

“Better dead than being mocked”

Perceptions and attitudes towards unwanted pregnancy and abortion in the Democratic Republic of Congo, a qualitative study



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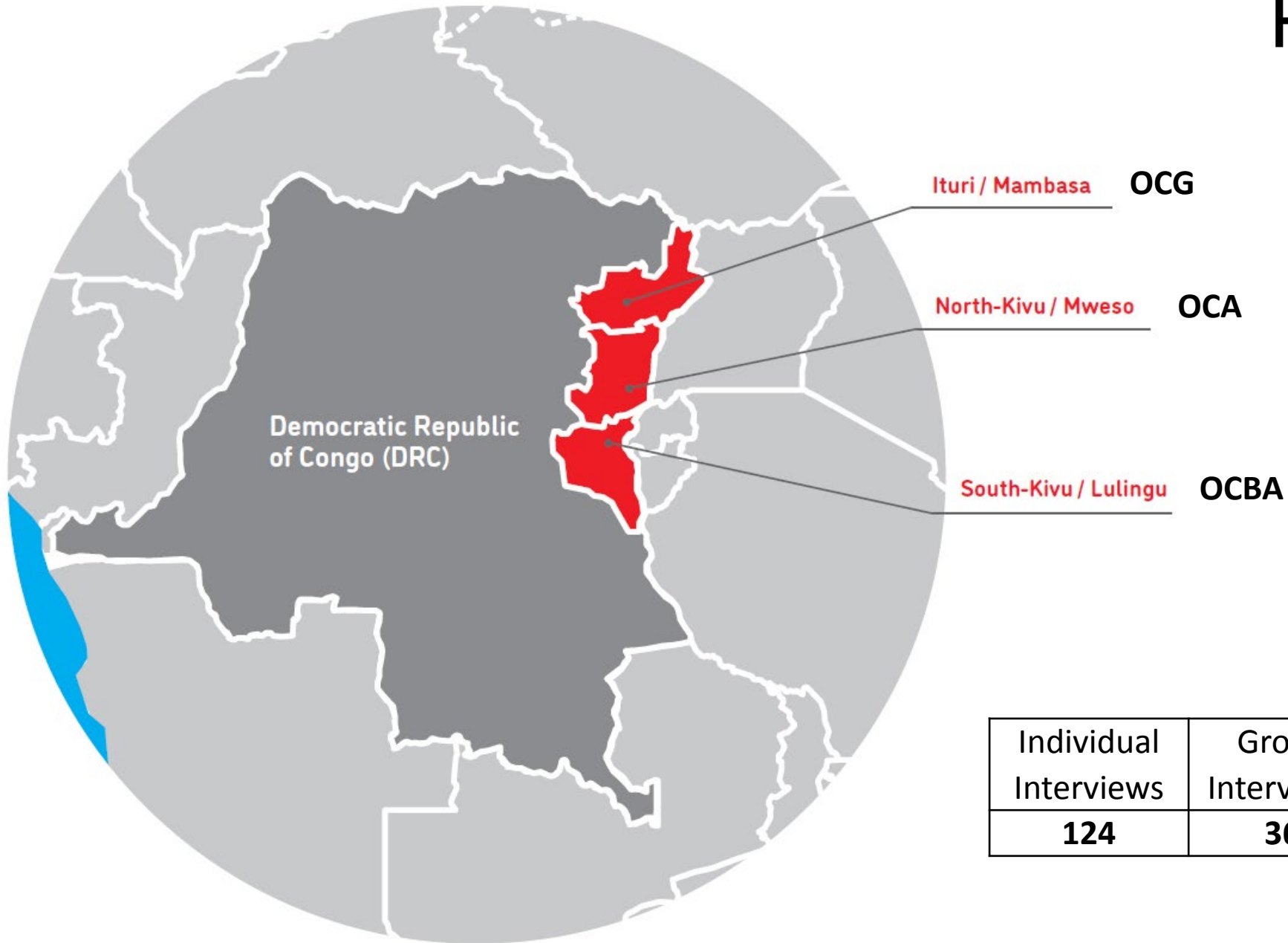


OPERATIONAL RESEARCH DAY, Brussels – 31 May 2019

General objective

To understand and document perceptions and attitudes towards unwanted pregnancy and abortion, among the general population, local leaders and health care providers, in the Eastern part of the Democratic Republic of Congo.

