

AN **ENGAGE** PRESENTATION

# BREAKING THE SILENCE

EXPANDING ACCESS  
TO SAFE ABORTION IN ZIMBABWE

## PRESENTATION GUIDE



# Presentation Guidelines

## BREAKING THE SILENCE: EXPANDING ACCESS TO SAFE ABORTION IN ZIMBABWE

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## Introduction to the Presentation Guide

This presentation guide is designed to help users make the most of the “Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe” ENGAGE presentation. The guide includes supplementary materials, such as the full presentation script; references; key messages with visual snapshots; FAQs; and a discussion guide that can be used to prompt reflection and dialogue among viewers.

After reviewing the presentation guide, you will know how to:

1. Identify opportunities to use this ENGAGE presentation with various audiences.
2. Respond to frequently asked questions about the presentation.
3. Foster dialogue with audiences about key messages in the presentation.

## Presentation Goals

The goal of the “Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe” ENGAGE multimedia presentation is to build awareness of causes and consequences of unsafe abortions in Zimbabwe and to increase support for greater access to comprehensive reproductive health services—including safe abortion services.

The presentation highlights the relationship between Zimbabwe’s maternal death rate, the number of unsafe abortions, and restrictive abortion laws. It also shares data and evidence demonstrating improvements in safety and reduced maternal mortality following policy changes to expand access to safe abortion services.

Specific objectives of the presentation are to:

- Address how the stigma, or “silence,” around abortion in Zimbabwe is devastating women of all ages and backgrounds.
- Inform audience members about the high number of potentially unsafe abortions in Zimbabwe, as well as reasons why a woman might seek an abortion.
- Raise awareness about the role of unsafe abortion in Zimbabwe’s high maternal mortality rate.
- Draw attention to the relationship between restrictive abortion laws and unsafe abortion and highlight how expanding legal and medical access to safe abortion can reduce maternal deaths.
- Foster discussion among audience members about the need for legal reform and increased access to family planning information and safe abortion services in Zimbabwe to prevent unnecessary deaths and disabilities.

## Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in reproductive health, safe abortion, and gender equity at all levels—in academic, policy, service delivery, and community settings. The target audiences for this presentation are:

- **Primary:** National governing bodies, policymakers, and development donors who are able to allocate resources and advance safe abortion on the policy and program agenda in Zimbabwe.
- **Secondary:** All of those who influence high-level policymakers—including advocates, medical and legal professionals, news media, civic and religious leaders, program officials, and other community leaders.

We encourage users to deliver this presentation at conferences, policy briefings, expert meetings, and in educational settings where target audiences might be included. The presentation is an effective tool to raise awareness about the burden of unsafe abortion, death and disability related to unsafe abortion, and the need for policy changes to address unsafe abortion using the best available evidence.

## Using the Presentation With Different Audiences

The ENGAGE presentation is designed to be used in a variety of settings or environments, especially as Zimbabwe works to implement the Sustainable Development Goals, revise its reproductive health laws, and fully implement the Maputo Protocol and other regional commitments. Some ways the presentation can be used with different audiences are listed below.

### POLICYMAKERS

- Demonstrate to policymakers that maternal mortality in Zimbabwe is high compared to its neighbours and that unsafe abortion is one of the leading causes of maternal deaths in the country.
- Provide information on the number of potentially unsafe abortions occurring in Zimbabwe and explain that the country's legal restrictions against abortion do not make it less common but rather prevent women from obtaining safe abortions.
- Describe how clandestine, potentially unsafe abortions performed outside the health system contribute to high government costs for post-abortion care and put a strain on health facilities in Zimbabwe.
- Talk about unsafe abortion using evidence-based language to promote discussion and encourage policy change.

### SAFE ABORTION ADVOCATES

- Provide advocates with empowering evidence that appeals to decisionmakers in order to expand access to safe abortion in Zimbabwe.
- Highlight how safe abortion advocacy can be framed as a way to improve women's health and decrease Zimbabwe's high maternal death rate.
- Share actionable policy and program changes that can improve women's health care in Zimbabwe to unify advocacy efforts.

### FAMILY PLANNING PROGRAM IMPLEMENTERS AND SERVICE PROVIDERS

- Clearly explain to implementers and providers Zimbabwe's complicated abortion laws so that they can better navigate the legal system.
- Provide neutral terms and data on abortion in Zimbabwe that make the connection between unsafe abortion and maternal deaths and disability.
- Demonstrate how unsafe abortion puts a strain on the formal health system through costly post-abortion care services.

### DONORS

- Make the case to donors for investing in safe abortion to reduce the high costs associated with post-abortion care for unsafe abortions in Zimbabwe.
- Link unsafe abortion reduction with existing development efforts to reduce high rates of maternal mortality in Zimbabwe.
- Demonstrate how financial resources can be used to advocate for changes in existing Zimbabwe abortion legislation, improving the laws or supporting implementation.

