

FACT SHEET

Expanding Access to Safe Abortion in the DRC: Health Gains for Women

The Maputo Protocol, published in March 2018 in the Democratic Republic of the Congo's (DRC) Official Journal (also referred to as the legal gazette), overrides local laws and reinforces the legality of abortion in cases of sexual assault, rape, incest, and fetal anomalies, and to protect the mother's mental and physical health or her life.¹

Yet a woman's access to legal abortion in the DRC remains severely limited in part because of:

- **Lack of access to medical care** to prevent and end unwanted pregnancies.
- **Stigma against women** who seek and have had abortions.
- Medical providers' **lack of knowledge** about the changes to the law or their reluctance to offer safe abortion services due to **fear of discrimination or legal punishment**.

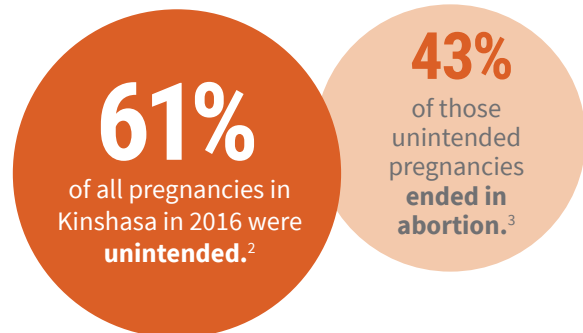
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

Article 14: Health and Reproductive Rights (2)(c). Protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.

– African Commission on Human and Peoples' Rights, "Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa," (2003).

Why Is Access to Safe Abortion Important?

The DRC has extremely high rates of unplanned pregnancy due partly to low use of modern family planning methods and partly to high rates of sexual assault, which often lead to abortion.



UNWANTED PREGNANCY AND UNSAFE ABORTION PUT WOMEN'S LIVES AT RISK.

Before the Maputo Protocol's ratification, abortion was illegal in nearly all circumstances, but this did not stop women from getting abortions. Instead, it caused many to turn to dangerous, medically unsound methods.

In Kinshasa in 2016...

nearly **147K** induced abortions occurred.⁴

nearly **38K** women were treated for complications from induced abortions.⁵

SEXUAL ASSAULT AND RAPE ARE MAJOR REASONS FOR UNSAFE ABORTION.

Approximately **27 percent of women** in the DRC report experiencing sexual assault in their lifetime.⁶

In the eastern provinces of the DRC...

17% of women who were raped reported becoming pregnant from an attack.⁷

65% of women who became pregnant because of sexual violence and who chose to terminate used traditional herbs that are ineffective or potentially unsafe, according to one survey.⁸

47% of women in the same survey who continued their pregnancy did so out of fear of death from the side effects of unsafe abortion methods.⁹

Recommendations for Health Care Providers

- » Make sure policies within organizations and professional associations are **consistent with current law**.
- » **Modify ethics codes** to support providers who are offering safe abortion.
- » **Offer women information about legal options** for ending unwanted pregnancy and offer abortion services—or refer them to abortion services—to the fullest extent permitted by law.
- » **Advocate to incorporate Maputo Protocol language** into health policies at provincial and health zone levels.

By following the law and offering access to safe abortion and postabortion care, health care providers can reduce long-term health consequences and risk of death for women and send a powerful message to the community that abortion is a normal, essential component of health care.

References

- ¹ “Reproductive Health Law in the Democratic Republic of the Congo: Review of the Arguments,” Permanent Multisectoral Technical Committee, Democratic Republic of the Congo (October 2014).
- ² Sophia Chae et al., “The Incidence of Induced Abortion in Kinshasa, Democratic Republic of Congo, 2016,” *PloS ONE* 12 no. 10 (2017).
- ³ Chae, 2017.
- ⁴ Chae, 2017.
- ⁵ Chae, 2017.
- ⁶ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP), and ICF International, Democratic Republic of Congo Demographic and Health Survey 2013-14 (Rockville, MD: MPSMRM, MSP and ICF International, 2014).
- ⁷ Kirsten Johnson et al., “Association of Sexual Violence and Human Rights Violations With Physical and Mental Health in Territories of the Eastern Democratic Republic of the Congo,” *Journal of the American Medical Association* 304, no. 5 (2010): 553-62.
- ⁸ Gillian Burkhardt et al., “Sexual Violence-Related Pregnancies in Eastern Democratic Republic of Congo: A Qualitative Analysis of Access to Pregnancy Termination Services,” *Conflict and Health* 10, no. 30 (2016).
- ⁹ Burkhardt et al., 2016.

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