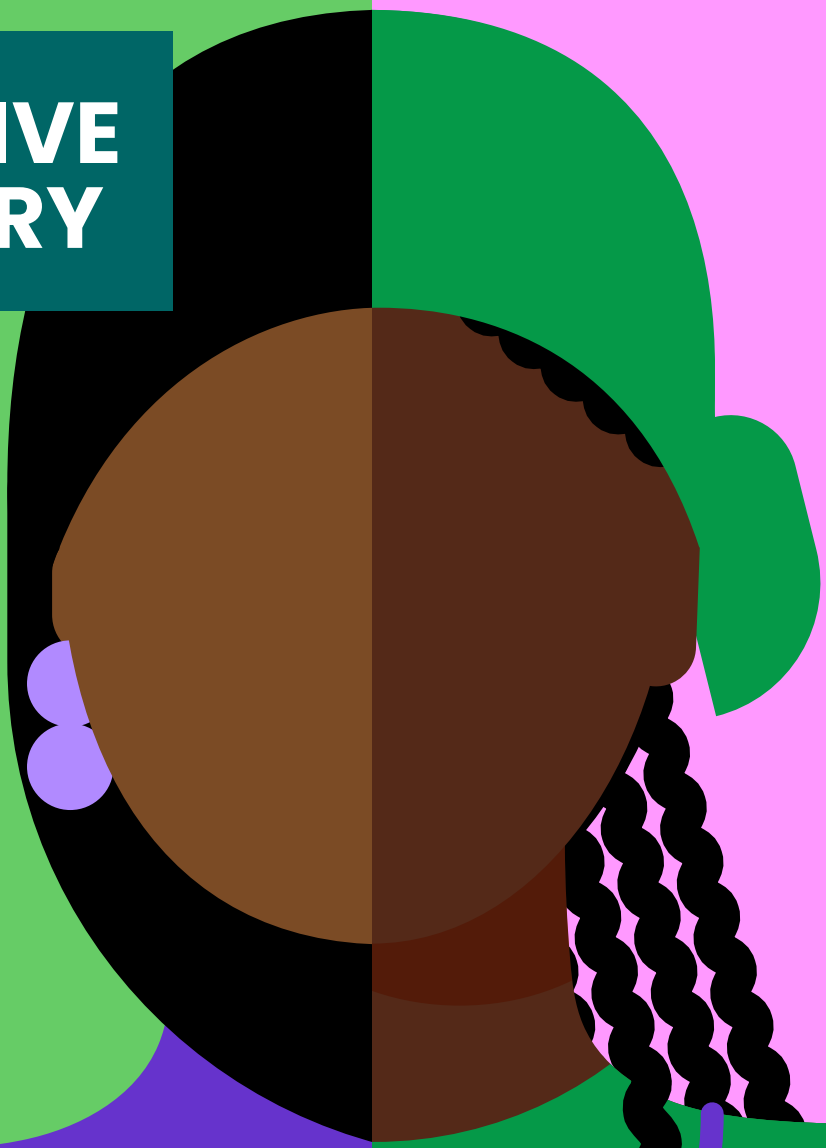
EXECUTIVE SUMMARY



OUT OF THE MAZE: EXPANDING ACCESS TO SAFE ABORTION IN BENIN

A qualitative study from the Atlantique and Borgou departments in Benin

Rutgers

APHRC African Population and Health Research Center

ABPF Association Béninoise Pour la Promotion de la Famille

Executive Summary

Introduction

'Out of the Maze: Expanding Access to Safe Abortion in Benin' presents findings from research on abortion experiences in Benin. The ethnographic study examines access to abortion care for adolescent girls and women in Benin following the 2021 adoption of the amended law on sexual and reproductive health. The findings point to improvements in access to safe abortion care in Benin, while also underscoring the persistence of significant obstacles. Many adolescent girls and women continue to face a complex set of barriers that limit effective access to safe care. Building on this analysis, the report offers concrete recommendations to improve equitable access for all those who need it.

Before 2021, most adolescent girls and women in Benin facing an unplanned pregnancy that they could not or did not wish to continue had access to legal abortion only under limited circumstances. These included situations in which the pregnancy caused a risk to the woman's life or health, in cases of rape, incest or serious fetal abnormalities. Outside these conditions, adolescent girls and women were forced to resort to clandestine methods, exposing themselves to serious health risks and potential legal prosecution.

