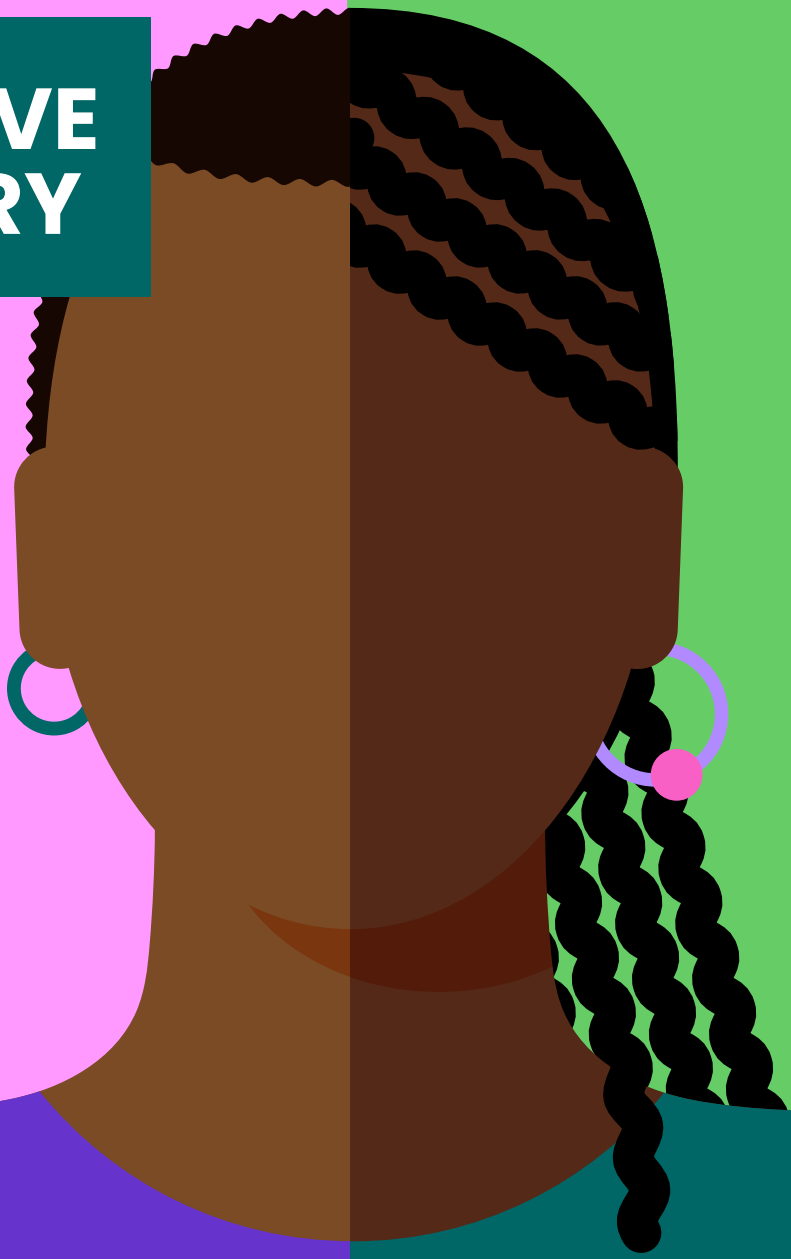
EXECUTIVE SUMMARY



INSIDE THE MAZE WOMEN FACE:
THE REALITY OF UNSAFE ABORTION IN TOGO

A qualitative study in the
Plateaux and Grand Lomé regions

Rutgers
APHRC African Population and Health Research Center
ATBEF Association Togolaise pour le Bien-Être Familial
POPULATION COUNCIL Ideas. Evidence. Impact.

Executive summary

Introduction

Inside the Maze Women Face: The reality of unsafe abortion in Togo examines the lived experiences of adolescent girls and women facing unintended pregnancies they are unable to continue. Drawing on personal testimonies, the report centres the voices of girls and women, exposing the complex maze of stigma, shame, silence, risk and legal restrictions they must navigate. It shows how these forces shape their decisions and experiences.