### THE MEDIA

- Provide the media with accurate and reliable data about abortion in Zimbabwe and globally for evidence-based reporting.
- Encourage reporting about safe abortion to help break the silence and stigma around abortion in Zimbabwe.
- Emphasize that increased access to safe abortion can benefit Zimbabwean women and girls as well as the country's overall health services.

## Additional Considerations

You can make this presentation more interesting to your audience by adding information about local experiences and community practices in Zimbabwe, especially those that apply to your audience.

After showing or giving the presentation, we encourage you to hold follow-up discussions that address issues relevant to specific audiences. You may want to prepare supporting fact sheets or power point presentations that include additional data or information.

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience may not be familiar with the technical terms you might use in the presentation. We advise you to follow the script and prepare yourself to answer questions by studying the discussion guide.

## Presentation Instructions

This ENGAGE presentation is available in two formats:

1. A Flash presentation without a voiceover, accompanied by a presentation script so it can be delivered live by a presenter. This presentation requires you to manually click through the presentation. By following the script included in this guide, you can advance the presentation one slide at a time, reading the narration for each slide as you go. This presentation requires Adobe Flash software.
2. A presentation with a voiceover. This presentation plays as a video and does NOT require you to advance each slide. You can stream the video or download it directly from [www.prb.org](http://www.prb.org). This presentation requires a movie player such Windows Media Player in order to be viewed on a computer.

We recommend that all potential presenters practice with the script to determine their level of comfort. One's level of comfort should guide the decision about which version of the presentation is best for a particular event.

### TECHNOLOGY REQUIREMENTS

To give this ENGAGE presentation, you will need a laptop or computer with:

- At least 2.4 Ghz.
- At least 3 GB of RAM.
- An Intel Core 2 Duo processor.
- Adobe Flash program. If your laptop or computer does not have Flash, you can download a free version of the program at [www.adobe.com/products/flashplayer/](http://www.adobe.com/products/flashplayer/) (required for non-voiceover presentation); OR
- A movie player such as Windows Media Player (required for voiceover, narrated presentation).

## Presentation Instructions (Without Voiceover)

### TO OPEN THE PRESENTATION

- Double click on the red square 'f' icon ('f' stands for Flash). The end of the file name will be ".exe".
- Your computer might give a warning about the file type. This is common with .exe files. This file is safe to open and does not contain viruses or software that will harm your computer.
- Resize the window. The window may open in a small size, off-center on your computer screen. You can maximize or minimize the presentation window by clicking the box at the bottom of the presentation which shows two diagonal arrows either pointing toward or away from each other.

## TO MOVE THROUGH THE PRESENTATION

- You can click forward and backward through the presentation in two ways: using the forward and backward arrows on your keyboard; or, pointing your mouse to the forward and backward double-arrows in the grey bottom bar of the presentation. You might find it easier to move through the presentation using the keyboard arrows because you won't have to worry about pointing your mouse to the correct location on screen.
  - The forward arrow advances the presentation. This advancement will be the next slide, the next bullet point, or the next piece of animation.
  - The back arrow moves you backward to the previous slide. If the previous slide included any animation, the back arrow takes you to the beginning of the slide.
- You can click on the Menu box in the bottom bar of the presentation in order to skip to any point in the presentation. When you click on Menu, a list of all slides in the presentations pops up. When you point your mouse to a particular slide number, a snapshot image of the beginning of that slide appears. When you click your mouse, the presentation will jump directly to this slide. You can use this menu to skip directly to the beginning, end, or any other point in the presentation.
- All the animations are prerecorded and are not interactive.
- If you click twice by accident, you will skip to the next slide in the sequence. If this happens, the slide will not match what you are saying. Be careful!
- Every screen in the presentation is numbered, starting with 1. These numbers correspond to the script. Some individual "screens" contain animation, and therefore change as they play.

## USING THE PRESENTATION AND SCRIPT TOGETHER

- The presentation script contains all the necessary narration for the presentation, along with instructions every time you need to click forward one slide.
- Every time the script says, "Click Forward," click the forward arrow of your keyboard to advance the presentation by one screen. Every click in the presentation is included in the script along with a number. The number corresponds to the lower left corner of the screen, and the script that follows is the narration for that screen.

## Presentation Instructions (With Voiceover)

### TO OPEN AND PLAY THE PRESENTATION

- Double click on the video file. The end of the file name will be ".mp4".
- Resize the window. The window may open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar or dragging the corners to be smaller or larger. Enter full-screen by pressing Control + F on your keyboard.

Check to ensure your computer speakers are working and the volume is turned up. You may find it helpful to use a portable speaker to amplify the sound for large groups.

Click the "play" button. The presentation will play like a video.

# PRESENTATION SCRIPT

## Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe

An ENGAGE Multimedia Presentation

### Slide 1

(Title shows on screen: Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe)

### Slide 2

(Read title aloud): Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe

As Zimbabweans, we are always looking ahead—to a better, healthier future for ourselves and our children.

### Slide 3

Our citizens are smart, resourceful, and resilient, with a vibrant spirit that is grounded in strong communities, deep faith, and rich culture.

### Slide 4

In matters of health, Zimbabwe has achieved many successes, even in areas that once seemed controversial and challenging.

