

Treating Complications from Unsafe Abortion is Critical to Improving Ivoirian Women's Health

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



Key findings

Nearly 6 in 10 (58%) women who reported an abortion indicated experiencing a potential complication. Uneducated, poor, and rural women were most likely to experience negative outcomes that require further treatment.



Postabortion care (PAC) service availability among primary care facilities, which serve the majority of the population, is incomplete; a quarter (25%) of public primary care facilities report not providing any PAC services while more than half (57%) of private primary care facilities report providing no PAC.



Disadvantaged women who are most at risk of using unsafe abortion methods and experiencing complications are also least likely to be able to access PAC to treat potential complications.

"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. ... If they have a problem, it frees them. So they will, they will go there."

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

Postabortion care is essential primary health care

In Côte d'Ivoire, abortion is only legally permitted to save a woman's life or in instances of rape. Yet abortion is common in Côte d'Ivoire, and 63% of are most unsafe¹ (referred to simply as "unsafe" henceforth), involving non-recommended methods (anything other than abortion surgery or medication abortion pills) from a non-clinical source. Unsafe abortion, which is more common among poor and rural women, is responsible for approximately 10%

of maternal deaths in Côte d'Ivoire, almost all of which is preventable.^{2,3} Postabortion care (PAC), which is the treatment of complications from unsafe abortion, reduces the fatality associated with unsafe abortions and can improve outcomes for disadvantaged women, in particular.

This factsheet presents evidence of disparities in abortion complications, receipt of follow-up treatment, and

PAC accessibility in Côte d'Ivoire using data Performance Monitoring for Action (PMA) collected in 2018 and 2020.⁴ This information can be used by health officials to inform improvements in reproductive health programming and in the delivery of PAC to Côte d'Ivoire women throughout the country. Advocates, providers, and civil society organizations can also use this information to push for necessary changes.

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

² Singh, S., et al. (2018). "Abortion Worldwide 2017: Uneven Progress and Unequal Access Abortion Worldwide 2017: Uneven Progress and Unequal Access."

³ Say, L., et al. (2014). "Global causes of maternal death: a WHO systematic analysis." Lancet Glob Health 2(6): e323-333.

⁴ 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

Disparities in abortion symptoms and complications



Results demonstrate that inequities in the safety of abortion¹ also manifest in disparities in abortion-related complications. Uneducated, poor, and rural women were most likely to indicate they needed further treatment after the procedure.

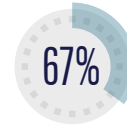
Potential complications



58% of women who reported an abortion indicated experiencing at least one complication. The most commonly reported complications were incomplete abortion (27%), uterine pain that did not go away for more than 3 days (18%), and fever (13%).



POOR



RURAL



UNEDUCATED

women were the most likely to report a potential complication.



1/5 of reported complications were potentially severe, involving heavy bleeding (i.e. to the point of feeling dizzy or for more than three weeks), vaginal discharge, fever, or punctured uterus.



31% of women experienced severe pain during the abortion.

Potentially severe complications were twice as likely to occur among the unsafe abortions (25%) compared to abortions that involve recommended methods from clinical sources (13%).

“These are risks because we had to, we have to free ourselves at all costs. While we take these risks we are a little afraid. We say to ourselves that with what follows us it is worth trying now; if it does not work we run now towards the hospitals.”

– Married woman, age 42 with 5 children at time of abortion

Percent of women who reported any potential complication by background characteristics

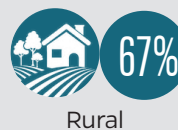
Education



Wealth



Residence



PAC services are essential but difficult to access

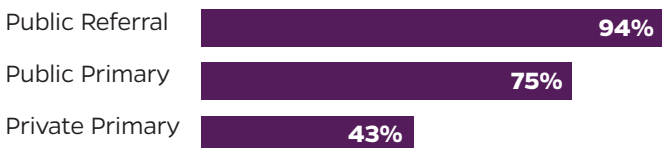


PAC service availability was poor among primary care facilities, which serve the majority of the population. Disadvantaged women who were most at risk of undergoing unsafe abortions were also least likely to access PAC to treat complications. As an essential component of emergency obstetric care, targeted efforts are needed to ensure equal access to quality PAC for all women.

PAC availability

80% of facilities are primary care public facilities, 25% of which did not indicate offering any PAC; the percentage of primary care facilities not offering PAC rose to 57% in the private sector.