Project sites



Individual Interviews	Group Interviews	Total Interviews	Participants
124	36	160	251

Local context: Ituri/Mambasa

- ‘high-conflict zone’ – armed groups active
- Reserve de Faune d’Okapi
- Illegal mines in the health zone of Mambasa/Epulu
- Legal mines in the health zone of Mandima/Biakato
- High prevalence of sexual violence and STIs
- High prevalence of unsafe abortions and related complications



In 2017

- MSF supported 6 health centres
- medical and psychosocial care for victims of sexual violence and STIs with a community engagement approach
- (activities now on hold – Ebola)

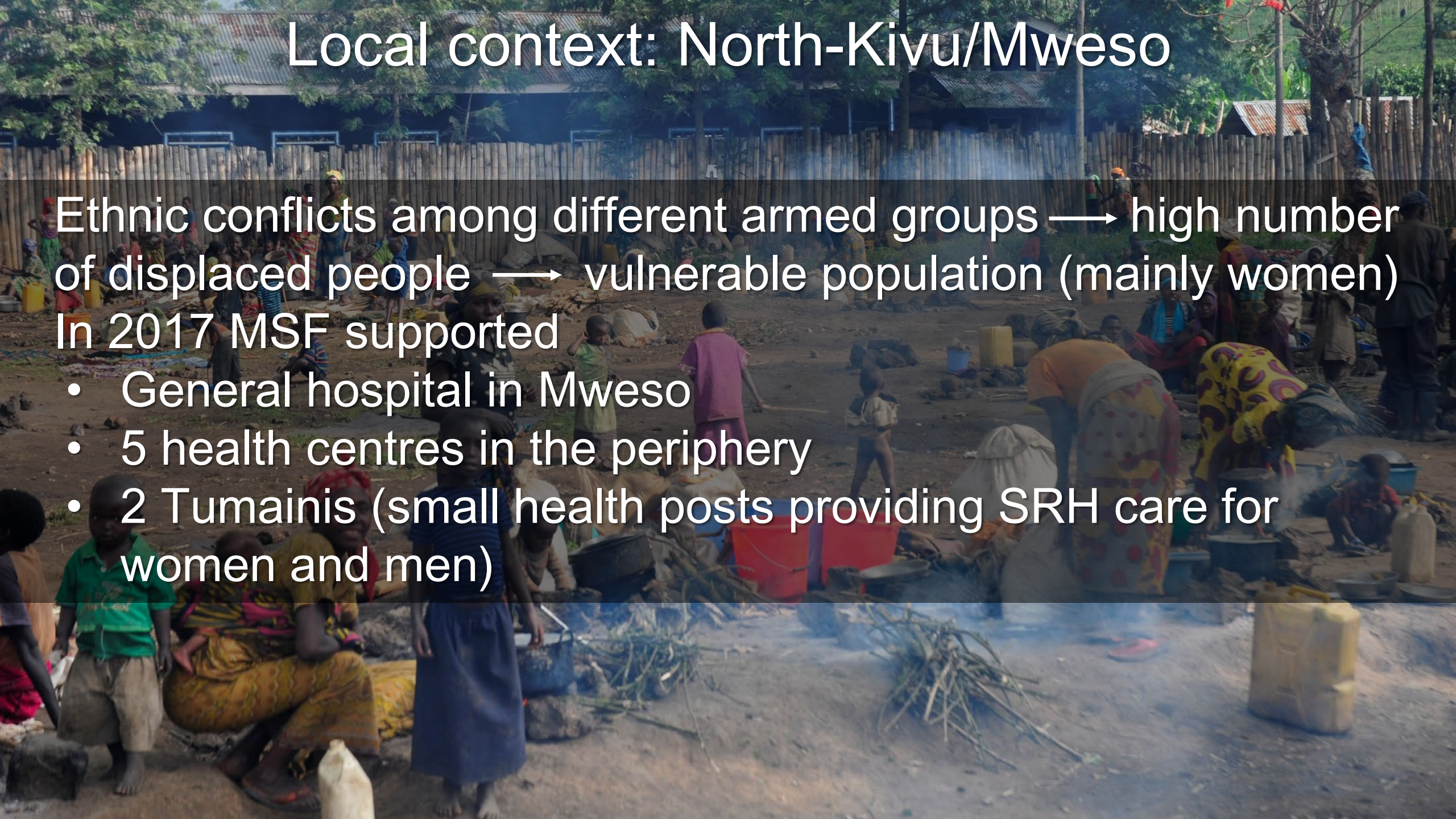


Local context: North-Kivu/Mweso

