

The hidden toll of unsafe abortions

Every year, thousands of Ugandan women face life-threatening risks from unsafe abortions. Social pressures, limited information; and legal restrictions force many into dangerous choices. Behind the statistics are real women like Martha, whose desperate search for help nearly cost her life.

BY BEATRICE NAKIBUUKA

Martha was already raising five children when she discovered she was pregnant again. Her husband's response was immediate and firm; he could only support five children. "If I carried the pregnancy to term, he said he would leave," she recalls.

"I could not raise the children on my own," Martha says. "I needed his support, so I went to the hospital and asked for an abortion. The doctors were very rude and sent me away without offering any help. My marriage was at stake."

Feeling isolated, she turned to friends who gave her herbal remedies to induce the pregnancy. Shortly after taking them, she began bleeding heavily for two weeks and eventually lost consciousness. She was rushed back to the same hospital. This time, doctors treated her for severe blood loss.

Though she was scolded for attempting an unsafe abortion, her life was saved. After recovery, Martha chose a long-term contraceptive, an intrauterine device, to prevent another unintended pregnancy and protect her marriage.

Her experience is far from unique. Across Uganda, health workers continue to treat women suffering severe complications from unsafe abortions, ranging from infections and organ damage to infertility and death.

Persistent gaps

Uganda has recorded measurable improvements in maternal health. The Uganda Demographic and Health Survey shows that maternal mortality fell from 336 per 100,000 live births in 2016 to 189 per 100,000 live births in 2022. Expanded maternal health services, improved skilled birth attendance, and stronger public health interventions contributed to this decline.

Yet unsafe abortion remains a significant contributor. The Uganda Maternal and Perinatal Death Surveillance and Response (MPDSR) 2022/2023 report estimates unsafe abortions account for about six percent of all maternal deaths. While six percent may seem modest, each case represents a preventable loss. Beyond mortality, thousands more women face serious complications, straining families and the healthcare system.

In 2022, the Guttmacher Institute estimated that approximately 297,000 induced abortions occur annually in Uganda, about 54 per 1,000 women aged 15 to 49. Many of these procedures are unsafe, often carried out outside regulated medical settings.

The legal framework

Abortion in Uganda is generally prohibited under the Penal Code, though exceptions exist to save a woman's life or preserve her physical or mental health, as interpreted through Ministry of Health



ONGOING PUBLIC HEALTH CHALLENGE

Uganda's maternal mortality decline signals progress, yet unsafe abortion continues to contribute to preventable deaths and illness. Behind every statistic is a human story: a teenager fearing school expulsion, a mother worried about feeding her children, a family mourning a daughter lost too soon.

Health professionals point to social and economic pressures pushing women toward unsafe options. PHOTO/AI

guidelines. Cases of rape, incest, or serious health threats may also qualify.

Legal confusion persists. Many women are uncertain about their rights, and some healthcare providers are cautious in interpreting the law. Importantly, post-abortion care is recognised as life-saving. Health Centre III and higher facilities must provide care to all women, regardless of whether the abortion was induced or spontaneous. This includes treatment for heavy bleeding, infections, and other complications.

Despite this policy, stigma and fear often delay women from seeking timely medical help.

Why young women are vulnerable

Health professionals point to social and economic pressures pushing women toward unsafe options. Many lack comprehensive sexual and reproductive health information, and access to contraceptives remains uneven, especially in rural areas.

Teenage pregnancy rates have stagnated at 24–25 percent, highlighting gaps in prevention.

Dr Simon Peter Kayondo, an obstetrician-gynaecologist and project coordinator at the Association of Obstetricians and Gynaecologists of Uganda (AOGU), notes that reasons for abortion include financial hardship, unstable relationships, parental disappointment, and cultural expectations.

"For school-going girls, pregnancy can mean dropping out permanently. For married women such as Martha, it may threaten household stability. In some cases, women describe abortion not as a traumatic event but as a decision related to managing their reproductive health. However, when safe and legal pathways are unclear or inaccessible, the risks escalate," he says.

The cost

Doctors in emergency wards frequently

treat women with severe bleeding, septic shock, and injuries caused by unsterile instruments or toxic substances.

"We often receive patients when it is already too late," says Dr Kayondo. "By the time they arrive, they may have lost a dangerous amount of blood or developed widespread infection."

Complications include infertility, chronic pelvic pain, and long-term psychological distress. Families incur high medical expenses, lose income during hospital stays, or, in the worst cases, bear funeral costs. Children may lose their mothers, and young women may abandon education due to health complications.

Could access reduce maternal mortality?

Global health evidence links access to comprehensive reproductive healthcare with lower maternal morbidity and mortality. Access includes contraception, accurate information, skilled health providers, emergency obstetric care, and timely post-abortion treatment.

Uganda's reduction in maternal mortality demonstrates that health system improvements save lives. Yet Dr Fiona Kalinda, a sexual and reproductive health specialist, says progress also requires preventing unintended pregnancies and addressing unsafe abortion.

"Where women have access to effective contraception and early counselling, unintended pregnancies decline. Where emergency care is readily available, and stigma is reduced, complications are treated earlier and more effectively," she notes.

The social implications

Stigma silences discussion within families. Young women hide pregnancies out of fear of shame, while married women face pressure from partners or extended families regarding family size. Some men distance themselves from responsibility, leaving women to make difficult decisions alone.

Counsellors report that several girls lack trusted adults to discuss sexual health. "The silence is dangerous," Dr Kalinda explains.

"When there is no open conversation, misinformation fills the gap." Rumours about herbal remedies or unverified pills spread quickly, sometimes amplified through social media.

Prevention

Prevention is the most effective strategy. Dr Kalinda emphasises comprehensive sexuality education to equip young people with knowledge about contraception, consent, and reproductive health. Expanding access to affordable contraceptives, including long-acting reversible methods, can reduce unintended pregnancies.

Youth-friendly health services providing confidential counselling encourage earlier care-seeking. Clear communication about the law reduces fear and misinformation.

Dr Kayondo adds, "Post-abortion care remains a critical safety net. Ensuring all health facilities are equipped, staffed, and trained to deliver compassionate emergency treatment is essential. Reducing stigma within healthcare settings encourages timely presentation."

For women such as Martha, access to family planning after recovery prevents repeat crises. Her decision to use an IUD reflects the broader need for reliable contraceptive options and supportive counselling.