

Title

**ASSESSING LEGAL BARRIERS TO SAFE ABORTION SERVICES HINDERING SEXUAL  
AND REPRODUCTIVE HEALTH RIGHTS AWARENESS, ACCESS, AND PUBLIC  
HEALTH OUTCOMES IN MTANDILE, LILONGWE, MALAWI**

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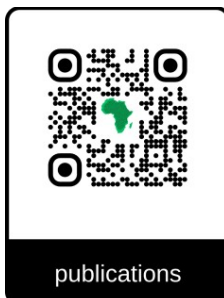
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**Abstract**

Unsafe abortion remains a critical public health and human rights concern in Malawi, largely driven by restrictive legal frameworks, socio-cultural stigma, and limited access to comprehensive sexual and reproductive health services. This study assessed the legal barriers to safe abortion services and examined how these barriers influence Sexual and Reproductive Health and Rights (SRHR) awareness, access to services, and public health outcomes in Mtandile, an informal settlement in Lilongwe City. The study employed a mixed-methods research design, integrating quantitative and qualitative approaches to provide a comprehensive understanding of the issue. Data were collected from women of reproductive age (15–49 years), healthcare providers, community leaders, and religious leaders using structured questionnaires, in-depth interviews, and focus group discussions. Quantitative data were analyzed using descriptive statistics, while qualitative data were analyzed thematically.

Findings revealed that restrictive abortion laws in Malawi significantly limit access to safe abortion services and contribute to widespread misinformation regarding the legality of abortion. Fear of legal consequences and social stigma were found to discourage women from seeking safe or timely post-abortion care. As a result, many women resorted to unsafe abortion methods through informal networks, traditional practices, or self-induced procedures, increasing the risk of severe health complications. The study further established a strong link between restrictive legal environments and adverse public health outcomes, including maternal morbidity, psychological distress, and preventable maternal deaths.

The study concludes that criminalization of abortion does not prevent its occurrence but rather exacerbates unsafe practices and undermines women's sexual and reproductive rights. It recommends legal reform, strengthened SRHR education, community sensitization, and improved access to post-abortion care services as critical strategies for reducing unsafe abortions and improving maternal health outcomes in Malawi.

**Keywords:** safe abortion, legal barriers, sexual and reproductive health rights, unsafe abortion, maternal health, Malawi

**Introduction**

Sexual and Reproductive Health and Rights (SRHR) constitute a fundamental component of public health, gender equality, and social justice. Globally, access to safe abortion services has been recognized as an essential element of comprehensive reproductive healthcare and a critical determinant of maternal health outcomes. Despite this recognition, abortion remains highly restricted in many low- and middle-income countries, where legal, social, and cultural barriers continue to undermine women's access to safe and quality reproductive health services (World Health Organization [WHO], 2022).

Unsafe abortion is a major contributor to maternal morbidity and mortality worldwide. The World Health Organization estimates that approximately 45% of all abortions globally are unsafe, with nearly all unsafe abortions occurring in developing regions where restrictive abortion laws and weak health systems prevail (WHO, 2022). Sub-Saharan Africa bears a disproportionate share of this burden, accounting for some of the highest maternal mortality ratios globally. These deaths are largely preventable through access to safe abortion services, comprehensive sexuality education, and effective post-abortion care.

In Malawi, abortion is governed by a highly restrictive legal framework under Sections 149– 151 of the Penal Code, which permits abortion only when it is necessary to save a woman's life. This narrow legal provision excludes circumstances such as rape, incest, fetal impairment, or threats to a woman's physical or mental health. Consequently, many women and girls who experience unintended or unwanted pregnancies are left with limited and unsafe options. Evidence indicates that thousands of abortions occur annually in Malawi, the majority of which are unsafe and performed outside the formal health system (Guttmacher Institute, 2021). Unsafe abortion is estimated to contribute approximately 18% of maternal deaths in the country, making it a significant public health concern (WHO, 2022).

The impact of restrictive abortion laws is particularly severe in informal urban settlements such as Mtandile in Lilongwe City. Mtandile is characterized by high levels of poverty, overcrowding, limited access to healthcare facilities, and inadequate sexual and reproductive health education. Women and girls in such settings face compounded vulnerabilities, including financial constraints, gender inequality, and pervasive social stigma surrounding abortion. These factors not only limit access to safe abortion services but also discourage women from seeking post-abortion care when complications arise, thereby increasing the risk of severe morbidity and mortality.

