

Abortion in Rwanda

- Increasingly, Rwandan women prefer to have smaller families, and, nationwide, family size is falling rapidly. According to the 2010 Rwanda Demographic and Health Survey, women now have 4.6 children on average, but had 5.8 children just a decade earlier.

- Nevertheless, Rwandan women are continuing to have more children than they desire—1.5 children more on average than they would prefer to have.

- Between 2000 and 2010, the proportion of married women using modern contraceptive methods increased substantially, from 4% to 44%. During the same time period, the percentage of married women with an unmet need for contraception declined from 36% to 19%.

- In 2009, when the data for the abortion estimates cited in this fact sheet were gathered, Rwanda had a restrictive abortion law that permitted the procedure only when two physicians certified

that it was needed to protect a woman's physical health or to save her life. However, in May 2012, Rwanda expanded legal grounds for abortion to include cases of rape, incest, forced marriage and fetal impairment.

INCIDENCE OF UNINTENDED PREGNANCY

- Despite the notable gain in contraceptive use and decrease in unmet need for contraception over the past decade, nearly half (47%) of all pregnancies in Rwanda are unintended.

- Currently, more than one-third of births in Rwanda—roughly 37%—are unplanned (i.e., unwanted or mistimed), a proportion that applies across the country's five provinces and is virtually the same in both urban and rural areas.

- An estimated 22% of all unintended pregnancies end in induced abortions; 63% result in unplanned births and 15% end in miscarriage.

- Rwanda's growing number of sexually active, single women aged 15–29 are especially vulnerable to unintended pregnancy and induced abortion. Fifty-six percent of these young women overall, and 69% of those in Western province, have an unmet need for contraception.

INCIDENCE OF ABORTION

- Despite the highly restrictive abortion law that was in place, an estimated 60,000 induced abortions were performed in Rwanda in 2009, for an annual rate of 25 abortions per 1,000 women aged 15–44.

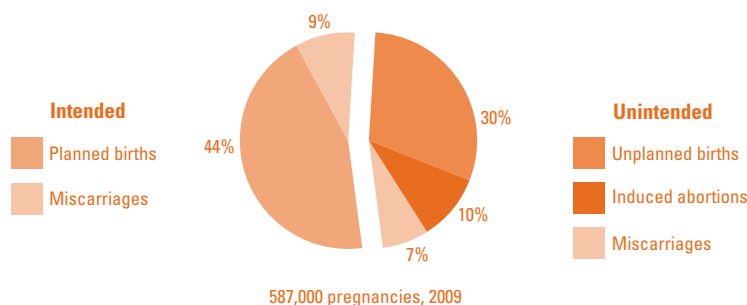
- Rwanda's abortion rate is relatively low compared with rates estimated by the World Health Organization for all of Eastern Africa (36 per 1,000 women) and for Sub-Saharan Africa overall (31 per 1,000).

- Kigali, the nation's capital and one of its five provinces, accounts for a disproportionate number of abortions relative to its population: An estimated one-third of Rwanda's abortions occur in Kigali, despite its having only one-tenth of the country's women of reproductive age.

- This disparity is likely caused by such factors as residents of Kigali being highly motivated to avoid unplanned births and by women from surrounding provinces seeking anonymity and higher quality health services traveling to the capital to obtain abortions and postabortion care.

Pregnancy Outcomes in Rwanda

Nearly half of all pregnancies each year are unintended.



Note:

Unplanned births include births that were not wanted at all and those that were wanted but at a later time.

CONTEXT OF CLANDESTINE ABORTION

• The health risk of an abortion is directly related to how and by whom the procedure is performed. Because of legal restrictions and stigma, women seeking abortions often resort to clandestine procedures, where safety cannot be assured.

• Overall, half of all abortions in Rwanda are performed by untrained individuals and are considered to be very high risk—an estimated 34% are provided by traditional healers and 17% are induced by the women themselves.

• About half of all abortions are provided by trained health professionals—physicians (19%), nurses or medical assistants (16%) and trained midwives (14%). But many procedures do not take place in health facilities and result in complications.