### Slide 5

Zimbabwe's modern contraceptive prevalence rate for married women aged 15 to 49 has nearly doubled in the past three decades, and is now 66 percent—the highest in all of Africa.<sup>1</sup>

### Slide 6

The number of new HIV infections each year in Zimbabwe dropped dramatically in less than a decade, from 74,000 new infections in 2010 to 41,000 in 2017.<sup>2</sup>

### Slide 7

Moreover, 95 percent of those who are aware of their HIV-positive status are receiving treatment.<sup>3</sup>

### Slide 8

Our nation has succeeded in these once-sensitive areas by overcoming HIV-related stigma, shifting cultural norms, and benefiting from strong political will and investments by the government.

Still, many other areas need improvement, especially when it comes to outdated systems, laws, and policies that no longer serve the public.



### Slide 9

One important area that is lagging is maternal mortality. Zimbabwean women are dying in unacceptable numbers during pregnancy or childbirth, or within two months after childbirth.<sup>4</sup> In fact, our maternal mortality ratio in Zimbabwe has increased over the past quarter century, in sharp contrast to global trends.<sup>5</sup>

### Slide 10

The maternal mortality ratio in Zimbabwe is 651 deaths per 100,000 live births—one of the highest in the world.<sup>6</sup> This figure is much higher than our neighbours': Malawi, where it is 439 deaths; Mozambique, where it is 408 deaths; and Zambia, where it is 398 deaths per 100,000 live births.<sup>7</sup>

### Slide 11

And we are far from achieving the World Health Organization's target for ending preventable maternal mortality or EPMM by 2030, with no country having more than 140 maternal deaths per 100,000 live births.<sup>8</sup>

### Slide 12

Zimbabwe is already doing much to reduce maternal mortality by implementing effective interventions outlined in one of our key national health strategies—for example, by providing a package of high-quality antenatal care services, clean and safe delivery rooms, and emergency obstetric care, to name a few.<sup>9</sup>

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...

### Slide 13

Unsafe abortion.

According to the World Health Organization or W-H-O, unsafe abortion is when a pregnancy is terminated by someone who does not have the necessary skills or in an environment that does not conform to minimal medical standards, or both.<sup>10</sup>

### Slide 14

Globally, unsafe abortion accounts for about 1 in 7 deaths related to pregnancy and childbirth—and is responsible for countless cases of illness and disability.<sup>11</sup>

### Slide 15

Our religious and cultural backgrounds can make the topic of abortion seem taboo in Zimbabwe, so we seldom talk about it.

But this is a conversation we **need** to have—because this silence is devastating our women and girls.

### Slide 16

The truth is that unsafe abortions are happening in our country every day.



### **Slide 17**

In Zimbabwe, 4 out of 10 pregnancies are unintended or unplanned. And 25 percent of those unintended pregnancies end in abortion.<sup>12</sup>

### **Slide 18**

In 2016, more than 65,000 induced abortions occurred in Zimbabwe.<sup>13</sup>

### **Slide 19**

Most of these abortions were clandestine and potentially unsafe, performed outside the formal health system.<sup>14</sup>

### **Slide 20**

There are many reasons why a woman or girl may have an unintended pregnancy and seek an abortion, such as:<sup>15</sup>

- Limited knowledge or access to contraception.
- Failure of a contraceptive method.
- Bad timing to have children.
- Health concerns for herself or the foetus.
- Pregnancy as the result of rape or incest.
- Worry about finances.
- Desire to pursue or complete an education.
- Preference to stop having children.
- Stigma attached to having a child outside of marriage.

### **Slide 21**

Evidence shows that women of all ages and backgrounds seek abortions, whether they are rich or poor, married or unmarried, and whether or not they currently have children.<sup>16</sup>

Of course, not all women have an abortion. But it is likely that you know someone who has—a sister, cousin, friend, colleague, or neighbour.

### **Slide 22**

*[Midwife Testimonial]* It's heartbreaking to witness how serious the effects of unsafe abortion can be. Fear and stigma are contributing to many of these deaths. Often, women are afraid of being judged or punished for the "crime" they think they have committed. So they present very late—too late—for care or some never even go to the hospital, instead they deteriorate outside the formal health system or suffer silently in their homes. I always ask, should women really be dying because they cannot get a safe abortion?

### **Slide 23**

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

### **Slide 24**

The 1977 Termination of Pregnancy Act, or T-O-P, is the main legal document in Zimbabwe that guides access to abortion.

According to this act, a pregnancy can be terminated in three specific circumstances:

- If it endangers the life of the woman or constitutes a serious threat to her physical health.
- If there is a high risk that the foetus would suffer from a serious or permanent physical or mental defect.
- If there is a reasonable possibility that the pregnancy is the result of unlawful intercourse (in other words, rape or incest).<sup>17</sup>

### **Slide 25**

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.