Beyond legal restrictions, socio-cultural and religious beliefs play a significant role in shaping community attitudes toward abortion. In Malawi, abortion is often framed as immoral, sinful, or criminal, reinforcing stigma and silence around the issue. This environment fosters fear and misinformation, leading women to rely on informal networks, unregulated drug vendors, or traditional practices to terminate pregnancies. Healthcare providers are also affected by the restrictive legal context, as fear of prosecution discourages some from offering abortion-related information or post-abortion care, even when such care is legally permitted.

Understanding the interaction between legal barriers, community responses, and public health outcomes is essential for informing evidence-based policy and public health interventions. While several studies have examined unsafe abortion at the national level in Malawi, there is limited empirical research focusing on informal urban settlements such as Mtandile, where vulnerabilities are often intensified. This study seeks to address this gap by examining how restrictive abortion laws affect SRHR awareness, access to services, and public health outcomes in Mtandile.

By adopting a mixed-methods approach, the study provides both statistical evidence and lived experiences of women and key stakeholders affected by abortion restrictions. The findings aim to contribute to ongoing national debates on abortion law reform, strengthen advocacy for women's reproductive rights, and inform strategies to reduce unsafe abortion and improve maternal health outcomes in Malawi.

Alright

Here is PART 2, fully expanded in APA 7th edition, written at journal/article level and designed to flow smoothly toward a 30-page final paper.

## **Background of the Study**

Access to safe abortion services is a critical component of comprehensive sexual and reproductive healthcare and a recognized human rights issue. Globally, the availability and legality of abortion services vary widely, reflecting differences in legal frameworks, cultural norms, religious beliefs, and political ideologies. Evidence consistently shows that countries with liberal abortion laws and strong health systems experience lower rates of maternal mortality and morbidity, while countries

with restrictive abortion laws record higher incidences of unsafe abortion and related complications (World Health Organization [WHO], 2022).

Unsafe abortion remains a major global public health concern. According to WHO estimates, approximately 73 million induced abortions occur worldwide each year, of which about 45% are unsafe. Nearly 97% of these unsafe abortions occur in low- and middle-income countries, particularly in Sub-Saharan Africa and South Asia (WHO, 2022). Unsafe abortion contributes significantly to maternal deaths, long-term health complications, and increased healthcare costs. These outcomes are largely preventable through access to safe, legal, and affordable abortion services, as well as comprehensive sexuality education and effective family planning programs.

International human rights instruments have increasingly recognized access to safe abortion as integral to women's rights to health, dignity, and bodily autonomy. Frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Conference on Population and Development (ICPD) Programme of Action, and the African Union's Maputo Protocol emphasize the importance of ensuring access to sexual and reproductive health services, including safe abortion under specific circumstances. Despite these commitments, many countries, including Malawi, have not fully domesticated these international standards into national law, resulting in persistent gaps between policy commitments and lived realities for women.

### **Abortion Laws and Reproductive Health in Sub-Saharan Africa**

Sub-Saharan Africa has some of the most restrictive abortion laws globally, a factor strongly associated with high rates of unsafe abortion and maternal mortality. Although the region accounts for a smaller proportion of global abortions compared to other regions, it bears a disproportionate share of abortion-related deaths. Research indicates that restrictive legal environments do not reduce the incidence of abortion but instead push women toward unsafe and clandestine procedures (Guttmacher Institute, 2021).

Several African countries have undertaken legal reforms to expand access to safe abortion services, demonstrating positive public health outcomes. For example, South Africa's Choice on Termination of Pregnancy Act of 1996 significantly reduced abortion-related maternal deaths within a decade of

implementation. Similarly, Mozambique's 2014 abortion law reform expanded legal access to abortion services and improved the availability of safe procedures within the public health system. These examples highlight the potential benefits of aligning abortion laws with public health and human rights principles.

In contrast, countries that maintain highly restrictive abortion laws continue to experience high levels of unsafe abortion and maternal mortality. In these contexts, women with financial resources may access safe services privately or abroad, while poor and marginalized women are left to rely on unsafe methods. This inequality underscores how restrictive abortion laws disproportionately affect vulnerable populations, including adolescents, low-income women, and those living in informal settlements.

### **The Legal Context of Abortion in Malawi**

Malawi's abortion law is governed by the Penal Code, which criminalizes abortion under Sections 149–151, allowing termination only when it is necessary to save a woman's life. This legal framework dates back to the colonial era and has remained largely unchanged despite evolving public health evidence and international human rights standards. The law imposes severe penalties on both women and healthcare providers involved in abortion services, creating an environment of fear and legal uncertainty.