In doing so, it reveals how restrictive laws, societal pressure and health inequalities limit access to safe abortion and post-abortion care, with adolescent girls and women bearing the brunt of the consequences for their well-being, health and lives.

In Togo, unintended pregnancy remains a major public health issue, despite government efforts. It affects both adolescent girls and women and often results in abortion. Legal abortion is severely restricted[1].

Yet an estimated 60,000 abortions take place each year, the majority of which are unsafe.[2] Despite this scale, little is documented about adolescent girls' and women's experiences or their access to care.

The study uncovers crucial evidence needed to develop solutions for women and girls who undergo unsafe abortion procedures and endure their harmful consequences.

The findings provide evidence that, in a context where legal and safe abortion care is virtually inaccessible, adolescent girls and women are forced to take serious risks, including significant health complications and even death. The study uncovers crucial evidence sorely needed to develop solutions for women and girls who undergo unsafe procedures and endure their harmful consequences.

Documenting the lived realities of adolescent girls and women

This ethnographic study was conducted by APHRC, Rutgers, Population Council and ATBEF. It was conducted as part of two programmes: 'She Makes Her Safe Choice', implemented in West and Central Africa with the aim of reducing maternal mortality and morbidity linked to unsafe abortions, and 'Expanding access to quality sexual and reproductive health services in Francophone West Africa'. [1]

The study was conducted in the Grand Lomé and Plateaux regions in Togo, selected for their high rate of unintended pregnancies and abortions. The data consists of participant observation in 12 health facilities and surrounding communities. This included repeated in-depth interviews, conducted, with 22 adolescent girls (aged 15-19) and 39 women (61 participants in total) who had undergone abortions. In addition, interviews and focus group discussions were conducted with a wide range of stakeholders. The data collection was largely led by young researchers who spent seven months immersed in the study regions. This allowed them to build the trust needed to carry out this sensitive research.

1 Abortion in Togo is only allowed in three specific circumstances: when the continuation of the pregnancy puts the life or the health of the mother at risk; when there is a high risk of foetal malformation; or when the pregnancy results from rape or incest.
2 Togo | Guttmacher Institute
3 The first programme is funded by the Dutch Postcode Lottery through Rutgers and the second programme is funded by the William and Flora Hewlett Foundation through Population Council.

Key findings

The study findings show that adolescent girls and women face multiple, interconnected factors that influence the risk of unintended pregnancies[4]. The findings equally highlight the complex decision-making processes around abortion and the difficulties in accessing safe abortion and post-abortion care.

Factors influencing the risk of unintended pregnancies

Interviews with girls, women and key stakeholders identified different factors that increase the risk of unintended pregnancy:

1. **Inadequate sexuality education,** driven by taboos around sexuality, resulting in a lack of accurate information on fertility and contraception.
2. **Fragile family support,** due to parental loss, separation or foster care.
3. **Economic vulnerability,** which can lead to unequal or transactional sexual relationships.
4. **Low use of reliable contraceptive methods,** due to fear of side effects, stigma and lack of support from partners, families and health providers.
5. **Mental health challenges and unmet emotional needs,** linked to social and economic insecurities.
6. **Sexual violence,** compounded by barriers to accessing post-rape care, including emergency contraception.

How decisions about abortions are made

According to prior research, an estimated one third of unintended[5] pregnancies in Togo end in abortion. The present study found that decisions about abortion are rarely made by adolescent girls and women alone. Male partners or relatives are often involved and in some cases make decisions on their behalf without consultation. Social norms strongly shape these decision-making processes.

Common reasons for deciding to have an abortion included:

- Fear of family or community reactions, including social exclusion or loss of support
- Abandonment by, or pressure from, the partner
- Influence from mothers or other relatives
- Inability to continue a pregnancy due to age, education, financial constraints, or unstable living conditions
- Pregnancy resulting from sexual violence
- Pregnancy resulting from a casual relationship

4 In this research, 'unintended pregnancies' refer to pregnancies that were unplanned, whereas we use the term 'unwanted pregnancies' is used, once the decision for abortion was made.

5 Togo | Guttmacher Institute

> I did not seek care because I was afraid. I could already imagine the blame, the harsh looks, the criticism.

