ORIGINAL RESEARCH ARTICLE

Unsafe termination of pregnancy where abortion is illegal: A Botswana context-specific study

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Abstract

Unsafe pregnancy termination contributes to morbidity and mortality among women globally. Despite Botswana's restrictive abortion laws, women continue to use unsafe abortion methods. This study aimed to explore factors that contributes to unsafe termination of pregnancies in Ngami sub-district, Botswana. A qualitative descriptive and exploratory research approach, using a phenomenological design, was applied. Semi-structured in-depth interviews were conducted with women admitted to the gynecological ward from June to August 2021. Data saturation was reached with the 12th participant. Data was analyzed thematically. The study revealed two major themes: factors contributing to unsafe abortions, and interventions to reduce unsafe abortions. The study underscores the global issue of unsafe abortion that leads to high morbidity and mortality, and long-term complications. An overall recommendation is for Botswana to reconsider its abortion law and aim to prevent unsafe abortions and reduce healthcare costs. *(Afr J Reprod Health 2024; 28 [10]: 72-80).*

Keywords: contributory factors; illegal; unsafe abortion; unplanned pregnancy

Résumé

Les interruptions de grossesse à risque contribuent à la morbidité et à la mortalité chez les femmes dans le monde. Malgré les lois restrictives du Botswana sur l'avortement, les femmes continuent de recourir à des méthodes d'avortement à risque. Cette étude visait à explorer les facteurs qui contribuent à l'interruption de grossesse à risque dans le sous-district de Ngami, au Botswana. Une approche de recherche qualitative, descriptive et exploratoire, utilisant une conception phénoménologique, a été appliquée. Des entretiens approfondis semi-structurés ont été menés auprès de femmes admises au service de gynécologie de juin à août 2021. La saturation des données a été atteinte avec la 12ème participante. Les données ont été analysées thématiquement. L'étude a révélé deux thèmes majeurs : les facteurs contribuant aux avortements à risque et les interventions visant à réduire les avortements à risque. L'étude souligne le problème mondial de l'avortement à risque, qui entraîne une morbidité et une mortalité élevées ainsi que des complications à long terme. Une recommandation générale est que le Botswana reconsidère sa loi sur l'avortement et vise à prévenir les avortements à risque et à réduire les coûts des soins de santé. *(Afr J Reprod Health 2024; 28 [10]: 72-80).*

Mots-clés: Facteurs contributifs ; illégal; avortement à risque ; grossesse non planifiée

Introduction

Unsafe abortion occurs when a pregnancy is terminated either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both[1]. Around 73 million induced abortions occur annually, of which 61% are due to unintended pregnancies and 29% are recorded as unsafe. Of all abortions considered unsafe, 97% occurs in developing countries[2].

Abortion is a very delicate and contentious reproductive health issue based on political, economic, religious, and social perspectives. Legal restrictions, for example, in Botswana, hinder access to safe abortion methods, skilled care, and post-abortion care (PAC). Unmet contraceptive needs among women also pose a significant threat to maternal health, with 19% of married women seeking abortion services despite legal restrictions[3]. A decision to do an abortion is often influenced by factors like education level, marital status, economic dependence, and victimization as highlighted by[4]. Support from family, friends, access to education and abortion facilities and

societal norms is also reported to impact on the woman's decision-making[4]. Furthermore, non-legalisation of abortion is reported as a main reason women seek unsafe abortion[5]. Prevalent causes also include but are not limited to, being unprepared for parenthood and having extramarital or premarital affairs[6].

As highlighted by[7], unsafe abortion is a major cause of maternal morbidity in sub-Saharan Africa (SSA), leading to severe complications such as incomplete abortion, heavy bleeding, infection, uterine perforation, and damage to the genital tract and internal organs. These complications require immediate attention and have an estimated annual cost of $553 million[1]. Due to a lack of understanding about abortion legality, ambiguous policy guidelines, and procedural execution, unsafe abortions account for a significant portion of Botswana's maternal mortality rate, which stood at 166.3 deaths per 100, 000 live births during 2019. This implies that Botswana consistently exceeds the Sustainable Development Goal (SDG) threshold of 70 maternal deaths per 100,000 live births as per Policy brief[8]. The Republic of Botswana Penal Code, Amendment Act of 1991[9], allows abortion up to 16 weeks' gestation under specific circumstances; however, this permission is presented as a moral issue as opposed to a medical need.