As a result of these restrictions, abortion in Malawi is largely driven underground. Studies

estimate that over 140,000 induced abortions occur annually in the country, the majority of which are unsafe (Guttmacher Institute, 2021). Unsafe abortion is estimated to contribute approximately 18% of maternal deaths, placing a significant burden on Malawi's already strained healthcare system. Hospitals frequently treat women suffering from severe complications such as hemorrhage, sepsis, uterine perforation, and infertility resulting from unsafe abortion practices.

Efforts to reform abortion laws in Malawi have been met with strong resistance from religious institutions, cultural leaders, and political actors. Although the Termination of Pregnancy Bill has been proposed to expand legal grounds for abortion under specific circumstances, debates remain highly polarized. Opponents often frame abortion as morally unacceptable, while proponents emphasize public health, human rights, and the preventable loss of women's lives. This tension has contributed to policy stagnation, despite mounting evidence of the public health consequences of restrictive laws.

## **Socio-Cultural and Economic Context of Mtandile, Lilongwe**

Mtandile is an informal urban settlement located in Lilongwe City, characterized by high population density, poverty, unemployment, and limited access to basic social services. Like many informal settlements in Malawi, Mtandile faces significant challenges related to housing, sanitation, education, and healthcare access. These conditions exacerbate vulnerabilities related to sexual and reproductive health, particularly for women and adolescent girls.

Women in Mtandile often face multiple intersecting barriers when seeking SRHR services, including financial constraints, limited health facilities, lack of youth-friendly services, and low levels of SRHR awareness. Gender inequality and power imbalances further restrict women's ability to make autonomous decisions regarding their reproductive health. In many cases, decisions about pregnancy and healthcare are influenced by male partners, family members, or community norms, limiting women's agency.

Social stigma surrounding abortion is particularly pronounced in Mtandile, where strong religious and cultural beliefs shape community attitudes. Abortion is often viewed as immoral or criminal, discouraging open discussion and reinforcing secrecy. This stigma not only affects women seeking abortion services but also healthcare providers who may fear social backlash or legal repercussions for offering abortion-related care. As a result, women often delay seeking post-abortion care, increasing the risk of severe health complications.

## **Public Health Implications of Unsafe Abortion in Informal Settlements**

The public health consequences of unsafe abortion are especially severe in informal settlements like Mtandile. Poor living conditions, limited access to clean water and sanitation, and overcrowded health facilities increase the risk of infection and complications following unsafe procedures. Women who experience complications often face delays in accessing care due to fear of legal consequences, stigma, or lack of financial resources.

Unsafe abortion places a significant burden on Malawi's health system, diverting resources toward emergency post-abortion care that could otherwise be allocated to preventive services. The cost of treating complications from unsafe abortion is substantially higher than the cost of providing safe abortion services, highlighting the economic inefficiency of restrictive abortion laws. Beyond physical health outcomes, unsafe abortion also has profound psychological and social effects, including trauma, anxiety, depression, and social exclusion.

### **Rationale for the Study**

Despite growing evidence on the public health consequences of unsafe abortion in Malawi, there is limited localized research focusing on informal urban settlements such as Mtandile. Most national-level studies do not fully capture the lived experiences of women in these settings or the specific ways in which legal barriers interact with socio-economic and cultural



factors.

This study seeks to fill this gap by examining legal barriers to safe abortion services and their effects on SRHR awareness, access, and public health outcomes in Mtandile. By focusing on a marginalized urban community, the study provides context-specific insights that can inform policy reform, community-based interventions, and advocacy efforts aimed at improving reproductive health and protecting women's rights in Malawi.

### **Introduction**

This chapter reviews existing literature related to legal barriers to safe abortion services, community responses to restrictive abortion laws, and the public health consequences of unsafe abortion. The review situates the current study within global, regional, and national scholarly debates on Sexual and Reproductive Health and Rights (SRHR). It draws on theoretical and empirical studies to examine how legal frameworks, socio-cultural norms, and health system factors interact to influence abortion access and outcomes. By synthesizing prior research, this chapter establishes the conceptual foundation for analyzing the realities faced by women in Mtandile, Lilongwe, and identifies gaps that the present study seeks to address.

### **Theoretical Framework**

Human Rights–Based Approach to Sexual and Reproductive Health

The human rights–based approach (HRBA) provides a central theoretical lens for

understanding access to safe abortion services. This framework asserts that access to reproductive healthcare, including safe abortion, is a fundamental human right grounded in international human rights law. According to the World Health Organization (2022), denying access to safe abortion services violates women's rights to health, life, dignity, autonomy, and freedom from discrimination.

