

# INCREASING ACCESS TO SAFE ABORTION IN SUB-SAHARAN AFRICA:

A mixed-method case study investigating the contextual factors influencing the use of telemedical abortion services in Nigeria and Kenya

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## 1 Background

- Globally, 56 million induced abortions take place each year, of which an estimated **22 million (40%) are unsafe**
- These unsafe abortions result in 47,000 maternal deaths and 5 million women with disabilities annually
- The number of maternal deaths due to unsafe abortion is the highest in **sub-Saharan Africa (SSA)**, where women face **many obstacles** in the access and utilization of obstetric care
- To overcome these obstacles and increase access to safe abortion, **telemedical abortion services could offer a promising solution**
  - Telemedical abortion services entail the use of **digital technologies** to provide (medical) **abortion-related care** at a geographical distance.
- However, there is currently not much known about what contextual factors could influence the utilization and effectiveness of telemedical abortion services
- Nigeria and Kenya are interesting case studies to study these contextual factors because of differences in legal abortion landscape (totally restrictive vs. partly restrictive)

**Objective:** This study aimed to understand how to improve the provision of telemedical abortions in SSA by exploring the contextual factors that influence the current use of telemedical abortion services in Nigeria and Kenya.

## 2 Methods



Analysis of secondary database containing **273 Kenyan and Nigerian women** who had contacted the telemedical abortion service Women on Web between **January and March 2019**.

**Descriptive statistics and Chi-square tests** to compare the characteristics and reported responses for use of the service between the countries.



In-depth interviews with **seven women** from the secondary database via **WhatsApp Video**.

**Thematic analysis** to deepen understanding of the previously reported reasons.

## 4 Discussion and conclusion

**In conclusion:**

- The **main contextual factors** facilitating the use of telemedical abortion services among women in Nigeria and Kenya are related to the **prevailing socio-cultural norms** on the sexual behaviour of a woman and the **restrictive legal framework**
- Costs are a barrier** to both local abortion services and telemedical abortion services
- Preference for/availability of local services** raises questions on the potential of telemedical abortion services to increase access to safe abortion in SSA
- Practises should therefore focus on **increasing the safety and affordability of locally distributed abortifacient drugs** rather than promoting the distribution of drugs through online services

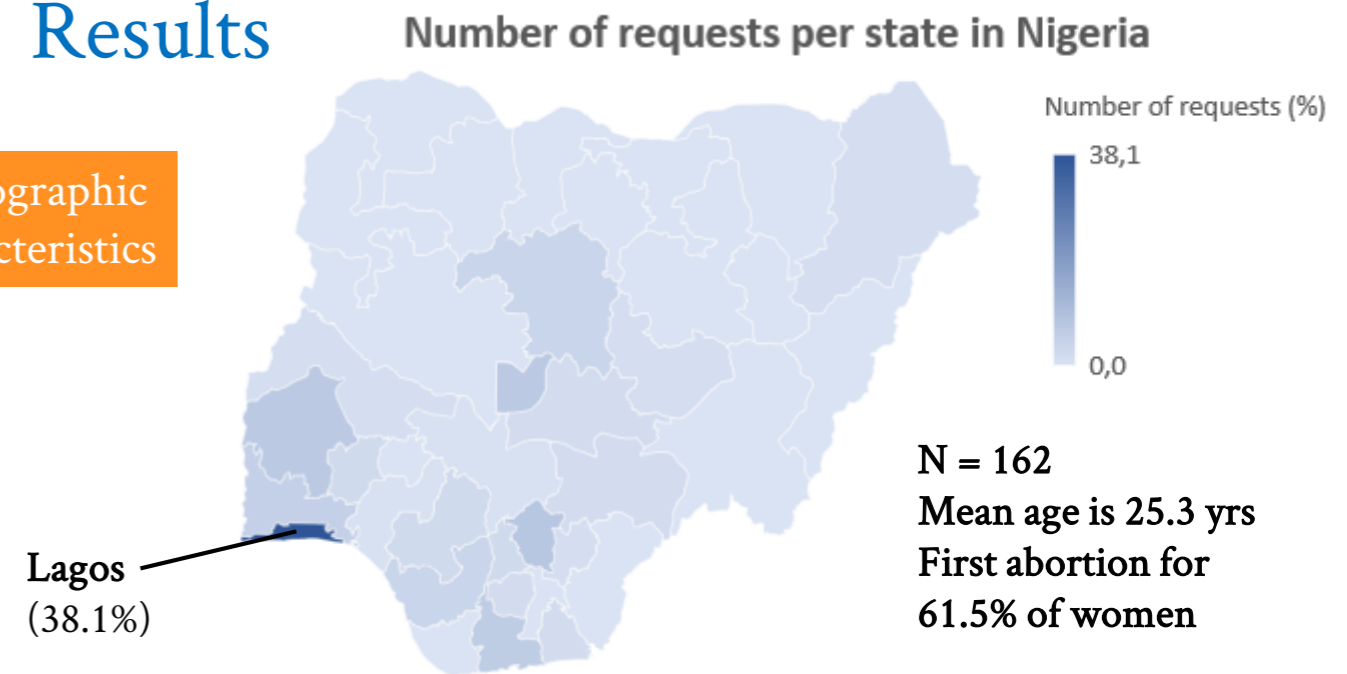
### Strengths and limitations:

- + Mixed-method design allowed refining of initial interpretations
- + No recall bias of respondents
- Study population does not reflect the population of women that is most vulnerable for unsafe abortions (poor women in rural areas)

**Future research** should investigate their needs and barriers

## 3 Results

### Demographic characteristics



### Number of requests per state in Kenya

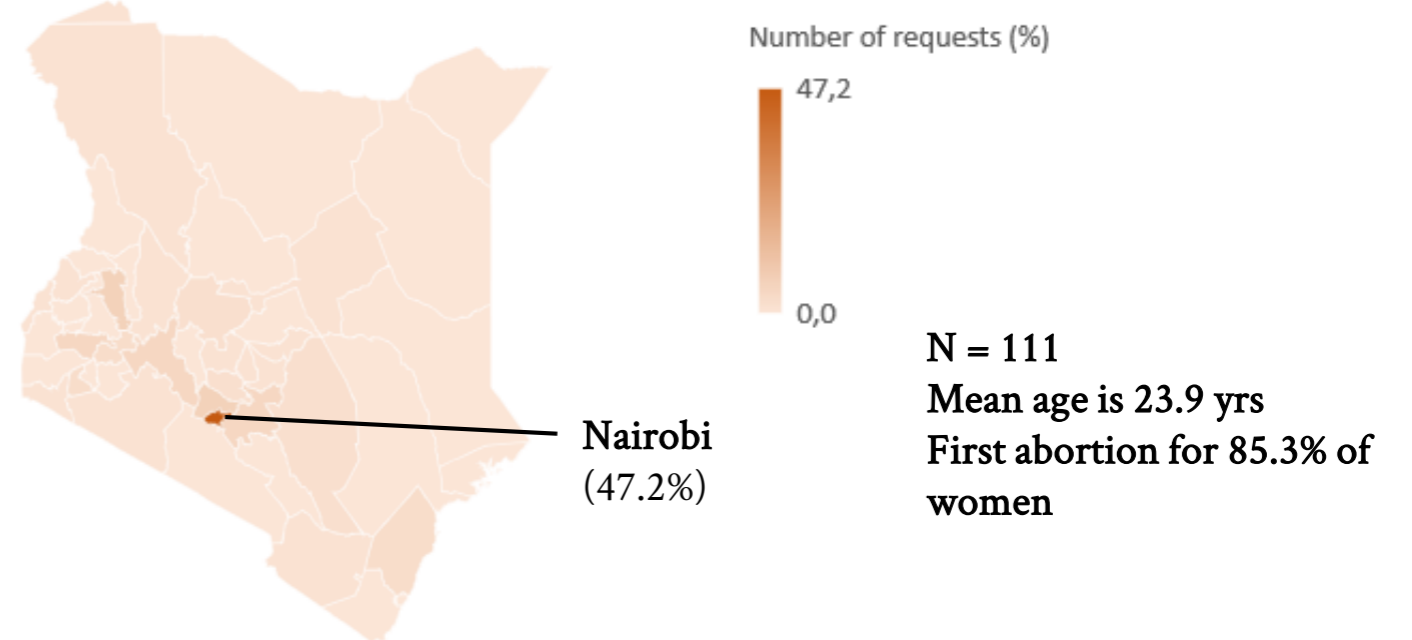


Figure 1 Maps of Nigeria (above) and Kenya (below) showing the number of requests for a telemedical abortion per state