Efforts to reduce unintended pregnancies should focus on family planning and contraception to limit unsafe abortion, which is considered to significantly contribute to maternal mortality in Botswana[8]. To achieve the SDGs 3.1 and 5.6, it is crucial to reduce unsafe abortion rates; hence, the aim of the study was to explore the factors that contributes to unsafe abortion in a context where abortion is illegal, and to develop interventions to reduce unsafe abortions in Ngami sub-district, Botswana.

Methods

Study approach and design

A qualitative, descriptive, and exploratory research approach by use of a phenomenological design, was used to explore and describe the factors that contributes to unsafe abortions in the Ngami sub-district. A phenomenological design was applicable as it involves a careful description of ordinary conscious experiences of women as guided by[10].

Study setting and study population

The study was conducted at Letsholathebe II Memorial Hospital in Ngami sub-district. The population included women aged 18-49 who were admitted for unsafe abortions during the data collection period, who had an unsafe abortion and willing to participate.

Sampling and sample size

A non-probability, convenience sampling technique was used to draw a sample from the study population. The sample size was guided by data saturation.

Data Collection and Analysis

Data collection was through in-depth semi-structured interviews with women who went through an unsafe abortion and willing to participate. Data was collected from June to August 2021. Each eligible woman received an information form and the purpose of the study was explained. Informed written consent was obtained from women who voluntarily agreed to participate.

An interview guide consisting of two sections was used to guide data collection: Section A focused on demographic data, section B had one main open-ended question that was supported with probing questions to elicit more detailed information.

The interviews were audio recorded with participants' consent. COVID-19 protocols were implemented, including face masks, 1.5-meter social distancing, and 70% alcohol sanitizer surface disinfection to prevent disease spread during interviews and post-interviews [11]. Data saturation was reached with the 12th participant.

The researcher manually transcribed data from audiotaped interviews, data analysis was through thematic analysis[10]. An external coder was engaged to ensure accurate data representation.

Ethical consideration

Ethical approval was obtained from the University of South Africa's College Research Ethics Committee (Rec-240816-052). Permission to

conduct the study was sought from the Ministry of Health and Wellness (MoHW) Research Unit and Coordinator Ngami District Health Management Team (DHMT).

Due to the sensitivity of the matter under study, the researcher upheld ethical standards throughout the research process, ensuring participant confidentiality, privacy, and anonymity. Participants were further offered an option to withdraw at any stage of the study without punishment or victimization.

Trustworthiness

Trustworthiness was ensured through bracketing, member checking, keeping an audit trail and a thick description of the research process[10].

Results

Table 1 illustrates the demographic characteristics of the participants.

The study involved twelve participants aged 16-37 years, with seven of them being of reproductive age, and 83.3% who were likely to perform unsafe abortions. Most participants had low-level educational backgrounds and mostly unemployed. Majority, 50% experienced unsafe abortions, at least once, 41.7% more than once and one, 15 times in their lifetime.

Two themes and 12 sub-themes emerged from the 12 interviews conducted. The themes and sub-themes are categorized in Table 2. Participants are identified as PA-PL in reporting their responses.

Theme 1: Factors contributing to unsafe abortion

Several factors were shared by participants to highlight what led them to undertake an unsafe abortion.

Sub-theme 1.1: Family values and women's lack of autonomy

Family values often compromise women's self-determination. Women are expected to follow family values, which prohibit extramarital and premarital pregnancy. Participants shared the following:

"Firstly, sometimes it is because of family. Most of the time, if we can go to parents, they will feel I am still young to fall pregnant and have brought down the family dignity". (P-A).