Within this framework, restrictive abortion laws are viewed as structural barriers that undermine women's ability to exercise their reproductive rights. The HRBA emphasizes state obligations to respect, protect, and fulfill human rights by removing legal and institutional obstacles to healthcare access. In contexts such as Malawi, where abortion laws are highly restrictive, women's reproductive choices are constrained, leading to inequitable health outcomes and preventable deaths.

This framework is particularly relevant to the present study, as it highlights how legal restrictions disproportionately affect marginalized populations, including women living in informal settlements. It also underscores the responsibility of governments to align national laws with international human rights commitments, such as CEDAW and the Maputo Protocol, to ensure equitable access to SRHR services.

### **Public Health Model of Unsafe Abortion**

The public health model of unsafe abortion provides another important theoretical perspective. This model conceptualizes unsafe abortion as a preventable public health problem resulting from restrictive laws, limited access to contraception, inadequate health services, and socio-cultural stigma (WHO, 2022). According to this model, unsafe abortion is not primarily a moral issue but a health systems failure that can be addressed through policy reform, service provision, and education.

Research grounded in this model demonstrates that liberal abortion laws, when combined with accessible healthcare services, significantly reduce abortion-related morbidity and mortality. Conversely, restrictive legal environments increase the likelihood of unsafe abortion practices without reducing abortion incidence (Guttmacher Institute, 2021). This perspective supports the argument that Malawi's restrictive abortion laws contribute directly to poor maternal health outcomes and strain the healthcare system.

### **Social Ecological Model**

The social ecological model further enhances understanding of abortion access by examining how individual behavior is influenced by multiple levels of interaction, including individual, interpersonal, community, institutional, and policy factors. At the individual level, knowledge, beliefs, and economic status shape reproductive decision-making. At the interpersonal and

community levels, gender norms, religious beliefs, and stigma influence women's access to services. At the institutional and policy levels, healthcare infrastructure and legal frameworks determine service availability.

Applying this model to Mtandile highlights how legal restrictions interact with poverty, stigma, and weak health systems to create layered barriers to safe abortion services. This multi-level perspective is essential for designing holistic interventions that address not only legal reform but also community attitudes and health system capacity.

### **Empirical Literature Review**

#### **Global Evidence on Restrictive Abortion Laws and Health Outcomes**

Extensive global research demonstrates a strong association between restrictive abortion laws

and unsafe abortion. WHO (2022) reports that countries with restrictive abortion laws have significantly higher rates of unsafe abortion compared to countries with liberal laws. Importantly, the overall abortion rate does not differ significantly between restrictive and liberal settings, indicating that legal restrictions do not prevent abortion but rather increase its risks.

Studies from Latin America and parts of Asia show that criminalization of abortion drives women to seek unsafe methods, including self-induced abortions and unregulated providers. These practices are associated with severe complications such as hemorrhage, infection, infertility, and death.

Global evidence also shows that adolescents and poor women are disproportionately affected, as they lack the resources to access safe services discreetly.

### **Regional Evidence from Sub-Saharan Africa**

Sub-Saharan Africa accounts for a disproportionately high number of abortion-related maternal deaths. According to WHO (2022), nearly 60% of abortion-related deaths globally occur in Africa. Studies across the region consistently show that restrictive laws, combined with limited healthcare infrastructure and socio-cultural stigma, create an environment in which unsafe abortion thrives.

Research from countries that have reformed abortion laws, such as South Africa, demonstrates the public health benefits of legal reform. After the introduction of the Choice on Termination of Pregnancy Act in 1996, South Africa experienced a dramatic decline in abortion-related maternal mortality (Jewkes et al., 2005). Similarly, Mozambique's liberalization of abortion laws resulted in increased access to safe services and reduced complications from unsafe abortion (Sundby, 2017).

In contrast, countries that maintain highly restrictive abortion laws, including Malawi, continue to experience high rates of unsafe abortion. Regional studies highlight that fear of legal consequences discourages women from seeking post-abortion care, exacerbating health risks and increasing mortality rates.

### **Evidence from Malawi**

Empirical studies conducted in Malawi indicate that unsafe abortion is widespread despite legal restrictions. Guttmacher Institute (2021) estimates that over 140,000 induced abortions occur annually in Malawi, most of which are unsafe. Research shows that unsafe abortion contributes approximately 18% of maternal deaths, making it a leading cause of preventable maternal mortality in the country.

Studies also reveal low levels of legal awareness among women and healthcare providers. Many women believe abortion is illegal under all circumstances, leading to misinformation and fear. Healthcare providers report uncertainty regarding the legal framework and fear of prosecution, which limits their willingness to provide abortion-related information or post-abortion care.

