

Restrictions on Safe Abortion in Côte d'Ivoire Don't Reduce Abortion Frequency, but Increase Disparities in Maternal Health: Timely Action Needed from Government & Stakeholders

Results from 2018-2020 PMA abortion surveys in Côte d'Ivoire



Key Findings

More than 6 out of 10 abortions in Côte d'Ivoire are unsafe, involving non-recommended methods from non-clinical sources.



Women's decision regarding abortion care is driven primarily by cost, in lieu of safety or other considerations.



Disadvantaged women, including those who are poor, with no formal schooling, and living in rural areas, are most likely to have an unsafe abortion.

"You don't have the means, you can't bring a child into the world when you don't have the financial means to eat. You're going to take on another burden to add to your head."

- Woman in relationship, age 22 with no children at time of abortion

Abortion is common but risky for many women in Côte d'Ivoire

In Côte d'Ivoire, abortion is only permitted to save a women's life or in cases of rape. Nonetheless, abortion is common. A recent Performance Monitoring for Action (PMA) study found that 4% of reproductive aged women undergo an abortion each year, equaling more than 230,000 abortions annually.¹ A majority of these abortions are considered most unsafe (referred to simply as "unsafe" henceforth) as they involve non-recommended methods (anything other than abortion

surgery or medication abortion pills) in non-clinical settings. These unsafe procedures are responsible for approximately 10% of maternal deaths each year.²

This factsheet presents evidence regarding abortion knowledge, safety, and quality of care and how they shape women's abortion trajectories in Côte d'Ivoire. Data come from research conducted by PMA in 2018 and 2020.³

Who has abortions in Côte d'Ivoire?

While **women of all walks of life have abortions**, recent abortions in Côte d'Ivoire were most likely to occur among women:



¹ Bell, S.O. et al (2020). Induced abortion incidence and safety in Cote d'Ivoire. PLOS ONE 15(5):e0232364.

² Say, L., et al. (2014). "Global causes of maternal death: a WHO systematic analysis." Lancet Glob Health 2(6): e323-333.

³ Details on 2018 study methodology are provided elsewhere (see citation 1); 2020 data were collected by following up with women who reported an abortion in the 2018 survey.

⁴ Singh, S., et al. (2018). "Abortion Worldwide 2017: Uneven Progress and Unequal Access." Abortion Worldwide 2017: Uneven Progress and Unequal Access.

Women lack accurate information



Due to legal restrictions on safe abortion services, many women were only aware of non-recommended traditional methods or home remedies for abortion.

Knowledge

Among all women of reproductive age in Côte d'Ivoire

32% had heard of surgical, or “in-clinic” abortion

3% had heard of medication abortion pills

33% had heard of a recommended method (surgery or medication abortion pills)

Among women who had an abortion in Côte d'Ivoire

At the time they were deciding to end their pregnancy,

65% knew about surgical abortion

27% knew about medication abortion drugs (although only 4% of women used this method)

68% knew at least one of these recommended methods

“Because Chinese medicines are cheaper. And then this, it frees them from their pain. If they have a problem, it frees them. So they will, they will go there.”

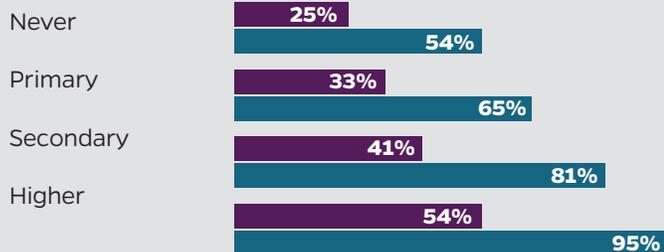
– Single woman, age 30 with 1 child at the time of the abortion



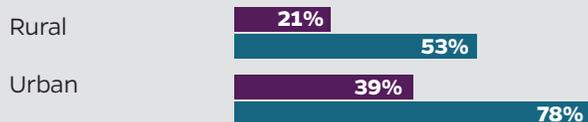
Poor women, women living in rural areas, and those without formal education were the least likely to know of recommended abortion methods.