Ethnic conflicts among different armed groups → high number of displaced people → vulnerable population (mainly women)

In 2017 MSF supported

- General hospital in Mweso
- 5 health centres in the periphery
- 2 Tumainis (small health posts providing SRH care for women and men)



Local context: South-Kivu/Lulingu

- Located in the deep forest
- Occurrence of minerals (cassiterite, coltan...)
- Armed groups and Congolese army in conflict with each other
- Marginalised population, displacement and systematic violence
- Lack of medical support



Project opened in 2015

In 2017 MSF supported

- All wards in the 100 bed hospital (except internal medicine)
- 6 health centres
- 6 malaria points

Project closed end of March 2019



Study participants

- Local leaders and authorities
- Men and women
- Health care staff



A close-up photograph of a large, oval-shaped basket woven from dark brown palm fronds or similar natural fibers. The basket is resting on a dry, sandy, and slightly uneven ground. A dark, possibly black or very dark blue, cloth is draped over the top and left side of the basket. A small portion of a patterned fabric, featuring a blue and yellow spiral or sunburst design, is visible peeking out from under the dark cloth on the right side of the basket. The lighting is bright, casting soft shadows. The overall scene suggests a rural or outdoor setting.

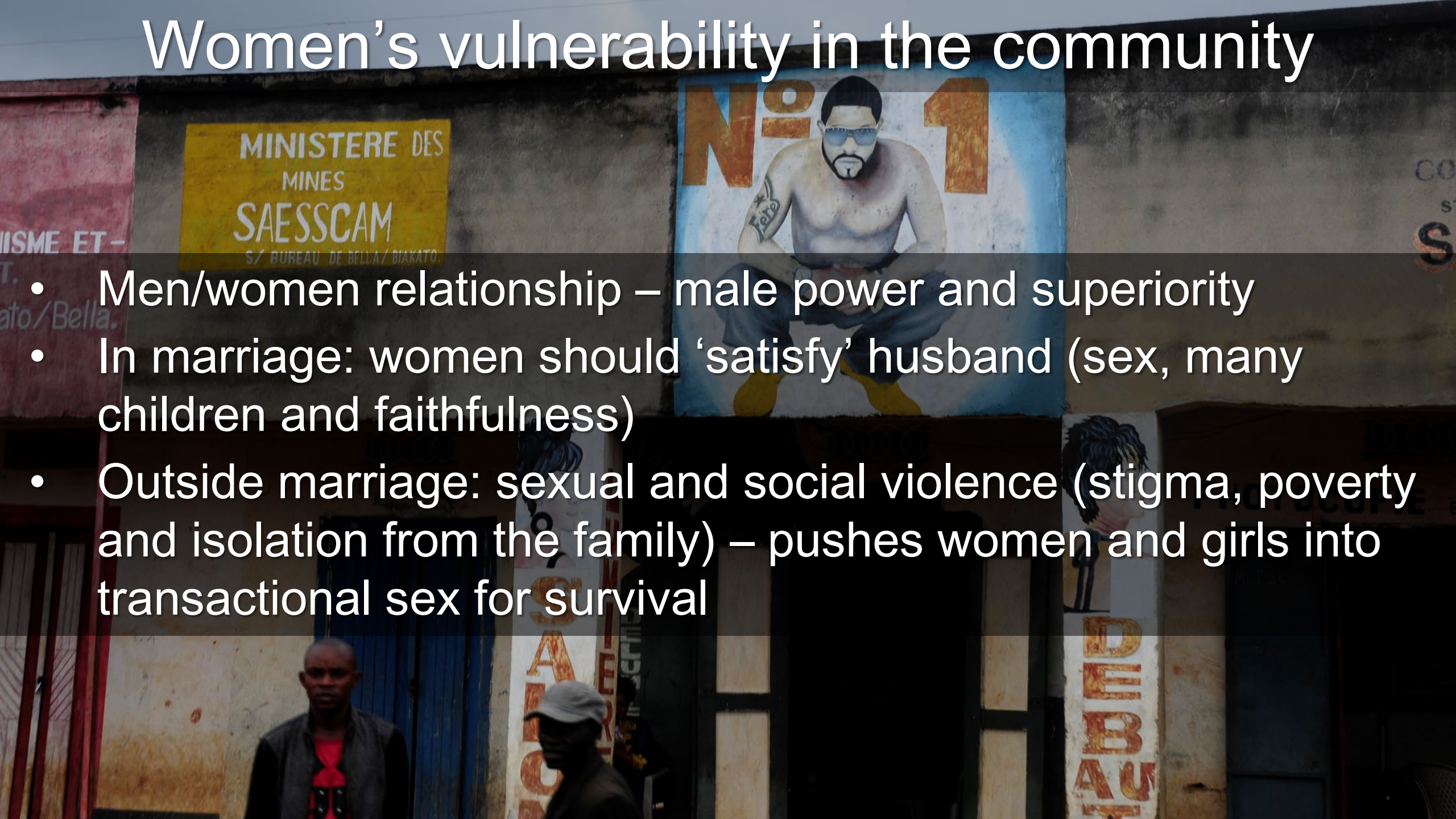
Factors contributing to unwanted pregnancies and unsafe abortions