Community-based studies highlight the role of informal networks in facilitating access to abortion services. Women often rely on peers, traditional healers, or unregulated drug vendors to obtain abortion pills or other methods. While medication abortion using misoprostol can be safe when used correctly, lack of medical supervision and accurate information increases the risk of complications.

### **Community Responses and Socio-Cultural Factors**

Literature consistently emphasizes the role of stigma, religion, and cultural norms in

shaping abortion access. In Malawi, abortion is heavily stigmatized, often framed as immoral or sinful. This stigma discourages open discussion and prevents women from seeking timely care.

Studies show that women who experience abortion complications often delay seeking care due to fear of judgment, legal consequences, or social exclusion.

Adolescents and young women face additional barriers due to limited access to comprehensive sexuality education and youth-friendly health services. Research indicates that misinformation about contraception and abortion is widespread among young people, increasing the likelihood of unintended pregnancies and unsafe abortion practices.

### **Conceptual Framework**

Based on the reviewed literature, this study is guided by a conceptual framework that links restrictive abortion laws to SRHR awareness, access to services, and public health outcomes. Restrictive legal frameworks directly limit the availability of safe abortion services and indirectly reinforce stigma and misinformation. These factors influence individual and community responses, leading women to seek unsafe abortion methods. The resulting health outcomes include increased maternal morbidity and mortality, psychological distress, and strain on the healthcare system.

The framework emphasizes the interconnected nature of legal, social, and health system factors, highlighting the need for multi-level interventions to improve reproductive health outcomes in Malawi.

## **RESEARCH METHODOLOGY**

### **Introduction**

This chapter describes the research design, study area, target population, sampling procedures, data collection methods, data analysis techniques, and ethical considerations employed in the study. The methodology was carefully selected to ensure that the study effectively addressed the research objectives and provided reliable and valid findings on the legal barriers to safe abortion services and their effects on Sexual and Reproductive Health and Rights (SRHR) awareness, access, and public health outcomes in Mtandile, Lilongwe, Malawi.

### **Research Design**

The study adopted a mixed-methods research design, integrating both quantitative and qualitative approaches. The mixed-methods approach was considered appropriate because it allows for a comprehensive understanding of complex social and public health issues by combining numerical data with in-depth insights into participants' experiences and perceptions. Quantitative methods were used to assess levels of SRHR awareness, access to services, and prevalence of abortion-related experiences, while qualitative methods were employed to explore community attitudes,

legal perceptions, and lived experiences related to abortion.

The use of both approaches enabled triangulation of data, enhancing the credibility and validity of the findings. The design was cross-sectional in nature, capturing data at a single point in time to provide a snapshot of the prevailing legal, social, and health-related conditions in Mtandile.

### **Study Area**

The study was conducted in Mtandile, an informal urban settlement located in Lilongwe City, the capital of Malawi. Mtandile is characterized by high population density, inadequate housing, limited access to sanitation facilities, and widespread poverty. These conditions create heightened vulnerabilities related to sexual and reproductive health, particularly for women and adolescent girls.

Healthcare services in Mtandile are primarily provided through public health facilities and nearby private clinics, which are often overstretched and under-resourced. Access to comprehensive SRHR services, including family planning and post-abortion care, remains limited. The choice of Mtandile as the study area was informed by its socio-economic characteristics and the high likelihood of unsafe abortion practices due to legal, financial, and social barriers.

### **Target Population**

The target population for the study included women of reproductive age (15–49 years),

healthcare providers, community leaders, and religious leaders residing or working in Mtandile. Women of reproductive age were the primary focus of the study, as they are directly affected by abortion laws and reproductive health policies. Healthcare providers were included to capture perspectives on service provision, legal constraints, and professional challenges related to abortion care. Community and religious leaders were included due to their influential role in shaping community norms, attitudes, and behaviors regarding abortion and SRHR.

### **Sample Size and Sampling Techniques**

A total sample size of 40 participants was used in the study. This sample size was deemed appropriate for an exploratory mixed-methods study conducted at the community level. The

sample comprised 30 women of reproductive age, 5 healthcare providers, and 5 community and religious leaders.

Purposive sampling was used to select healthcare providers and community leaders based on their roles and knowledge of SRHR issues within Mtandile. Cluster sampling was used to select women of reproductive age from different sections of the settlement to ensure representation across the study area. This combination of sampling techniques allowed for diversity of

perspectives while maintaining feasibility within the study's scope and resources.