Percentage of facilities that offered any PAC by facility type



PAC accessibility



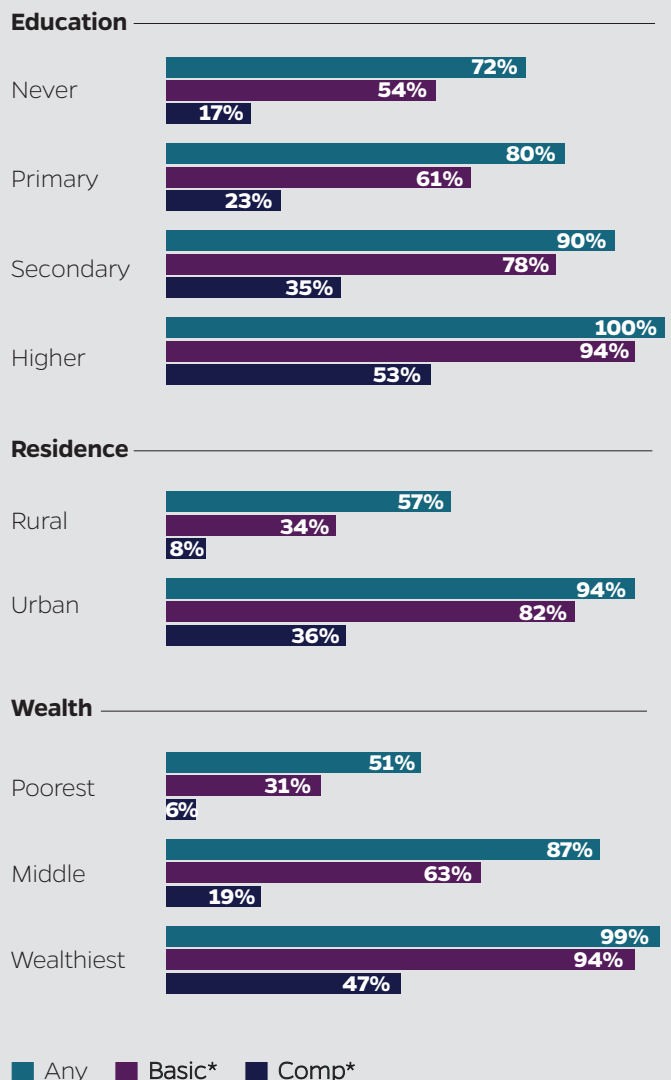
of reproductive age women in Côte d'Ivoire lived within 10 kilometers (kms) of a facility that provides PAC. However, fewer lived that close to a facility with all drugs and equipment required to provide quality basic PAC (63%) or comprehensive PAC (25%).*

Women who have no education, rural residents, and the poorest women were less likely to live near a facility providing any PAC or those with all basic or comprehensive PAC components.

“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

Percent of women who lived within 10 kms of facility that offered any PAC, that had all criteria to provide basic PAC, or that had all criteria to provide comprehensive PAC



*Basic PAC includes ≤12 weeks gestation removal of retained products, antibiotics, oxytocics, intravenous replacement fluids, and provision of any contraception; comprehensive PAC include ability to provide all basic PAC components plus >12 weeks removal of retained products, blood transfusion, laparotomy, 24/7 PAC service availability, and provision of long-acting reversible contraception.

Follow-up treatment



of women received further treatment or took additional medicines to address potential complications or incomplete abortions.

Among women who received further treatment, **59%** received care in a clinical setting.

“I would prefer... those who do it in the clinics, it’s even better than with traditional treatments [*indigénat*], because with traditional treatments [*indigénat*], it kills them even in disorder... Oh, I know many who have died, many of them.”

– Divorced woman, age 40 with 2 children at the time of the abortion

Recommendations

The Côte d’Ivoire Ministry of Health and Public Hygiene and civil society organizations (National Organization for Children, Women and Families) can take the following actions to improve access to PAC services and reduce unsafe abortion related maternal death and injury:

- **Ensure that safe abortion and PAC services are available to the full extent of the law**, particularly at primary level facilities.
- **Ensure availability of quality, voluntary contraceptive services throughout the healthcare system.**
- **Increase the availability of basic PAC at public and private primary health care facilities.** This can be achieved through provider training and provision of necessary commodities like manual vacuum aspirator kits and mifepristone and misoprostol.
- **Inform communities and women about contraception, risks associated with abortion using non-recommended methods, PAC, and the locations where these services can be availed.**



Providers, non-governmental organizations, and members of the civil society should use this evidence to appeal to decisionmakers in advocating for these changes at the national, regional, and local levels. Taken together, these changes have the potential to significantly reduce inequities in access to PAC and safe abortion services and to reduce the hundreds of preventable unsafe abortion-related maternal deaths that occur each year in Côte d’Ivoire.

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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