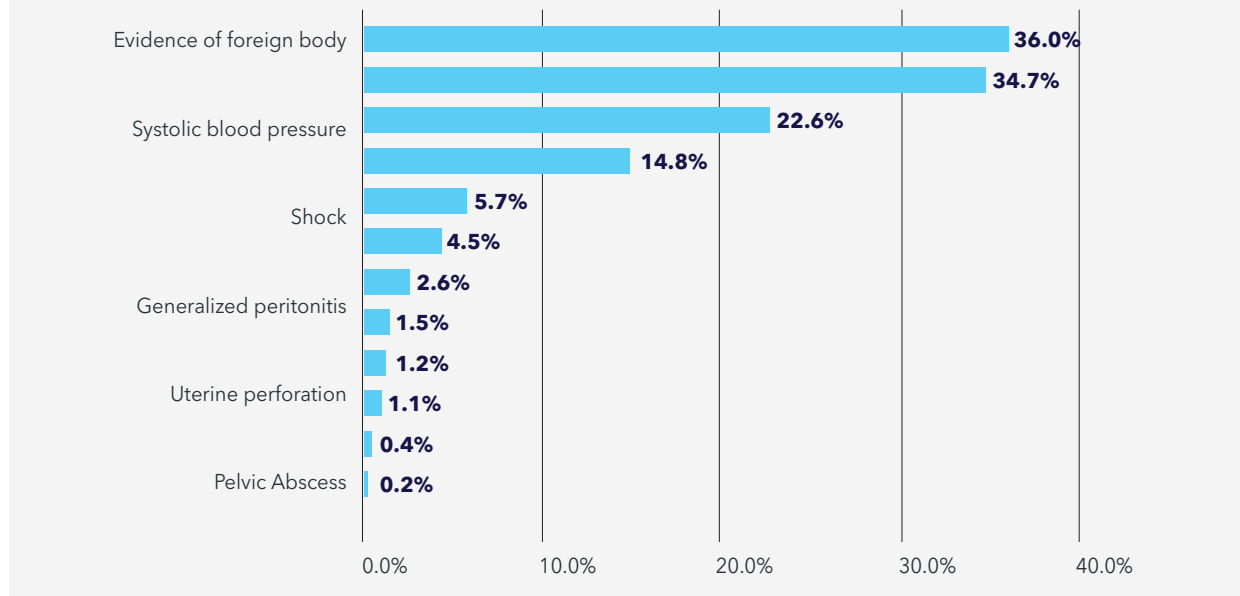
Five hundred and twenty-two were interviewed during the 30-day PMS data collection. Slightly more than half of all PAC clients were 24 years old or younger (51%), while about 10% were 35 years or older. Similarly, the majority of women were from rural settings (56%), married or in a union (72%), and had secondary-level education (50%).

Figure 4: Socio-demographic characteristics of patients



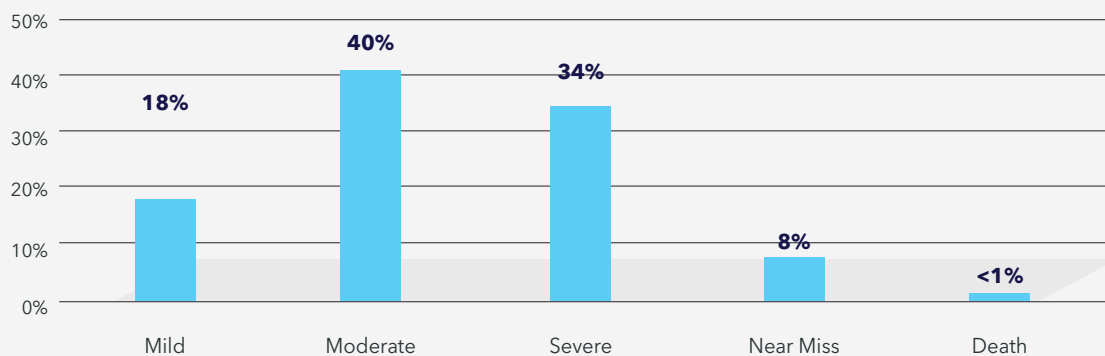
The most common types of abortion-related complications for women who presented for PAC services were clinical signs of infections (36%) and evidence of foreign bodies (35%). Nearly one-fifth had sepsis (23%). There was one death during the one-month study period.

Figure 5: Prevalence of abortion-related complications



After categorizing the severity of postabortion complications using clinical indicators, about 18% of the women presented with mild complications, 40% with moderately severe, and 34% with severe complications. Almost one in ten (8%) were classified as “near misses”, meaning the woman almost died due to the postabortion complication.

Figure 6: Severity of abortion complications among women treated in health facilities



Conclusion

The evidence derived from the study should be used to strengthen programs targeted at reducing unsafe abortions, improving the availability and quality of comprehensive abortion care services, bolstering policy engagement, and informing campaigns and advocacy around the abortion discourse in Sierra Leone.

Key Recommendations

1 . There is a need for legal and policy reforms to address the causes of unsafe abortions and unintended pregnancies and move towards domesticating the Maputo Protocol.

2 .The government should increase access to quality family planning services and effective modern methods for all women and men.

3 . Expanding access to quality post-abortion care, including post-abortion contraception counseling and method provision at all health system levels.

4 . Conducting community education and awareness on the dangers of unsafe abortion, legal provisions on abortion, stigma reduction, and contraception and family planning to prevent unintended pregnancies.

Acknowledgments

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