"*And again, when my brother brought me some items here, he started slashing me with words. He was telling me how fearless I was and that I am not afraid of them. I have a two-year-old baby. He said they are caring for the baby, and they can't be burdened with my other child and all that stuff ..." (P-A).*

Another participant with more than one abortion experience shared the following:

"The real problem, to me, is parents, family. I have a rigorous family, both on my mother's and father's sides ... They are very strict, especially with my elder brother... They will be telling you; that you are not working; you just stay home. What will you eat? What will you feed your kid? When you don't work, what are your life plans? Instead of going to school, you will be home and getting pregnant"These are just words that are not good as they did when I had my first child. That is why I had to do this." (P-D).

Sub-theme 1.2: Family planning challenges

Women in Ngami sub-district experience various contraceptive challenges. Participants stated the following:

"*For me, I was using an implant, which I had removed in April this year when I was sick. I would have prolonged periods, and it would even double in a month. That is why I cannot use it anymore." (P-A).*

Contraception failure was also cited:

"Prevention methods are not 100%, so when someone falls pregnant while using the contraceptives, you must see what to do ..." (P-G).

"I can't abstain, and I don't know what will treat me well because I once used depo and gained weight. My asthma was triggered, and I had diabetes and high blood pressure, so I quit." (P-I)

Sub-theme 1.3: Perceived lack of options

When faced with an unintended pregnancy, women can panic and perceive an unsafe abortion as the only available option as shared below:

Table 1: Characteristics of study participants (N=12)

Characteristics of study participants	Number of participants (N-P)
Age	
16-20	03
21-30	04
31-40	05
Marital status	
Married	0
Single	12
Widowed	0
Level of education	
Secondary – BGCSE	06
Secondary – JCE	03
Tertiary – Brigade	02
Secondary – BGCSE (Schooling)	01
Employment status	
Employed	02
Unemployed	09
Self-employed	01
Number of abortions	
1st time	06
2nd time	05
3 ≥ times	01

"*I panicked at first because I had not planned anything. I was scared, asking myself what I would do; was I fit to be a parent given my status? Then I decided. I realized that I was not fit enough, and I had not agreed with the partner that we could have a baby or anything." (P-D).*

Sub-theme 1.4: Political standpoint and human rights aspect

Botswana, a member of countries allowing abortion under specific circumstances, advocates for safe treatment for women with compelling reasons. Participants suggests that the government should make more provisions for unintended pregnancy termination from a human rights perspective:

"The thing is, in Botswana, abortion is illegal. Would it be better if it was legalized based on personal reasons? All these illicit abortions would not be happening. Because not all of us use the pills, some use traditional medicines because they are scared to buy the drugs" (P-A).

"I think the government must consider women's reasons for wanting to terminate it." (P-G).

Sub-theme 1.5: Socio-economic reasons

The study revealed that socioeconomic status significantly contributes to unsafe abortion, as most cases of abortions are attributed to poverty. The participants highlighted this as follows:

"It is because of the financial status at home. I was not going to be able to take care of them, looking at the fact that I'm struggling to take care of my siblings; it has been difficult and my kids, so it was going to be difficult. Oh, my boyfriend is there, but even on his side, it is difficult." (P-H).

Other participants shared the same sentiment as participant P-H:

"*My baby is still young, two years old, and I am not working." (P-K).*

"Yes, I was not going to manage. Again, when that baby was to come, I had nothing because all the money I was working for I had spent on constructing my bachelor pad. I had no money at all." (P-C).

"I told the nurse that I didn't want this baby. I am not financially stable. I have a small baby and am paying for the baby's school fees, so what will I do with this one? And she said the baby has a father, and I told her I didn't want the baby. So, I was forced to see how I could get rid of the pregnancy." (P-G).

She continued to say:

"So, usually, when you go to the nurses asking for it, they tell you to go to the private, and you don't have money to go there, you don't work, and you are looking at what you will support your baby with, and you end up doing this "backstreet abortion." (P-G).

Sub-theme 1.6: Unstable relationships

The frustration and anxiety of raising a child alone were shared as follows:

"I was being abandoned or ignored by my boyfriend. He was no longer talking to me.