### **Slide 26**

In a 2016 survey, only 25 percent of health care providers knew all the conditions for which abortion is legal in Zimbabwe.<sup>18</sup>

### **Slide 27**

And in another survey conducted in 2018, only 25 percent of community members knew that abortion was even legal.<sup>19</sup>

### **Slide 28**

But even if people have this information, the T-O-P as it is currently written, creates many challenges by requiring a long chain of complex steps that can feel virtually impossible to navigate.

### **Slide 29**

For example, if a woman is the victim of rape or incest, she must:

- File a police report.
- Obtain a thorough medical examination.
- Go to court with a police officer to present the file to the prosecutor, who then decides if the case is valid and if it should go to the magistrate.
- If it goes to the magistrate, he or she must review the evidence and decide whether or not to provide the pregnancy termination order.<sup>20</sup>

### **Slide 30**

Even when a pregnancy poses a threat to the woman's life or health, the steps are complicated and challenging. In this case, an abortion can only be provided if:

- A superintendent at a designated health facility gives written permission.
  - The superintendent can only do this if the woman has been examined by two doctors who independently recommend abortion.
    - These recommendations must come from either a doctor at the designated facility and one other facility, or two doctors who are not in the same partnership or practice.<sup>21</sup>

### **Slide 31**

*[Lawyer Testimonial]* In my experience as a legal practitioner dealing with women who try to access the justice system on a daily basis, you find that the steps that are outlined in the Termination of Pregnancy Act present a lot of challenges to women. Some of these challenges include failing to get the right personnel to assist at a local police station, the time it takes to finalize the investigation and prepare the necessary documentation to present to court, and at health institutions, the time it takes to finalize the medical tests and the medical examination. All this has a bearing on a woman's ability to access a termination order. It is also important to note that these stakeholders are not always found at the same place or same city at times, so it takes days, weeks, even months to just go through the different stakeholders—time which a woman doesn't have because a termination needs to be done within a specified time. Other countries don't have such cumbersome processes, and it's time for Zimbabwe to review its law to enable access to safe abortion.

### **Slide 32**

Zimbabwe's complex abortion law, and the burdens it imposes, are important reasons why so many thousands of women in our country resort to clandestine, potentially unsafe abortions. Only the few with enough money might be able to find other ways to get a safe abortion, by visiting a private provider or traveling to South Africa.

We need to do better and ensure our justice system protects all Zimbabwean women.

### **Slide 33**

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

### **Slide 34**

What does change, however, is the safety of abortions.

In regions such as North America and parts of Europe, where abortion has been broadly permitted for 20 years or more, nearly all abortions—more than 9 in 10—are performed safely.<sup>22</sup>

In contrast, in Africa, where most countries have restrictive laws, only 1 in 4, on average, are safe.<sup>23</sup>

### **Slide 35**

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 W-H-O guidelines.<sup>24</sup>

### **Slide 36**

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

### Slide 37

According to a 2016 study, 2 in 5 women in Zimbabwe who sought PAC had moderate-to-severe complications such as infections and injuries to the uterus that required treatment.<sup>25</sup>

### Slide 38

Women aged 30 and younger and those living in rural areas were more likely to have *more severe* complications from abortions than older women or those living in urban areas.<sup>26</sup>

### Slide 39

*[Katswe Sistahood Testimonial]* In my work in a women's health organization, I meet several women and girls who have suffered unsafe abortions. I also hear first-hand accounts from their relatives and friends about the trauma they experienced. One woman who had three children and whose partner was angry that she was pregnant again. Although she knew about safe abortion services, she couldn't afford it. She went to a local woman who inserted a cloth hanger. After two days of bleeding and fever, she went to the clinic. The nurse told her she had an infection and that she was lucky to survive.

I knew of two others who weren't so lucky. One, a young woman, whose mother was worried about what the church would say about her pregnancy took her to a local herbalist who gave her herbs to drink. Another, a university student, took abortion medication far too late in her pregnancy and without any medical supervision. Both of these women died.

### Slide 40

Only half of the women who had abortion complications in 2016 got the care they needed.<sup>27</sup>

### Slide 41

There are many reasons why women did not get the right care, including:

- Limited number of facilities that offer basic or more-advanced PAC services.<sup>28</sup>
- Stockouts of critical drugs: In a 2016 survey more than half of existing facilities that provided PAC did not have essential medicines to treat abortion complications.
- Lack of the right medical equipment at the facilities to provide appropriate PAC.<sup>29</sup>
- And finally, challenges for women to bear the costs of transport and supplies.

### Slide 42

PAC is costly to provide because it requires skilled personnel, surgical procedures, drugs and supplies, and hospital stays. Much of this care wouldn't be necessary if abortions were carried out safely in the first place.

### Slide 43

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 more than 10-fold to about US\$ 20 million.<sup>30</sup>

### Slide 44

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.

### **Slide 45**

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

### **Slide 46**

We should acknowledge that the 1977 T-O-P is not suited to the current realities in Zimbabwe.

Let's talk about how this Act has many shortcomings and contributes to unsafe abortions and preventable complications, deaths, and emotional trauma, costing our country precious resources.

### **Slide 47**

It is time to consider some major reform to the T-O-P.