## **Data Collection Methods**

### **Questionnaires**

Structured questionnaires were administered to women of reproductive age to collect quantitative data on demographic characteristics, SRHR awareness, knowledge of abortion laws, access to reproductive health services, and experiences related to unintended pregnancy and abortion. The questionnaires were designed using simple and clear language to ensure comprehension among participants with varying literacy levels.

### **In-Depth Interviews**

Semi-structured in-depth interviews were conducted with healthcare providers and community and religious leaders. These interviews explored perceptions of abortion laws, experiences with abortion-related cases, challenges faced in providing or accessing services, and attitudes toward legal reform and SRHR education. The semi-structured format allowed flexibility to probe emerging themes while maintaining consistency across interviews.

### **Focus Group Discussions**

Focus group discussions (FGDs) were conducted with women of reproductive age to explore community norms, stigma, coping strategies, and shared experiences related to abortion and reproductive health. FGDs

facilitated open discussion and interaction among participants, providing deeper insights into collective attitudes and social dynamics influencing abortion practices in Mtandile.

## **Data Analysis**

Quantitative data collected through questionnaires were coded and analyzed using descriptive statistics. Frequencies, percentages, and tables were used to summarize demographic characteristics, levels of awareness, and access to services. Qualitative data from interviews and focus group discussions were transcribed verbatim and analyzed thematically.

Thematic analysis involved familiarization with the data, coding of key concepts, identification of themes, and interpretation of patterns related to legal barriers, stigma, access to services, and health outcomes. Integration of quantitative and qualitative findings was conducted during the discussion phase to provide a holistic interpretation of the results.

### **Validity and Reliability**

To enhance the validity and reliability of the study, several measures were implemented. The data collection tools were pre-tested in a similar community to identify and address

potential ambiguities. Triangulation of data sources and methods helped to validate findings by comparing responses across different participant groups. Clear documentation of the research process and consistent application of data collection procedures further enhanced reliability.

outcomes in Mtandile, Lilongwe. The results are presented by integrating quantitative and qualitative data to provide a comprehensive understanding of the issue. The discussion section interprets the findings in relation to existing literature, theoretical frameworks, and the study objectives.

## **Ethical Considerations**

Given the sensitive nature of abortion-related research, strict ethical standards were observed throughout the study. Ethical approval was obtained from the relevant academic and institutional authorities. Informed consent was obtained from all participants prior to data collection, with participants fully informed about the purpose of the study, their right to withdraw, and the confidentiality of their responses.

Participants' anonymity and privacy were protected by the use of pseudonyms and secure data storage. Special care was taken to create a safe and non-judgmental environment during interviews and focus group discussions to minimize emotional distress. Participants who exhibited signs of distress were referred to appropriate support services.

## **RESULTS AND DISCUSSION**

### **Introduction**

This chapter presents and discusses the findings of the study on legal barriers to safe abortion services and their effects on Sexual and Reproductive Health and Rights (SRHR) awareness, access, and public health

### **Socio-Demographic Characteristics of Participants**

The study involved a total of 40 participants, comprising 30 women of reproductive age, 5 healthcare providers, and 5 community and religious leaders. The majority of women participants were aged between 18 and 35 years, reflecting the most sexually active and reproductive age group. Most participants had attained primary or secondary education, with a small proportion having post-secondary education.

The findings indicated that unemployment and informal employment were common among women in Mtandile, contributing to economic vulnerability. These socio-economic characteristics are significant because they influence access to healthcare services and decision-making related to reproductive health. Similar findings have been reported in studies conducted in other informal settlements in Sub-Saharan Africa, where poverty and limited education increase vulnerability to unintended pregnancy and unsafe abortion (WHO, 2022).

### **Awareness of Abortion Laws and SRHR**

#### **Knowledge of Abortion Laws**

The study found low levels of awareness regarding Malawi's abortion laws among women of reproductive age. The majority of participants believed that abortion was completely illegal under all circumstances. Only a small proportion were aware that abortion is legally permitted when a woman's life is at risk.

This lack of legal knowledge was also observed among some healthcare providers, who expressed uncertainty about the scope of legal abortion and post-abortion care. Fear of legal consequences led many providers to avoid discussing abortion-related issues with patients.



These findings are consistent with previous studies in Malawi, which report widespread misinformation and fear surrounding abortion laws (Guttmacher Institute, 2021).

### **Awareness of Sexual and Reproductive Health Rights**

The study revealed limited awareness of SRHR among women in Mtandile. While most participants were aware of basic family planning methods, knowledge of reproductive rights, including the right to access post-abortion care without discrimination, was low. Cultural and religious beliefs were identified as major factors limiting open discussion about SRHR.

