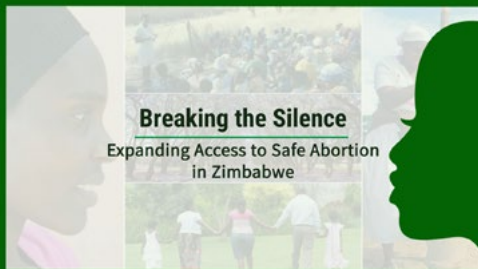


BREAKING THE SILENCE: EXPANDING ACCESS TO SAFE ABORTION IN ZIMBABWE

KEY MESSAGES



In matters of health, Zimbabwe has achieved many successes by overcoming stigma, shifting cultural norms, and benefiting from strong political will and investments by the government.

Despite these efforts, too many Zimbabwean women are still dying, partly because we are not doing enough to address one of the leading causes of maternal deaths: Unsafe abortion.

In Zimbabwe **25%** of unintended pregnancies end in abortion



Source: Sully et al., "Abortion in Zimbabwe"

In Zimbabwe, 4 out of 10 pregnancies are unintended or unplanned; and 25 percent of those unintended pregnancies end in abortion.¹

Even though the topic of abortion may seem taboo in Zimbabwe, it is a conversation we need to have—because this silence is devastating our women and girls.

More than **65,000** induced abortions in 2016

Source: Sully et al., "Abortion in Zimbabwe"

The truth is that unsafe abortions are happening in our country every day. In 2016 alone, more than 65,000 induced abortions occurred in Zimbabwe.²

Most of these abortions were clandestine and potentially unsafe, performed outside the formal health system.³

The 1977 Termination of Pregnancy Act (TOP)

A pregnancy can be terminated in three specific circumstances:

- 1) If it endangers the life of the woman or constitutes a serious threat to her physical health.
- 2) If there is a high risk that the foetus would suffer from a serious or permanent physical or mental defect.
- 3) If there is a reasonable possibility that the pregnancy is the result of unlawful intercourse.

Source: Zimbabwe: Termination of Pregnancy Act of 1977, accessed at www.refworld.org/docid/46c46a2c.html, on Jan. 9, 2019.

Many women and girls are driven into the shadows because of Zimbabwe's restrictive abortion laws and a lack of clarity about their provisions.

The 1977 Termination of Pregnancy Act (TOP) is the main legal document in Zimbabwe that guides access to abortion. The TOP as it is currently written creates many challenges by requiring a long chain of complex steps.⁴



Not everyone is aware of this law and what it allows. This lack of awareness leads to confusion and fear, which can prevent women and girls from seeking an abortion and prevent providers and others from helping them to access the service.

In a 2016 survey, only 25 percent of health providers knew all the conditions for which abortion is legal in Zimbabwe.⁵



Restrictive abortion laws, like the 1977 TOP, do not actually reduce the number of abortions that occur, and permissive laws do not necessarily lead to more abortions.

What does change, however, is the safety of abortions. In Africa, where most countries have restrictive laws, only 1 in 4 abortions, on average, are safe.⁶



When abortions are unsafe, they are more likely to lead to complications—complications that would be extremely rare if they had been carried out according to World Health Organization (WHO) guidelines.⁷

Women and girls with abortion complications need post-abortion care (PAC), a service that is supported by the Ministry of Health and Child Care.




According to a 2016 study, 2 in 5 women in Zimbabwe who sought PAC had moderate-to-severe complications that required treatment.⁸

Only half of the women who had abortion complications in 2016 got the care they needed.⁹



PAC is costly to provide, but much of this care wouldn't be necessary if abortions were carried out safely in the first place.

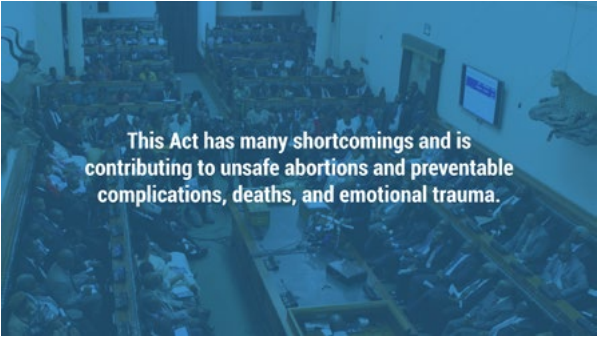
One well-regarded analysis estimated that the annual cost of providing PAC in all developing countries is around US\$ 232 million, but if all abortions were provided safely this cost would drop to US\$ 20 million.¹⁰



Break the silence

Regardless of our own beliefs or the choices we might make personally, we can still empathize with women and girls who find themselves in need of safe abortion. We have the power to prevent unnecessary deaths and disabilities.