The law should be reformed to be in line with W-H-O guidelines that call for:

- Ensuring that all abortions are done with the appropriate method, and either supported or performed by a trained provider.<sup>31</sup>
- Eliminating access, regulatory, and policy barriers.
- Amending restrictive laws that criminalize abortion and threaten women's lives.<sup>32</sup>

When these reforms are made, we need to ensure that women, health care providers, and all decisionmakers are clear about what is legal so they can make well-informed choices.

### **Slide 48**

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.

### **Slide 49**

And finally 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.

### **Slide 50**

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.

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- 29 Sully et al., "Abortion in Zimbabwe."
- 30 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).
- 31 WHO, *Safe Abortion: Technical and Policy Guidance for Health Systems, Second Edition* (Geneva: WHO, 2012).
- 32 WHO, *Safe Abortion*.

## Key Messages Handout

The Key Messages handout is a short handout that includes visual “snapshots” from the ENGAGE presentation. The handout is intended to be succinct, serving as a visual aid as well as a readable document. We encourage you to use this handout when giving the presentation to an audience.



# 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.<sup>1</sup>

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.<sup>2</sup>

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

### 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/4c464dc2.html](http://www.refworld.org/docid/4c464dc2.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.<sup>4</sup>



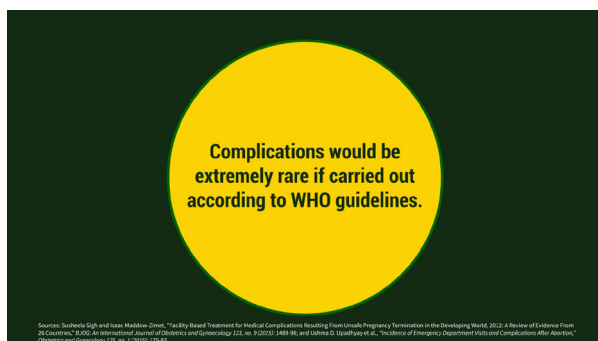
Not everyone is aware of this law and what it allows. This lack of awareness leads to confusion and fear, which can prevent women and girls from seeking an abortion and prevent providers and others from helping them to access the service.

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



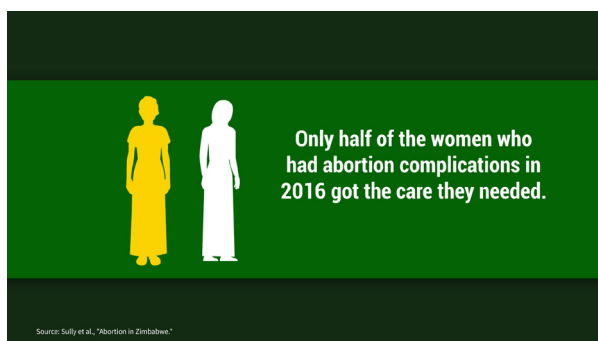
Restrictive abortion laws, like the 1977 TOP, do not actually reduce the number of abortions that occur, and permissive laws do not necessarily lead to more abortions.

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.<sup>6</sup>



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.<sup>7</sup>

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.<sup>8</sup>

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



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.<sup>10</sup>

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

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## Acknowledgments

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Parliament of Zimbabwe, SRHR Project  
Population Services Zimbabwe  
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  
University of Zimbabwe, College of Health Sciences  
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  
2gether 4 SRHR

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View the full presentation online at:  
[www.prb.org/SAFE-ENGAGE](http://www.prb.org/SAFE-ENGAGE)





## Discussion Guide

After delivering the ENGAGE presentation, “Breaking the Silence: Expanding Access to Safe Abortion in Zimbabwe,” you may have the opportunity to foster discussion among your audience members. We encourage you to make the discussion specific to the information and recommendations about Zimbabwe included in the presentation. We also suggest you ask your audience members—given their expertise or positions of influence—what types of actions they can take to improve access to safe abortion services and reduce maternal mortality in Zimbabwe.

Sample discussion questions are listed below:

### DISCUSSION ABOUT ACCESS TO SAFE ABORTION

1. Were you aware of the high number of potentially unsafe abortions happening in Zimbabwe outside the formal health system? What did you learn today about why this is happening and the consequences?
2. Zimbabwe has been able to overcome stigma, shift cultural norms, and encourage government action to drastically reduce HIV infections and significantly increase contraceptive use, once controversial and challenging areas. What lessons from these successes can we apply to break the silence around unsafe abortion?
3. The presentation shared data showing that restrictive abortion laws have little impact on the number of abortions that take place. How can we help more people understand that legal restrictions on abortion do not stop abortions from occurring and in fact make abortions more likely to be unsafe?
4. People have diverse views about abortion. Has this presentation affected the way that you think about the issue or about women who access abortion services? How do you think we can use the presentation to help shift others' views?
5. Women from all socioeconomic backgrounds seek out abortions. What are some of the main reasons women in Zimbabwe seek out abortions?
6. The presentation discussed the burden of unsafe abortion on society in terms of deaths, complications, and costs to the health system, but there are many other types of costs from unsafe abortions. What are additional potential costs to women, families, and society?
7. How can an increased focus on sexual and reproductive health services for men and women help them achieve their full potential and lead to better development outcomes for Zimbabweans? How can improving access to safe abortion impact a country's development?

