Contraception alone

International Family Planning Perspectives

Fertility Regulation Among Women in Abidjan

The characteristics of women who had resorted to each of the four behaviors are presented in Table 2 (page 161). Women who did nothing to control their fertility were predominantly Muslim (62%) and were especially likely to be married (80%) and to be poorly educated (70% had never been to school). Those who controlled their fertility through contraceptives were usually younger (53% were younger than age 25). Among those who used both contraception and abortion, a relatively high proportion were well educated (48% had at least a secondary education), and a majority were Christian (59%) and dominant Muslim (62%).

Highly acidic mixtures of lemon with honey or sugar.

• Use. Although African women have used a wide range of abortion methods to control their fertility for generations, the 805 Ivorian women in our study who had had an abortion resorted primarily to nontraditional methods (and some had used more than one method to induce their most recent abortion). Sixty-two percent of these women had last had a surgical abortion. In Côte d’Ivoire, surgical abortion is generally provided by medically trained personnel (i.e., gynecologists, general practitioners and nurses) under varying sanitary conditions, depending on the facility (i.e., a public hospital or a private clinic or surgical facility). Although women most often resorted to this technique first, 3% of abortion patients whose original method had failed or caused complications relied on surgical abortion to complete the procedure (not shown). (Overall, 27% of respondents who had had an abortion suffered complications—mainly infection and hemorrhage—following their procedure.)

Ten percent of women who had terminated a pregnancy had used modern pharmaceutical products to induce their most recent abortion. Women who had relied on traditional, nonmedical abortifacients reported primarily using douches made with plant-based substances (cited by 18% of women who had had an abortion), followed by traditional vaginal inserts of plant material mixed with kaolin (9%), herbal teas (5%) and blunt plant stems inserted into the uterus (4%). Two percent of women claimed they induced their most recent abortion by drinking an excessive amount of cola with sugar.

The use of such traditional methods entails a high risk of severe complications, which can sometimes lead to death. For example, the introduction of sharp objects into the uterus frequently causes ruptures or perforations, which can lead to potentially fatal infections. According to a recent study conducted in an Abidjan obstetrics department, complications from abortions induced using traditional plants accounted for 47% of maternal deaths in that hospital.20

Forms of Fertility Regulation

What is behind the high incidence of abortion among these women? Do women use abortion to replace contraception or to complement it? We sought to answer these questions by establishing four overall fertility regulation behaviors that describe the relationship between abortion and contraception over women’s reproductive lifetimes:

• Use of neither contraception or abortion. Women who fell into this category, who accounted for 27% of the sample, either did not regulate their fertility at all or relied only on traditional spacing methods, such as breastfeeding and postpartum abstinence.

• Use of both contraception and abortion. These women, who accounted for 30% of the sample, considered abortion and contraception as alternative or complementary practices. Although 52% of women in this category had had only one abortion, roughly 33% had terminated all of their pregnancies by abortion; the latter women appear to have used abortion to delay starting a family. After their abortion, however, many women adopted a contraceptive method, so the experience appears to have triggered subsequent contraceptive use. For example, when we asked women about their contraceptive use in the period surrounding their most recent abortion, the highest proportion—38%—had used a method only after the abortion had taken place. The other proportions using a method were 33% for method use both before and after the abortion and 11% for contraceptive use only in the period immediately preceding the abortion. In addition, 20% had not used any method of contraception around the time that the pregnancy occurred.

• Contraceptive use only. The women in this group, who accounted for 40% of the sample, had never had an abortion and were either especially effective users of contraception or were unwilling to use abortion as a backup in the case of contraceptive failure.

• Use of abortion only. Very few women—3% of the sample—relied on abortion alone to regulate their fertility. Instead of using contraceptives to prevent unplanned conceptions, these women aborted unplanned pregnancies when they occurred.

The characteristics of women who had resorted to each of the four behaviors are presented in Table 2 (page 161). Women who did nothing to control their fertility were predominantly Muslim (62%) and were especially likely to be married (80%) and to be poorly educated (70% had never been to school). Those who controlled their fertility through contraception alone were roughly equally divided among the three educational groups and were generally young (53% were younger than age 25). Among those who had used both abortion and contraception, a relatively high proportion were well educated (48% had at least a secondary education), and a majority were Christian (59%) and

**FIGURE 1. Percentage distribution of women in seven age-groups by fertility regulation subgroup**

- **Nothing**
- **Contraception alone**
- **Abortion alone**
- **Contraception and abortion**

- **15-19**
- **20-24**
- **25-29**
- **30-34**
- **35-39**
- **40-44**
- **45-49**

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