2: Themes and sub-themes

Themes	Sub-themes
Factors contributing to unsafe abortions	Family values and women's lack of autonomy
	Family planning issues
	Perceived lack of options
	Political standpoint and human rights aspect
	Socio-economic reasons
	Unstable relationships
	Desire to continue with studies
Interventions towards the Reduction of unsafe abortions	Education and counselling on reproductive health
	Strengthening provision of youth-friendly services
	Support and protection for young girls who grow-up without parents or a guardian
	Women's general and economic empowerment
	Government to legalize abortion

Source: Data collected by the researcher

when I sent him messages, he would ignore them… He was cheating a lot." (P-F).

"He didn't love me, and there was no need for me to always be after him; there was no need to keep the baby because my aim has always been to have a child with someone…" (P-C).
Instabilities in relationships can lead to unsafe abortions, one of the participants supported this notion by stating that:

"I was not ready for another baby. Again, I didn't know who the father was." (P-G).

Sub-theme 1.7: Desire to continue with studies

One participant stated a desire to pursue education as a factor that led her to commit an unsafe abortion: *"I was supposed to go to school, and I couldn't imagine dropping out of school because of my pregnancy." (P-L).*

Theme 2: Interventions towards the reduction of unsafe abortions

Participants proposed various intervention strategies to mitigate both the prevalence and impact of abortion on women's health. Suggestions are presented as subthemes.

Sub-theme 2.1: Education and counselling on reproductive health

Participants advocated for public education on emergency contraception to prevent unintended pregnancies and unsafe abortions.

"I don't know if it happens with older people, but for the youths who are most affected, education can help." (P-L).
Psycho-social counselling was recommended to guide pregnant women in decision-making:

"I can say there must be a counsellor whom a woman can feel comfortable with to tell her their conditions and that they are pregnant but cannot keep the baby, so they need your help." (P-E).

"If one has problems, I think one must see counsellors before making such a decision." (P-K).

Sub-theme 2.2: Strengthening provision of youth-friendly services

Youth often engage in unsafe abortions due to lack of access to contraceptive services, citing victimization by healthcare providers (HCPs).

"... someone of my age going there to look for contraceptives and finds the elderly full there, they shame you, that I am the only kid here, and what will people say, what will society say when they see me as a child taking these contraceptives?

They start thinking that this kid at this age is sexually active; it is going to raise eyebrows..." (P-L).

Sub-theme 2.3: Support and protection for young girls who grow-up without parents or a guardian

As shared by participants, men tend to victimize young girls without parental guidance:

"There has been no proper care and support since my mother passed away. I stay with my younger siblings, and since I am the one working, I am forced to take care of my two small kids. I buy food for them; our father does not take care of us; unless someone is sick or you show something to him, that's when he helps. I had to terminate this pregnancy." (P-H).

"But if when someone was coming and you consider those reasons, maybe someone is coming from a poor background, does not have the mother, no father, so who is going to help you when the baby comes." (P-G).

Sub-theme 2.4: Women's general and economic empowerment

Women's empowerment is crucial to enhance independent decisions and negotiate safer sex practices:
One participant highlighted this as follows:

"Again, the guy who gave me the pills said he didn't want school kids, but the pills were not effective." (P-L).

Empowerment with life skills was alluded to by one participant. She said:

"Another is skills, like if there can be some activities. I don't dispute that it is Covid times, but if you could take female kids out for camps and talk them into confidence, the confidence to stand and speak, because when they see others stand up, they will get the courage to stand and talk as well, which is good." (P-C).

Sub-theme 2.5: Government to legalize abortion

Participants advocate for legal abortion that consider individual cases and allows women to choose safe abortion to reduce women's reliance on backstreet abortionists, as stated in the following response:

"The thing is in Botswana abortion is illegal, only if it was legalized based on individual reasons that would be better, all these illegal abortions would not be happening. Because it is not all of us who use the pills, some use traditional medicines because they are scared to buy the pills. If reasons for why so and so wants to do abortion that would be better." (P-A).
"I think the government must consider the reasons of women as to why they want to terminate it" (P-G).

Discussion

Factors contributing to unsafe abortion techniques

The factors shared by participants as contributing to unsafe abortion were lack of psychosocial support during pregnancy, lack of autonomy based on pressure from family members, economic challenges, unplanned pregnancy, unstable relationship, contraception challenges and mainly that abortion is illegal in Botswana.