• Poor rural women are the most likely to go to untrained providers or to self-induce: Seventy-four percent of their abortions are from these sources, compared with 15% of those for nonpoor women

in the country's only highly urbanized area, Kigali.

CONSEQUENCES OF UNSAFE ABORTION

• Forty percent of Rwandan women having an abortion are subject to complications that require medical attention. Yet women are likely to experience complications at different rates based on where they obtain the abortion and who performed it. The complication rate is as high as 54–55% among poor women in both rural and urban areas.

• Complication rates are highest for procedures that are induced by women themselves (67%) or are performed by traditional healers (61%), the kinds of procedures that poor rural women are more likely than other women to have.

• Thirty percent of all women who develop complications do not receive the medical attention they need. This proportion is especially high among poor women—38–43% of these women do not get care in facilities, compared with 15–16% of nonpoor women.

• In 2009, the nation's health system treated some 17,000 women for complications of unsafe abortion, a rate of seven cases per 1,000 women of reproductive age.

• The treatment rate for abortion complications is highest in Kigali, at 18 cases per 1,000 women, compared with rates of 4–9 cases per 1,000 in each of the other provinces. This presents a substantial burden on the capital's health care system and reflects the higher likelihood of Kigali residents obtaining care should complications develop following an abortion, given their increased access to facilities and ability to pay for services compared with women in the rest of Rwanda. It also likely indicates that large numbers of women travel to the capital for treatment after developing complications from an unsafe abortion performed elsewhere.

IMPLICATIONS

• Rwandan women need to be better able to avoid unintended pregnancy, the root cause of most abortions. Making a wider range of modern contraceptive methods available, strengthening access to emergency contraception, and improving family planning counseling and services have the potential to lower the unintended pregnancy rate and thereby, the number of abortions.

• Contraception education and services should target those groups at highest risk for unintended pregnancy: single, sexually active young women; poor married women of all ages; and residents of Western province.

• The nation's postabortion care protocol should be fully implemented to improve the coverage

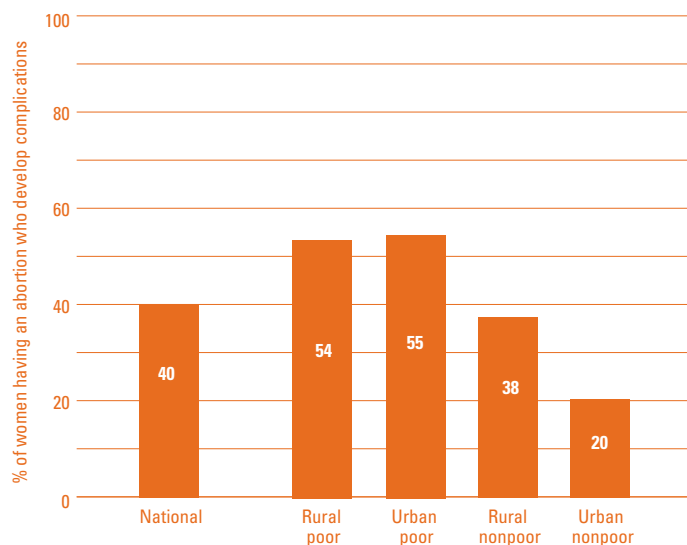
and quality of such care. Among the protocol's key provisions are following best practices, such as treating incomplete abortion with less invasive procedures, including misoprostol and manual vacuum aspiration, and providing postabortion family planning.

• Women, medical professionals, the judiciary and law enforcement officials need to be made aware of the legal criteria for provision of abortion services as allowed by the expanded legal grounds.

The data in this fact sheet are the most current available and are drawn from Basinga P et al., Unintended Pregnancy and Induced Abortion in Rwanda: Causes and Consequences, New York: Guttmacher Institute, 2012. Full references are available in the HTML version: <https://www.guttmacher.org/pubs/FB-Abortion-in-Rwanda.html>

Abortion Complications in Rwanda

Poor women are much more likely than nonpoor women to experience abortion complications.



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