Women who had higher levels of education demonstrated greater awareness of SRHR, suggesting that education plays a critical role in empowering women to make informed reproductive health decisions. This finding aligns with the human rights-based approach, which emphasizes education as a key determinant of rights awareness and access.

### **Access to Safe Abortion and Post-Abortion Care Services**

#### **Barriers to Access**

Participants identified multiple barriers to accessing safe abortion and post-abortion care services. Legal restrictions were cited as the primary barrier, as fear of arrest or prosecution discouraged women from seeking services at formal health facilities. Stigma and fear of social judgment further

compounded these barriers, particularly for unmarried women and adolescents.

Economic constraints were also significant, as many women could not afford private healthcare services. Distance to health facilities and long waiting times were additional challenges, particularly for women experiencing complications who required urgent care.

### **Healthcare Providers' Perspectives**

Healthcare providers reported that restrictive abortion laws limited their ability to provide comprehensive reproductive health services. Some providers expressed fear of being reported to authorities or losing their professional licenses if perceived to be involved in abortion-related care. This fear resulted in missed opportunities for counseling, harm reduction, and timely post-abortion care.

These findings highlight how legal barriers affect not only women but also healthcare providers, undermining the overall effectiveness of the health system. Similar challenges have been documented in other restrictive settings, where providers practice defensive medicine due to legal uncertainty (WHO, 2022).

### **Community Responses to Restrictive Abortion Laws**

#### **Use of Informal and Unsafe Abortion Methods**

The study found that many women in Mtandile resorted to unsafe abortion methods due to lack of access to safe services. These methods included the use of traditional herbs, self-medication with abortion pills obtained from informal drug vendors, and procedures performed by untrained individuals.

While medication abortion can be safe when used correctly, lack of accurate information and medical supervision increased the risk of complications. Women reported experiencing excessive bleeding, severe pain, and infections following unsafe procedures. These findings support existing evidence that restrictive laws push abortion practices underground, increasing health risks without reducing abortion incidence (Guttmacher Institute, 2021).

### **Role of Social Networks**

Social networks played a critical role in facilitating access to abortion services in Mtandile. Friends, peers, and informal community contacts were often the primary sources of information and assistance. While these networks provided support, they also contributed to the circulation of misinformation and unsafe practices.

The reliance on informal networks reflects the social ecological model, which emphasizes the influence of interpersonal and community-level factors on health behavior. In the absence of formal support systems, women turn to trusted social connections, even when these options are unsafe.

## **Public Health Outcomes of Unsafe Abortion**

### **Physical Health Consequences**

The study identified several physical health consequences associated with unsafe abortion, including hemorrhage, infection, uterine damage, and infertility. Healthcare providers reported frequent cases of women presenting with severe complications requiring emergency treatment. In some cases, delays in seeking care resulted in life-threatening conditions.

These findings are consistent with national and global data showing that unsafe abortion is a major contributor to maternal morbidity and mortality in Malawi (WHO, 2022). The burden of treating abortion-related complications places significant strain on the healthcare system, diverting resources from preventive and primary care services.

### **Psychological and Social Effects**

Beyond physical health outcomes, unsafe abortion had profound psychological and social effects on women. Participants reported feelings of fear, guilt, anxiety, and trauma, often exacerbated by stigma and lack of social support. Some women experienced

social isolation or relationship breakdowns following abortion-related complications.

These findings highlight the multidimensional impact of unsafe abortion, reinforcing the need for holistic interventions that address mental health and social well-being alongside physical health.

### **Discussion of Key Findings**

The findings of this study demonstrate a clear link between restrictive abortion laws, limited SRHR awareness, unsafe abortion practices, and adverse public health outcomes in Mtandile. Consistent with global and regional evidence, the study confirms that criminalization of abortion does not prevent abortion but instead increases the likelihood of unsafe practices.

The results support the human rights-based approach, which emphasizes that denying access to safe abortion services violates women's rights to health and dignity. They also align with the public health model, which frames unsafe abortion as a preventable health systems failure rather than a moral issue.

The study further highlights the importance of addressing socio-cultural stigma and misinformation, which reinforce legal barriers and discourage women from seeking care. Interventions focused solely on legal reform without community engagement and SRHR education may therefore have limited impact.

## **CONCLUSION RECOMMENDATIONS REFERENCES**

## **AND AND**

### **Conclusion**

This study examined the legal barriers to safe abortion services and their effects on Sexual and Reproductive Health and Rights (SRHR) awareness, access to services, and public health outcomes in Mtandile, Lilongwe, Malawi. The findings demonstrate that restrictive abortion laws in Malawi significantly undermine women's reproductive rights and contribute to unsafe abortion practices, particularly among women living in informal urban settlements.