Farida, 35, Plateaux region

Navigating access to abortion

- **Fear and misinformation about the law is widespread:** Most adolescent girls and women, including those legally entitled to care, such as victim-survivors of sexual violence, believed abortion was completely prohibited in Togo.
- **Perceived risk versus necessity:** Many associated abortion with serious complications or death, yet felt they had no alternative but to take the risk.
- **Stigma and secrecy:** Fear of social judgement and legal consequences forced girls and women to seek information discretely, mainly through friends, partners, relatives, or social media.
- **Unsafe methods dominate:** Most guidance concerned unsafe methods, including herbs, concoctions, unknown pills, over-the-counter drugs and clandestine clinics.
- **Barriers to safe options.** While some learned about medical abortion pills (such as misoprostol), access was often constrained by cost or refusal from healthcare providers or pharmacists.
- **Decisions shaped by constraint:** Where safe and legal abortion is inaccessible, choices are guided by affordability, discretion, secrecy and recommendations from trusted individuals.
- **Serious health consequences:** Abortion experiences varied widely, often involving severe pain, multiple attempts and limited support. Of the 61 participants, 49 experienced complications that required post-abortion care. These complications included severe bleeding, infection, intense pain and comas.

Experiences of post-abortion care

Key findings show that access to timely and quality post-abortion care was often limited, with serious consequences for adolescent girls and women.

- **Fatal outcomes:** During the study, five young women (aged 19-27) died due to unsafe abortion complications
- **Delays in seeking care:** Fear of disclosure and stigma led some girls and women to delay seeking treatment.
- **Health facility limitations:** Lower-level health facilities often lacked the capacity to manage severe complications, requiring referrals that further delayed critical care.
- **Barriers to quality care included:**
  - Lack of (functioning) equipment and sufficient medication
  - Stigmatisation by health care providers
  - Limited privacy and confidentiality
  - Insufficient pain relief during procedures, such as manual vacuum aspiration
  - Inadequate post-abortion contraception counselling
  - High costs of care

The findings reveal that adolescent girls and women in Togo face a maze of challenges that threaten their well-being, health and lives.

Conclusion

This research shows that unintended pregnancies in Togo result from a complex mix of social, economic, cultural and systemic factors. Restrictive laws and social stigma push adolescent girls and women towards unsafe abortion methods, often obtained through informal networks. These practices frequently lead to serious complications or death, five deaths were witnessed during this study.

Fear of stigma also delays care-seeking for complications. While life-saving post-abortion care is available in many health facilities, access remains unequal and the quality of care, preparedness for severe complications, and respect for patients vary widely.

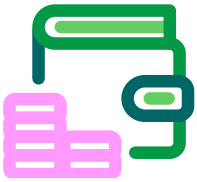
Together, these findings show that adolescent girls and women in Togo navigate a maze of preventable risks that threaten their health and lives.

While the causes of reproductive injustice are complex, they are not insurmountable. This report sets out clear, evidence-based recommendations for action. Developed in collaboration with young people, healthcare professionals and civil society organisations, these recommendations aim to improve access to safe abortion and quality post-abortion care.

Recommendations

Revise the legal framework on abortion

Reform legal grounds for safe abortion, revising the 2007 Reproductive Health Act and ensure its implementation to reduce maternal mortality and morbidity.



Promote universal access to reproductive health care

Remove financial barriers by making comprehensive safe abortion care, post-abortion care, contraceptives and family planning services free of charge.

Improve the quality of post-abortion care

Provide training for healthcare providers on comprehensive safe abortion and post-abortion care, including non-judgmental treatment, pain management and contraceptive counselling.

Strengthening education on values and sexual health

Provide adolescents with information on relational and sexual wellbeing. Integrate sexuality education into teacher and social workers' training programmes.

Ensure the availability of medical supplies

Equip all health facilities with the necessary equipment, medications, and contraceptives for comprehensive safe abortion care and post-abortion care.

Conduct a national abortion incidence study

Generate evidence on the magnitude of unsafe abortion complications and abortion-related maternal deaths to inform policies and guide action.

rutgers.international

aphrc.org

atbeftogo.org

popcouncil.org