Participants reported fear of potential stigma from parents and other family members that ultimately lead to unsafe abortion practices. Similar findings were cited by participants in a study on exploring the reasons for unsafe abortion among women in the reproductive age group in western Ethopia[12]. Participants expressed the desire to avoid disappointment and animosity from parents regarding an unintended pregnancy, focusing on maintaining cordial connections while living under their care[12].The study reveals that unintended pregnancies are higher in Ngami sub-district, because of limited contraceptive use, method failures, side effects, and largely due to a lack of awareness and understanding. Similarly, other study findings indicated challenges with women's contraceptive uptake, resulting in one in four unintended pregnancies leading to unsafe abortion[1,8].

Financial vulnerability for almost half of the participants was a primary reason for unsafe abortion as they struggle to balance pregnancy and childcare for existing children. Similarly,

participants in other studies admitted that their socioeconomic situations prompted them to engage in unsafe abortion procedures[9,13].
Women terminated pregnancies as they had no other option in the case of an unplanned pregnancy. Women often terminate pregnancy without notifying their partners due to fear of the possible consequences, disagreement, or abandonment characterised by unstable relationships, as also highlighted by[4,114] concurs that unplanned pregnancy, single women, multiple boyfriends, and lack of support for partners contribute to unsafe abortions.

Abortion restrictions deny women full access to safe abortion services as a fundamental human right, increasing the number of unsafe abortions. Furthermore, criminalizing abortion has been demonstrated to increase the rate of unsafe abortions as well as abortion-related morbidity and mortality specifically in Sub-Saharan Africa (SSA) countries[14,15].Some participants needed to complete their studies as the primary motivation for engaging in unsafe abortion techniques. The same findings were supported by [3-4], that most participants in their studies cited the desire to complete their education as a reason for committing an unsafe abortion as they were at various stages of their education when they had unintended pregnancies.

Interventions towards the reduction of unsafe abortions

Participants suggested intervention strategies to reduce unsafe abortions in Ngami sub-district, which included education and counselling, youth-friendly services, protection for young girls, women's general and economic empowerment, and the Botswana Government to legalize abortion. As highlighted by[16], psycho-social counselling is crucial in guiding pregnant women's decision-making in terms of unintended pregnancies. Protection for young girls who grow up without parents or guardians is also essential as men tend to victimize young girls without parental guidance, for example, by forcing them to have unsafe abortions due to fear of blasphemy charges and potential traced cases[17,18].

Women's empowerment to fight for their sexual rights and avoid unintended pregnancies in relationships is beneficial[19]. Women's economic empowerment should also be enhanced as poor economic situations and reliance on family members' resources contributes to unsafe abortions. To avoid falling pregnant, individuals should consider using protection or abstain[20]. By implementing these interventions, Ngami sub-district can work towards reducing unsafe abortions and improving the lives of women in the region.

Conclusion

Unsafe abortion is a significant global health issue causing high morbidity, mortality, and long-term complications among women. In Botswana, women often resort to unsafe abortions despite restrictive laws, highlighting the need for urgent review and recommendations for interventions to curb this public health issue. Therefore, legalizing abortion in Botswana and considering individual cases would probably reduce unsafe abortions and save more lives.

Recommendations

The study underscores the necessity of reviewing Botswana's abortion laws to enable women to legally terminate unintended pregnancies and foster social capital on this contentious issue.

Limitations

The qualitative research methodology used is limited in generalizing findings in Botswana, limiting the development of objective policy to address unsafe abortion. The study did not consider cultural and religious beliefs impacting women's decision for abortion, was limited to women with unsafe abortions admitted to gynecological ward excluding those at homes and private clinics. The study was impacted by the COVID-19 pandemic, necessitating contingency plans, such as preparing for video interviews in case the pandemic worsened.

Conflict of interests

The authors declare that there are no competing interests.

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Contribution of authors

EMK - Conceived and designed the study, collected and analyzed data and prepared the manuscript.
KPO- acted as a supervisor and monitored the study process throughout and reviewed the manuscript.
JMM- acted as a co-supervisor of the study, substantially and critically reviewed and reformulated the manuscript and conducted the final editing.

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