The study established that limited legal awareness, fear of criminalization, socio-cultural stigma, and economic constraints collectively prevent women from accessing safe abortion and timely post-abortion care services. As a result, many women resort to unsafe and clandestine abortion methods, exposing them to severe physical, psychological, and social harm. These outcomes not only affect individual women but also place a substantial burden on Malawi's healthcare system through increased emergency care and preventable maternal deaths.

Consistent with global and regional evidence, the study confirms that criminalization of abortion does not reduce its occurrence. Instead, it drives abortion underground, disproportionately affecting poor and marginalized women who lack the resources to access safe services. The findings reinforce the human rights-based and public health perspectives, which view access to safe abortion as both a fundamental human right and a critical public health intervention.

By focusing on Mtandile, this study provides localized evidence that highlights how legal barriers interact with poverty, stigma, and weak health systems to exacerbate reproductive health inequalities. These insights contribute to ongoing national debates on abortion law reform and underscore the urgency of aligning Malawi's legal framework with public health evidence and international human rights commitments.

## **Recommendations**

Based on the findings of the study, the following recommendations are proposed:

### **Legal and Policy Reforms**

There is an urgent need to review and reform Malawi's abortion laws to expand legal grounds for safe abortion services beyond the narrow life-saving provision. Legal reform should align with international and regional human rights frameworks, including the Maputo Protocol, to protect

women's rights to health, dignity, and autonomy. Clear legal guidelines should be developed to reduce ambiguity and fear among healthcare providers and ensure safe service provision within the health system.

## **Strengthening Sexual and Reproductive Health Education**

Comprehensive SRHR education should be strengthened at community and national levels to improve awareness of reproductive rights, contraception, and post-abortion care. Community-based education programs targeting women, men, adolescents, and community leaders are essential to address misinformation and reduce stigma surrounding abortion and reproductive health. Integrating SRHR education into school curricula and community outreach initiatives can empower individuals to make informed reproductive health decisions.

## **Improving Access to Post-Abortion Care Services**

The Ministry of Health should prioritize the expansion and strengthening of post-abortion care services in public health facilities, particularly in informal settlements such as Mtandile. Healthcare providers should receive regular training on post-abortion care, legal provisions, and ethical service delivery to ensure non-judgmental and confidential care. Improving access to these services can significantly reduce complications and maternal mortality associated with unsafe abortion.

## **Addressing Socio-Cultural Stigma**

Efforts to reduce abortion-related stigma should involve religious leaders, traditional leaders, and community influencers who play a key role in shaping social norms. Dialogue-based interventions that emphasize compassion, public health, and women's well-being can help shift harmful narratives and promote supportive community environments. Addressing stigma is critical for encouraging women to seek timely healthcare without fear or shame.

## **Health System Strengthening**

Investments in healthcare infrastructure, staffing, and supplies are essential to improve the overall quality of SRHR services. Strengthening referral systems and ensuring the availability of essential medicines and equipment can enhance the health system's capacity to manage abortion-related complications effectively. These measures will reduce the long-term economic burden of unsafe abortion on the healthcare system.

## **Implications for Policy and Practice**

The findings of this study have important implications for policymakers, healthcare providers, and advocacy organizations. Evidence from Mtandile demonstrates that restrictive abortion laws have tangible negative consequences for public health and gender equality. Policymakers should use this evidence to inform legal reform and reproductive health policies that prioritize women's lives and well-being.

Healthcare providers can use the study's findings to advocate for clearer legal guidance, professional protection, and improved training in SRHR and post-abortion care. Civil society organizations and development partners can leverage the evidence to strengthen advocacy efforts and design community-based interventions that address both legal and socio-cultural barriers to safe abortion services.

## **Limitations of the Study**

While this study provides valuable insights, it has some limitations. The sample size was relatively small and focused on a single informal settlement, which may limit the generalizability of the findings to other settings. The sensitive nature of abortion may also have influenced participants' willingness to disclose personal experiences fully. Despite these limitations, the mixed-methods approach enhanced the depth and credibility of the findings.

## Areas for Further Research

Future research should explore legal barriers to safe abortion services in other informal settlements and rural areas of Malawi to provide comparative insights. Longitudinal studies could examine the long-term health and socio-economic effects of unsafe abortion. Further

research is also needed to assess the impact of potential legal reforms on SRHR outcomes and maternal health in Malawi.

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