High prevalence of sexual violence

- North-Kivu/Mweso: conflict zone, displacement related to insecurity – women are vulnerable
- Ituri/Mambasa: Mambasa centre, Epulu and Biakato: ‘normalization’ of sexual violence, ‘modernization’ – sexy clothes, small business women, BaMbuti (pygmies) high alcohol consumption
- South-Kivu/Lulingu: sexual violence by armed groups and in the community

Women's vulnerability in the community

- Men/women relationship – male power and superiority
- In marriage: women should 'satisfy' husband (sex, many children and faithfulness)
- Outside marriage: sexual and social violence (stigma, poverty and isolation from the family) – pushes women and girls into transactional sex for survival



Lack of knowledge and use of contraception

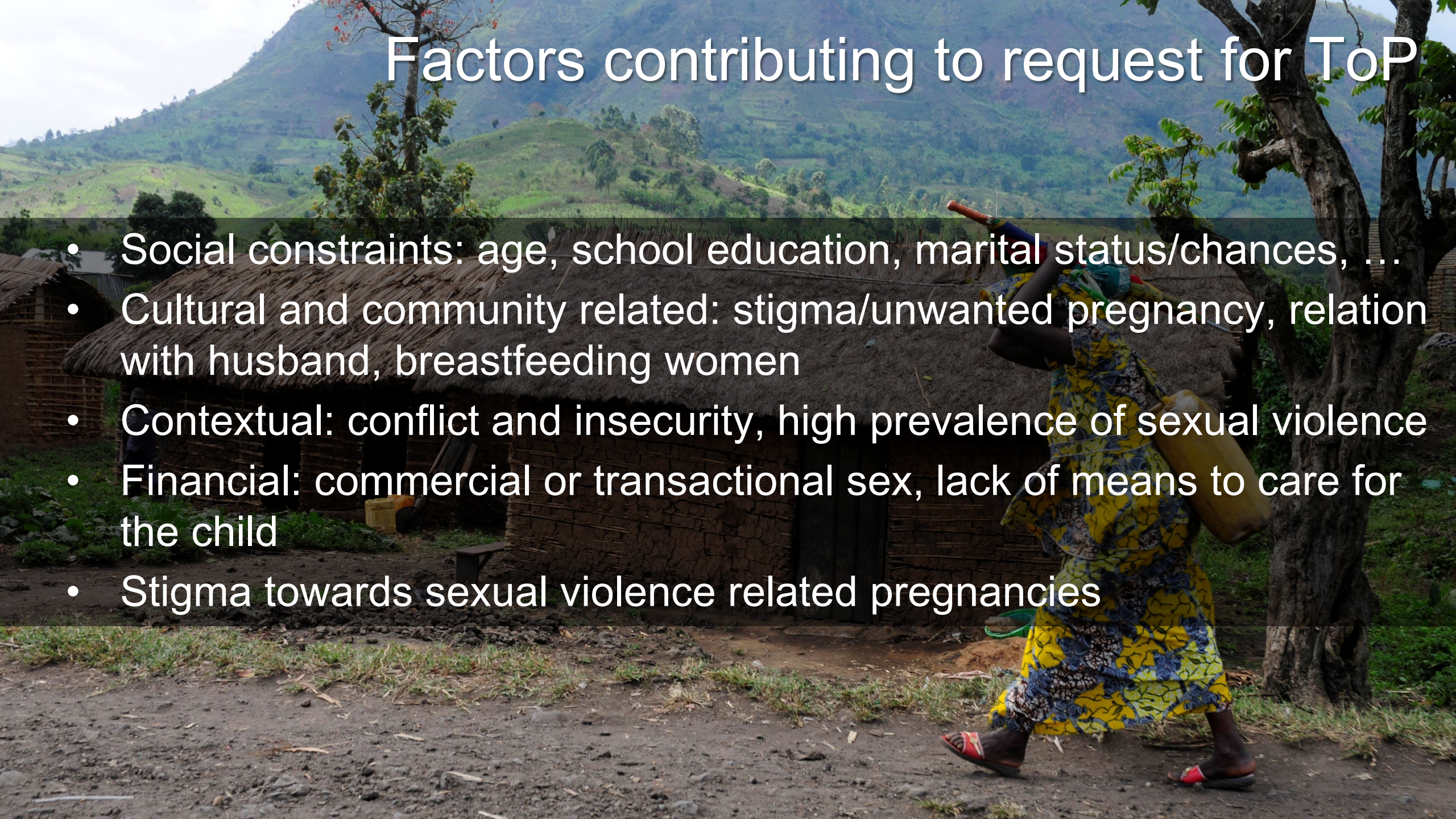
Mistrust of and moral attitudes towards contraception

- Fostering infidelity and extramarital sex
- Fear of side effects mainly for breastfeeding women
- Strong influence of the church
- Preference for 'natural' methods over medication



Factors contributing to request for ToP

- Social constraints: age, school education, marital status/chances, ...
- Cultural and community related: stigma/unwanted pregnancy, relation with husband, breastfeeding women
- Contextual: conflict and insecurity, high prevalence of sexual violence
- Financial: commercial or transactional sex, lack of means to care for the child
- Stigma towards sexual violence related pregnancies



Perceptions and attitudes towards unsafe abortions



Different in the three zones

- Ituri: medication abortion acceptable solution, but legal concerns
- South-Kivu: people primarily opposed; for breastfeeding mothers *Lega* tradition allows termination of pregnancy
- North-Kivu: moral attitudes