### Contextual factors

#### Facilitating factors to use Women on Web:

- The **need for secrecy** in the abortion-seeking process due to fear of public **judgment and criticism** of their sexual lives and the perception of **living in a 'closed' society**. Telemedical abortion services were believed to ensure this secrecy.
- The **restrictive law**, which was perceived to hinder access to safe, local abortion services and created a fear of persecution among both women and healthcare providers. This had reportedly stimulated their search for online alternatives
- The **cost** of local services

"I don't want to tell anyone [about my abortion], so I said going online means just me and my phone." (25 years, Nigeria)

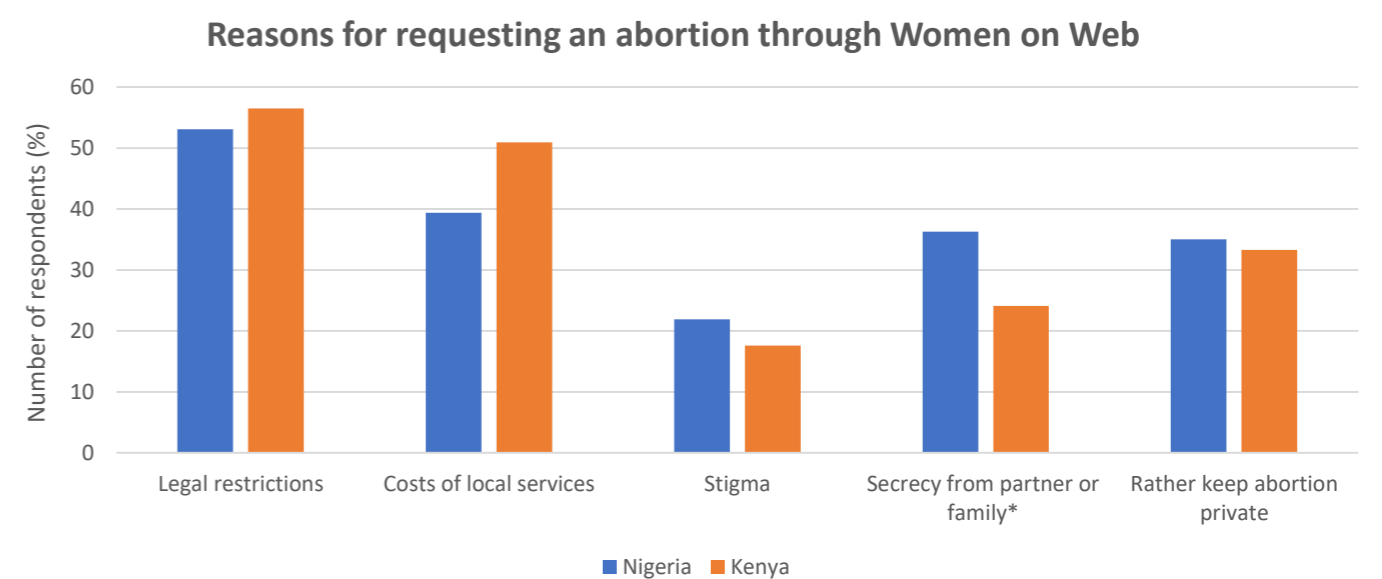


Figure 2 The five most important reasons to request help for a telemedical abortion shown by country

#### But: 97% of requests were cancelled. Barriers to the use of Women on Web:

- Financial constraints** related to the costs of the service and the accessibility of the Internet
- The long **delivery time** of the abortifacient drugs (2-3 weeks)
- Poor Internet connection** in rural areas

"Oh, it [Internet] is available but if you are dealing with someone who is poor, even the Internet is going to be a problem" (24 years, Kenya)

Key references  
Guttmacher Institute. (2018). *Abortion in Africa. Factsheet*. Retrieved February 25, 2019, from [https://www.guttmacher.org/sites/default/files/factsheet/ib\\_www-africa.pdf](https://www.guttmacher.org/sites/default/files/factsheet/ib_www-africa.pdf)

World Health Organisation. (2011). *Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*, sixth edition. Geneva, Switzerland: World Health Organization.