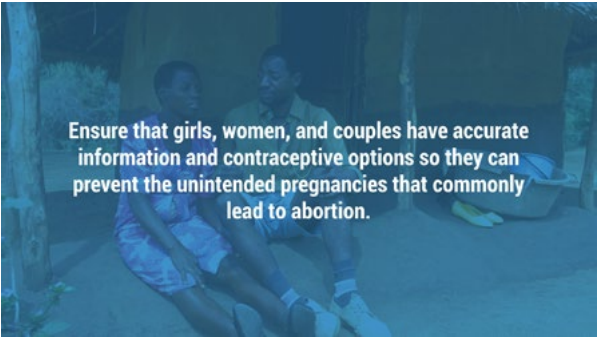
We can start by breaking the silence...and talking about the critical issues.



This Act has many shortcomings and is contributing to unsafe abortions and preventable complications, deaths, and emotional trauma.

We should acknowledge that the 1977 TOP is not suited to the current realities in Zimbabwe.


Let's talk about how this Act has many shortcomings. The TOP should be reformed to be in line with WHO guidelines. When these reforms are made, we need to ensure everyone is clear about what is legal so they can make well-informed choices.



Ensure that girls, women, and couples have accurate information and contraceptive options so they can prevent the unintended pregnancies that commonly lead to abortion.

We should close the knowledge gaps that exist when it comes to sex and family planning.

Let's talk about how to ensure that girls, women, and couples have accurate information and contraceptive options so they can prevent the unintended pregnancies that commonly lead to abortion.



Ensure that we have enough facilities with adequate supplies and equipment to provide safe abortion and PAC services.

Lastly, we should remedy the poor state of our health facilities.

Let's talk about how to ensure that we have enough facilities with adequate supplies and equipment to provide safe abortion and PAC services.



Now is the time for action.

We must meet the challenge of addressing these important issues.

It is time to break the silence, to raise our voices, and to make the changes needed to protect women's lives and ensure the world sees Zimbabwe as a leader when it comes to health and policy.

NOW is the time for action.

Key Messages Handout References

1. Elizabeth A. Sully et al., "Abortion in Zimbabwe: A National Study of the Incidence of Induced Abortion, Unintended Pregnancy, and Post-Abortion Care in 2016," *PLOS ONE* 13, no. 10 (2018). DOI: <https://doi.org/10.1371/journal.pone.0205239>.
2. Sully et al., "Abortion in Zimbabwe."
3. Sully et al., "Abortion in Zimbabwe"; and Guttmacher Institute, "Clandestine Abortion in Zimbabwe Contributes to Maternal Medical Complications," News Release, (October 2018), accessed at www.guttmacher.org/news-release/2018/ clandestine-abortion-zimbabwe-contributes-maternal-medical-complications, on May 16, 2019.
4. Zimbabwe: Termination of Pregnancy Act of 1977, accessed at www.refworld.org/docid/4c46c4de2.html, on Jan. 9, 2019.
5. Ann M. Moore et al., "Knowledge and Attitudes Toward Abortion From Health Care Providers in Zimbabwe," Population Association of America 2018 annual meeting, April 26-28, 2018, Denver, CO.
6. Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York: Guttmacher Institute, 2018).
7. Susheela Singh and Isaac Maddow-Zimet, "Facility-Based Treatment for Medical Complications Resulting From Unsafe Pregnancy Termination in the Developing World, 2012: A Review of Evidence From 26 Countries," *BJOG: An International Journal of Obstetrics and Gynaecology* 123, no. 9 (2015): 1489-98; and Ushma D. Upadhyay et al., "Incidence of Emergency Department Visits and Complications After Abortion," *Obstetrics and Gynecology* 125, no. 1 (2015): 175-83.
8. Mugove G. Madziyire et al., "Severity and Management of Post-Abortion Complications Among Women in Zimbabwe, 2016: A Cross-Sectional Study," *BMJ Open* 8, no. 2 (2018). DOI: <http://dx.doi.org/10.1136/bmjopen-2017-019658>.
9. Sully et al., "Abortion in Zimbabwe."
10. Susheela Singh, Jacqueline E. Darroch, and Lori S. Ashford, *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014* (New York: Guttmacher Institute, 2014).

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Real Opportunities for Transformation Support (ROOTS)
Right Here Right Now Zimbabwe
Search for Common Ground
Students and Youth Working on reproductive Health Action Team (SAYWHAT) Zimbabwe
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Women's Action Group
World Health Organization (WHO)
Zimbabwe Anti Domestic Violence Council
Zimbabwe Association of Doctors for Human Rights
Zimbabwe Confederation of Midwives
Zimbabwe Women Lawyers Association
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