BUT what people say is not always what they do and what we see in the clinics

Health care providers' attitudes

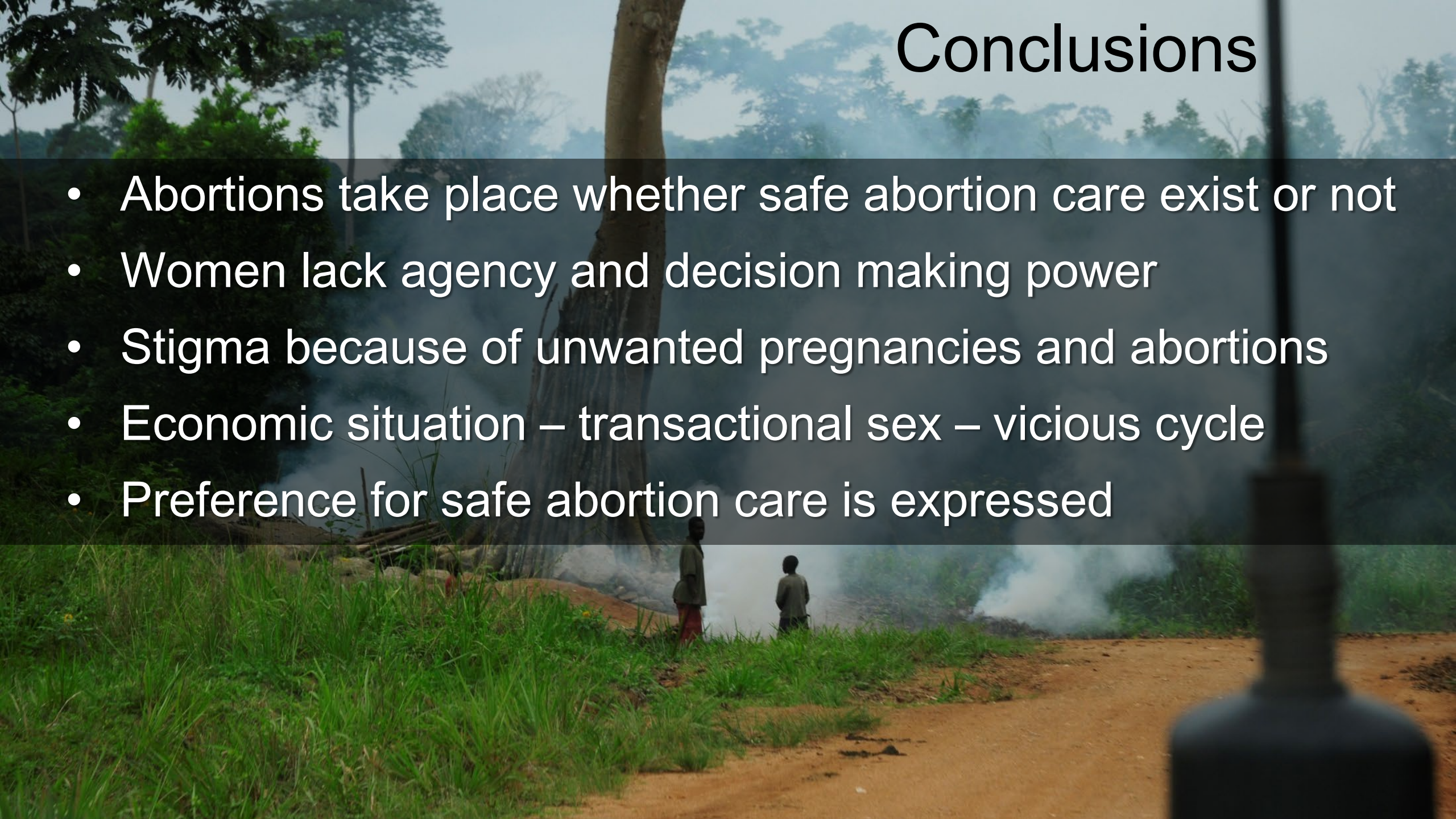
Three approaches

- (1) Want to help but limited by the law – ask for legalisation
- (2) Convince woman or girl to keep the pregnancy without judging
- (3) Condemn abortions and any form of termination of pregnancy – moral and religious arguments overlay legal concerns



Conclusions

- Abortions take place whether safe abortion care exist or not
- Women lack agency and decision making power
- Stigma because of unwanted pregnancies and abortions
- Economic situation – transactional sex – vicious cycle
- Preference for safe abortion care is expressed



Operational implication

Raise awareness and advocacy on one of the most important and entirely preventable causes of maternal death

- Foster dialogue at community level about unwanted pregnancies and ToP
- Advocate with national NGOs and MoH
 - To prevent unwanted pregnancies
 - To support access to safe abortion care and family planning
 - For better treatment of women who had an abortion and present with complications



Young woman, now 18, with her five months old child; raped two times by an armed militia, when she was working in the fields; now HIV+. She had wished to abort, but was convinced to keep the pregnancy. She had to stop school, had to leave her family and has no living. She does not know how her future will look like and if she is able to love her child.

I want to THANK
All the people I talked to and worked with in the DRC
MSF teams in Mweso, Mambasa and Lulingu
Task force coordination in Bukavu, Goma and GVA
All colleagues involved in the study