Percent of women who knew a recommended abortion method

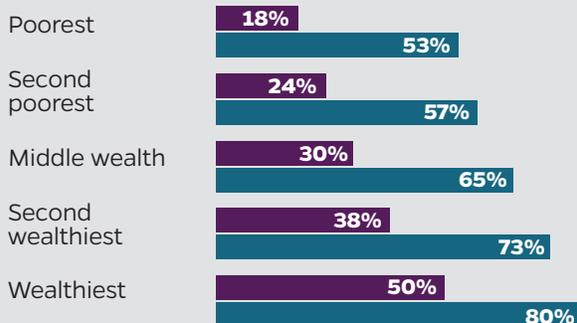
Education



Residence



Wealth

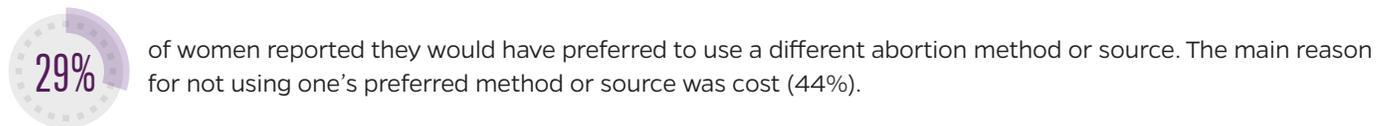
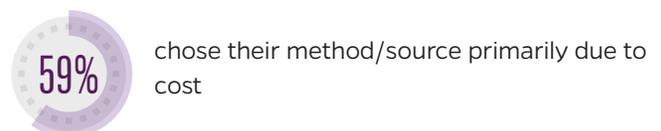
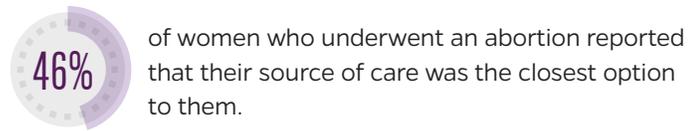
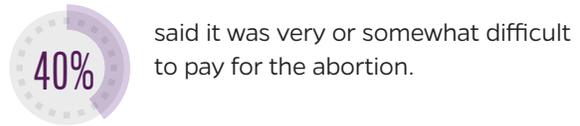


■ Among all women
■ Among women who had abortion

“For a young girl, for example, who is in a rural area,... she doesn’t have access... In the city here, girls, only I say it loud and clear because here, people quickly resort either to Chinese medicine or to abortion clinics. That’s it.”

– Single woman, age 28 with 1 child at time of abortion

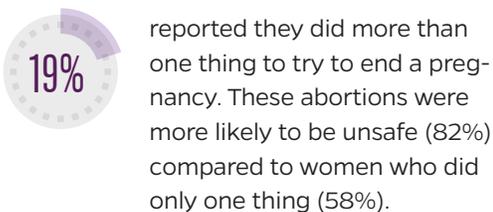
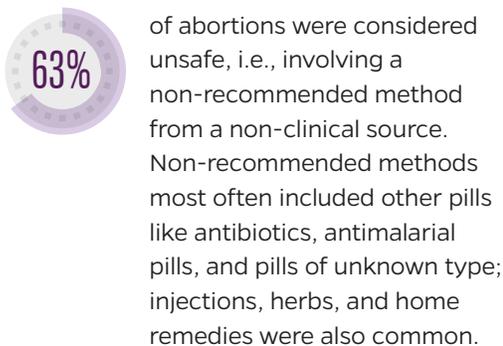
Accessing abortion care is challenging for many women



Unsafe abortion is common and disproportionately experienced by disadvantaged women



About two-thirds of abortions were unsafe, and women living in rural areas, women with no education, the poorest women, and girls aged 15-19 were the most likely to have an unsafe abortion.



"I didn't go to the hospital. I didn't have the money, I didn't get the money. So I saw a friend who was working at the Chinese [shop]. She gave me some Chinese pills... Because Chinese medicines are cheaper."

- Single woman, age 30 with one child at the time of the abortion

Percent of abortions considered unsafe, by background characteristics

Age



Education



Wealth



Residence



Quality of clinical and non-clinical abortion care needs improvement



While most women were treated well by their abortion provider (whether in a clinical setting or a pharmacy or chemist shop), they also recognized areas of concern, including cost, pain management, knowledge of options, and safety.

Quality of care



14% of women who had a surgical abortion reported their provider did not formally ask for their consent before beginning the procedure.



13% of women reported that their provider made judgmental comments.



7% indicated they did not receive care or consultation in a private space.



75% of women would not recommend their termination source to a friend or family member in need of this service. Pharmacies were least likely to be recommended and public facilities were most likely to be recommended.

Room for improvement



63% of women reported that aspects of their abortion process could have been improved.

Women most often reported the following aspects of their abortion could have been improved: cost (23%), pain management (20%), knowledge of method options (17%), and method safety (16%).

Recommendations

Findings indicate that women's abortion trajectories may exacerbate existing health inequities. The most vulnerable women have less information about safe abortion options and are more likely to make decisions driven by concerns like cost, ultimately relying on unsafe methods and sources. This leads to preventable abortion-related injuries and deaths, which disproportionately occur among disadvantaged women, especially poor and rural women who are more likely to have an unsafe abortion and less likely to access care to treat abortion complications.⁴

The Côte d'Ivoire Ministry of Health and Public Hygiene, the National Assembly, as well as financial and technical partners (UNICEF, UN Women, UNFPA) can take the following actions to reduce the burden of unsafe abortion and associated negative impacts on maternal health:

- **Increase availability and knowledge of quality, voluntary contraceptive services** throughout the healthcare system to prevent unintended pregnancies.
- **Ensure that safe abortion and postabortion care services are available** to the full extent of the law, particularly at primary care facilities that serve the most vulnerable populations. Health program managers can achieve this through doctor, midwife, and nurse trainings and provision of necessary commodities like manual vacuum aspiration kits and mifepristone and misoprostol pills.
- **Extend the right to access abortion services** in cases of incest, severe fetal anomaly, and risk to the mother's mental or physical health to comply with the commitment made by Côte d'Ivoire under the Maputo Protocol.

What is PMA?

The PMA project is implemented by local universities and research organizations in 9 countries, deploying a cadre of female resident interviewers trained in mobile-assisted data collection. The Institut National de la Statistique de la Côte d'Ivoire (INS-Côte d'Ivoire) and the Coordination du Programme National de Santé de la Mère et de l'Enfant (DC-PNSME) within the Ministry of Health and Public Hygiene implemented the PMA2020/Côte d'Ivoire 2018 survey while l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) implemented the 2020 abortion follow-up survey with overall direction and support provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. An Anonymous Donor provided funding for the abortion module development, implementation, and analysis.



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