### DISCUSSION ABOUT FAMILY PLANNING AND REPRODUCTIVE HEALTH

8. Even though Zimbabwe has a high modern contraceptive prevalence rate, 4 out of 10 pregnancies are unintended or unplanned, and 25 percent of those unintended pregnancies end in abortion. What more can we do to prevent the unintended pregnancies that often lead to unsafe abortion?
9. What obstacles or knowledge gaps still exist in Zimbabwe when it comes to sex and family planning? How can we ensure that women and couples have accurate information and contraceptive options so that they can prevent unintended pregnancies?
10. People have diverse views about family planning. Did you learn anything that makes you think differently about family planning, especially related to accessing family planning information and services and how that affects health and well-being?
11. In Zimbabwe, how does geographic location (for example living in a rural area versus an urban area) or age (young versus old) affect a person's ability to access reproductive health services, including post-abortion care?
12. How do you think family planning information and services, including access to safe abortion, make a difference for Zimbabwean families and communities, and for the country as a whole?

## DISCUSSION ABOUT RECOMMENDATIONS

13. The presentation included several recommended actions for expanding access to safe abortion in Zimbabwe. What do you think needs to be done to ensure these actions are taken seriously by high level decisionmakers?
14. In addition to the recommended actions, what else do you think you can do in your personal or professional life to support greater access to safe abortion services? (Encourage participants to be specific and feasible in the actions they suggest.)
15. One of the recommendations in this presentation is to reform the 1977 Termination of Pregnancy Act (TOP). What are the current barriers to this? What can we do to ensure the TOP is reformed to be in line with WHO guidelines?
16. How can we make the case for the government of Zimbabwe to invest in improving the poor state of our health facilities? How can we ensure that we have enough facilities with adequate supplies and equipment to provide safe abortion and post-abortion care services?
17. What can different groups—such as policymakers, advocates, program implementers, service providers, the media, or donors—do to expand access to safe abortion in Zimbabwe?
18. How can you encourage others to overcome the stigma, or silence, around discussing abortion in Zimbabwe? What resources can you share with them?
19. Who else should this presentation be shared with? Can you help share it and promote dialogue with anyone in your professional network?

## Frequently Asked Questions

Often, audience members have questions about the presentation. Some of these questions may be specific to the presentation's creation (data, pictures, figures, funding, research sources), while other questions may be related to the content and topics covered in the presentation (abortion, family planning, Zimbabwe's health services and laws). For questions specific to data points included in the presentation, please refer to the references cited in the script.

Below are some frequently asked questions and suggested answers.

### QUESTIONS ABOUT THE PRESENTATION

#### **Q. How accurate are your data?**

**A.** The data that we have shared in this presentation are from the most accurate sources available. These sources include scientific journals such as *The Lancet*, *PLoS ONE*, and *Obstetrics and Gynecology*; research organizations such as the Guttmacher Institute and national Demographic Health Surveys; government institutions such as the Zimbabwe National Statistics Agency and Ministry of Health and Child Care; and regional bodies such as UNAIDS and the World Health Organization.

#### **Q. How do you know how many abortions take place each year?**

**A.** We use estimates from the Guttmacher Institute, a research organization that collaborates with experts worldwide to determine the number of abortions that occur annually. They have tested and refined their methodology over several decades. In some countries, official statistics on abortion are available and reliable; in others, the statistics must be verified through investigation and interviews; and in many others, there are no abortion statistics at all. In this last case, abortions are estimated indirectly using other available data, such as total numbers of births, pregnancies, percentages of pregnancies reported to be intended or unintended, percentages of pregnancies known to end in miscarriage, numbers of maternal deaths, contraceptive users, rates of contraceptive failure, and so forth. Because these data are estimates, at times you may see different numbers reported by different sources. This variation is due to the sources of data and statistical methods used.

#### **Q. Have the people in the photographs and videos in your presentation given their consent?**

**A.** We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviour of the people featured in this presentation.

#### **Q. Do your statistics refer to both spontaneous abortion (miscarriage) and induced abortion?**

**A.** This presentation states that approximately 65,000 abortions occurred in Zimbabwe in 2016. This number refers to induced abortions and does not include spontaneous abortion or miscarriage.<sup>1</sup>



## QUESTIONS ABOUT ABORTION<sup>2</sup>

**Q. You talk about unwanted children in this presentation. There are no unwanted children in Zimbabwe.**

**A.** In this presentation we focus on unintended pregnancies. Unintended pregnancies can be either unwanted or mistimed, meaning the woman wants to have a child but not at this time.

**Q. We should promote adoption instead of abortion. Why didn't you address adoption in this presentation?**

**A.** Adoption is an important component of comprehensive services for unintended pregnancy. In this presentation, however, we focus on the issue of maternal health and how we can reduce unsafe abortions that are contributing to high rates of maternal death and disability in Zimbabwe.

**Q. Isn't abortion just some Western idea being forced onto Zimbabwe by outsiders?**

**A.** It is my experience that women from all countries have a mind and a will of their own, and the data show that there are many women in Africa seeking abortion, including women in Zimbabwe. The Maputo Protocol, which was developed by African countries, through the African Union, includes Article 14: Health and Reproductive Rights, which states that parties shall ensure that the right to health for women, including sexual and reproductive health, is respected and promoted, including: the right for women to control their fertility; the right for women to decide whether to have children, the number of children, and the spacing of children; the right to choose any method of contraception; the right to family planning education; and the right to adequate, affordable, and accessible health services including information, education, and communication programs to women, especially in rural areas.

**Q. When abortion is legal, doesn't it cause more abortions to take place?**

**A.** As shared in this presentation, data from around the world show that restricting abortion does NOT reduce the number of abortions that take place, but restrictive laws do increase the proportion of abortions that are unsafe. In regions such as North America and parts of Europe, where abortion has been broadly permitted for 20 years or more, nearly all abortions—more than 9 in 10—are performed safely. In contrast, in Africa, where most countries have restrictive laws, only 1 in 4, on average, are safe.<sup>3</sup> More permissive laws create a non-stigmatizing environment where women feel comfortable seeking services in formal health facilities, reducing the likelihood that they will resort to clandestine, unsafely performed abortions.

**Q. Abortion is an instrument of population control.**

**A.** We are against population control, and we oppose coercion in reproductive health, including whether to have a child or not. We want to reduce the number of women who are hurt or even die because they are seeking and undergoing unsafe abortion. Women should be able to make all decisions about their health and well-being, including those related to their sexual and reproductive health, voluntarily and free from coercion.

**Q. My religion says that abortion is immoral.**

**A.** Everyone has their own beliefs about faith and religion, and individuals should be free to make decisions about their lives that are in line with their personal beliefs. Women who terminate their pregnancy and are not able to access safe abortion care may risk their health or life with an unsafe abortion. Many people feel that not providing safe services and thus allowing women to die from unsafe abortion is immoral. We believe that each woman should be free to make health decisions in light of her own morals and religious beliefs, and free from coercion.

**Q. A man has just as much say about the continuation of a pregnancy as a woman. There should be a law that requires his permission before a woman can get an abortion.**

**A.** We encourage women to consult their partners about the decision to end a pregnancy, if they feel safe doing so. We also encourage men to respect women's choices about childbearing, particularly given the unequal burden of pregnancy on women. By legally requiring a man's consent for an abortion, we perpetuate barriers that may cause women to seek clandestine, unsafe abortions and put their lives at risk.

**Q. Can't abortion drugs be misused?**

**A.** Similar to all prescription drugs, there is a potential for the drugs used for medication abortion to be misused. However, these drugs have been deemed safe and registered for use in some African countries. Abortion providers, as all health care providers, oversee the correct use of these drugs, and monitor for adverse reactions.

## **QUESTIONS ABOUT FAMILY PLANNING**

**Q. You mentioned family planning in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?**

**A.** There is a wide range of contraceptive methods available to both women and men depending on the reproductive needs of each individual. Some methods are more effective than others. The most common methods used in Africa are oral contraceptive pills, hormonal injections, and condoms. The most effective methods are long-acting or permanent: IUDs, female sterilization, and vasectomy. Couples can also use other methods that rely on knowing when a woman's fertile period is and abstaining from sex or using another method on fertile days.

**Q. In Zimbabwe, contraceptives are available to women. Why is it important to invest in reproductive health and family planning when services are already available?**

**A.** Even though Zimbabwe's modern contraceptive prevalence rate for married women ages 15 to 49 has nearly doubled in the past three decades, the maternal mortality rate (defined as deaths among women during pregnancy, childbirth, or within two months after childbirth) remains high compared to our neighbours.<sup>4</sup> One of the leading causes of maternal mortality is unsafe abortion, so it is important to continue addressing critical gaps in reproductive health and family planning information and services that are causing women to have unintended pregnancies and seek unsafe abortions.

**Q. Zimbabwean women want to have many children. It is our tradition to have large families. So how can you say that African women want to have fewer children?**

**A.** Each woman can make her own decision about a pregnancy, and whether or not she wants a child at that time. Being Zimbabwean does not automatically mean that a woman wants many children. Many African women and men want many children, but many others prefer a small family, or no children at all. The average number of children that are desired by both men and women has even dropped slightly in the last decade. There are still many women who do not want to get pregnant or who would like to delay a pregnancy but are not using a contraceptive method. By increasing access to family planning, we can ensure that all women and couples can achieve their desired reproductive outcomes.

**Q. Is a large population needed to drive economic growth?**

**A.** While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, economic growth took off. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. Factors like the population age structure, health and education systems, economic policy, and governance together play a much greater role in spurring economic growth than just the population size.

**Q. Is it true that as women become more empowered, men will lose status and power, and this will be a negative consequence for them?**

**A.** Research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men mean being tough, brave, and aggressive. Consequently, men are more likely to take risks which can lead to poor health, such as violent activity or unsafe sex. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviours. At the same time, everyone can benefit from greater gender equality.

**Q. Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?**

**A.** It is important that women never feel coerced in reproductive health matters. Many women and couples in Africa want to use family planning to delay, space, or limit their pregnancies. By ensuring that women and couples who want to use family planning are able to, women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.

**Q. Some religious leaders do not support family planning, especially for young people. What can I do to change attitudes among religious leaders about family planning?**

**A.** Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. Access to contraception and family planning is not just about child spacing but about maintaining optimal health at all stages of life and in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. In order to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. There are examples from around the world of leaders within all major religious groups who do support family planning. Work with them to create messages that show where in the Bible or the Qur'an child spacing is supported and promoted for the health of the mother and child. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning within religious frameworks.

## **PERSONAL ATTACKS**

**Q. How can you, a woman with no children, talk about abortion? Or, how can you, as a man, talk about abortion?**

**A.** We believe that abortion is an issue that everyone has a right and an obligation to take seriously. I am not here to discuss my personal experience with this issue, but rather to talk about what data and research show about abortion and maternal health in African countries.

**Q. Have you ever had an abortion?**

**A.** That is a private medical question and inappropriate to this discussion. That is not why I am here today. I am here because we are dealing with a political, social, and health issue in our society. It is not about me personally.

**Q. You are a doctor. Have you ever performed an abortion?**

**A.** As a health provider, I have been trained in how to perform an abortion, because abortion is medically indicated in some circumstances. The circumstances of each procedure are not the subject of this presentation. It is important to me, as a health care provider, to take care of my patients' health care needs and respect their privacy.

**Q. You are promoting abortion even though it endangers women's health.**

**A.** Actually, we are trying to show that women are suffering from disability and dying because of *unsafe* abortion. We want to make abortion-related services safe, so that when women seek an abortion, they can do so safely, without endangering their lives. With increasing use of family planning, fewer women will want to seek abortions in the first place. Through expanding family planning programs and increasing access to abortion-related services, we can promote women's health.

**Q. Are you doing this presentation for financial gain because, as a doctor, you will earn a lot of money performing abortions?**

**A.** Doctors make money practicing medicine in general, whether it is for performing abortions, delivering babies, or performing surgery. In fact, if safe abortion were more widely available, it would become less expensive, as we have seen in countries that have introduced medication abortion. As a doctor, I want to make abortion safe.

**QUESTIONS ABOUT FUNDING AND PARTNERS**

**Q. Who developed this presentation?**

**A.** This presentation was developed by the Population Reference Bureau (PRB), in partnership with Zimbabwe Women's Action Group, and with the guidance of a local task force comprised of researchers, advocates, medical and legal professionals, and policymakers working on the topic of safe abortion in Zimbabwe. The task force was chaired by the Zimbabwe Ministry of Health and Child Care.

**Q. What is the SAFE ENGAGE Project?**

**A.** SAFE ENGAGE is a three-year project begun in November 2017 that supports access to safe abortion by providing decisionmakers with the latest data on abortion and maternal health and by building the capacity of advocates and other decisionmakers to use evidence to achieve policy goals.

**Q. Who is funding the SAFE ENGAGE Project?**

**A.** PRB received private funds to lead the SAFE ENGAGE project. We worked with a task force of policymakers, medical and legal experts, advocates, and researchers to develop content relevant to Zimbabwe.

**Q. Is PRB an advocacy group?**

**A.** PRB is a nonprofit, private, educational organization that focuses on providing accurate data and facts. As such, they do not directly advocate or plead in favour of specific outcomes or recommendations in countries. However, they do help local partners communicate by making sure that their messages are based on the latest and most accurate data and information.

**Q. Are there funding sources for recommendations in this video?**

**A.** Additional funding is needed to ensure safe, high quality abortion services are available to women throughout Zimbabwe. The Zimbabwe Ministry of Health and Child Care, PRB, and other task force members will continue to work to ensure funding for expansion of safe abortion service in Zimbabwe.

To use this resource in your own work, you can access the video and supplemental materials online: [www.prb.org/SAFE-ENGAGE](http://www.prb.org/SAFE-ENGAGE)

## Frequently Asked Questions

### 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://dx.doi.org/10.1371/journal.pone.0205239>.
2. Many of the frequently asked questions and responses about abortion were adapted from materials published by Catholics for Choice, and specifically, *Telling the Truth About Reproductive Health: A Guide to Successful Communications* (Washington, DC: Catholics for Choice, 2012).
3. Susheela Singh et al., *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York: Guttmacher Institute, 2018).
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## Additional Resources

### GENERAL

African Union, *Interpreting and Implementing Existing Abortion Laws in Africa* (Nairobi: Ipas Africa Alliance for Women's Reproductive Health and Rights and the African Union Commission, 2013).

Catholics for Choice, *Telling the Truth About Reproductive Health: A Guide to Successful Communications* (Washington, DC: Catholics for Choice, 2012).

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