In 2021, a legislative reform aimed at reducing maternal mortality[1] introduced a legal framework unprecedented in the West Africa region. The amended law permits voluntary termination of pregnancy within the first 12 weeks in cases of material, educational, professional or moral distress. It came into effect following the publication of the implementing decree in May 2023.

This study examines how the amended law has shaped access to safe abortion for adolescent girls and women in Benin, and the obstacles that persist. Evidence from other countries shows that while legal reform is essential, it is not sufficient on its own to remove all barriers. In-depth research such as this helps identify the additional measures needed to ensure equitable access to care.

Legal reform has expanded access to safe abortion but significant barriers remain

1 Government of Benin, 2021

How the experiences of adolescents and women were documented

This study was conducted in the Atlantique and Borgou departments, selected for their sexual and reproductive health indicators, particularly on abortion and teenage pregnancy.[2] Furthermore, Atlantique was chosen due to a prior study by the team before the amendment of the law, which allowed for data comparison. The study used an ethnographic approach.

Data was collected by a team of six young women researchers. They conducted participant observations in 15 health facilities and surrounding communities and held in-depth interviews with 73 adolescent girls and women who had experienced abortion. Additional interviews were conducted with health professionals, relatives and other key informants.

The research was carried out by APHRC, Rutgers and APBF, as part of the She Makes Her Safe Choice programme, aimed at reducing maternal mortality and morbidity linked to unsafe abortions in West and Central Africa.[3]

Benin

2 Health Statistics Yearbooks 2022

3 For further information: She Makes Her Safe Choice - Rutgers International. The programme is funded by the Dutch National Postcode Lottery via Rutgers.

Key findings

1. A diversity of abortion pathways persists

The findings reveal multiple pathways to abortion. Just over half of the adolescents and women interviewed (39 out of 73[4]) accessed formal and safe abortion care, either directly or after an initial unsuccessful attempt using unsafe methods. The remaining participants (34 out of 73) relied on unsafe methods, including herbal teas, medicines obtained from pharmacies or the informal markets, or went to informal providers before seeking formal post-abortion care for their complications.

These clandestine pathways remain common and are often associated with serious medical health complications, including two deaths recorded during this study.

Women aware of the reform are more likely to seek safe abortion care

2. Factors facilitating access to safe care

Several factors were found to facilitate access to safe abortion care among adolescent girls and women.

Knowledge of the law

Even partial knowledge of the law – among adolescent girls and women or those around them – helps normalise seeking care and reduces fear of legal prosecution, it is the main reason that prompts them to seek care at a health facility.

Referral pathways

Referrals are an important mechanism for overcoming barriers such as conscientious objection and structural constraints within health facilities. Some providers actively refer adolescent girls and women to alternative facilities or providers willing to provide safe abortion care.

4 Given the relatively small sample size (n = 73), the figures mentioned in this paragraph are not intended to be representative or generalisable. Rather, they are presented to illustrate the patterns and trends observed in terms of abortion experience within the data.

Civil society organisations

Civil society organisations play a pivotal role in facilitating access, including through helplines and social media. They connect adolescent girls and women to supportive providers, help ensure confidentiality and act as intermediaries, particularly where financial barriers are present.

Women's financial resources

Financial autonomy significantly influences women's access to care. Where women lack independent financial resources, support from partners, family or civil society organisations, particularly through referral vouchers, helps to overcome financial barriers.

3. Persistent barriers to accessing safe abortion care

Despite the reform, multiple barriers continue to hinder effective and safe access to abortion care.

Lack of awareness of the law

About four out of five adolescent girls and women who resorted to unsafe abortion methods were unaware of the legal reform. Limited dissemination of information, particularly in rural areas, fuels misinformation and uncertainty about legal rights, the reasons behind the reform and the conditions for access, undermining the legitimacy of the reform and access to care, especially for rural women and girls.

Conscientious objection by healthcare providers

Conscientious objection remains widespread, particularly in public facilities. It is sometimes collective, or institutionally imposed, and does not always comply with the provisions set out in the 2023 implementing decree. As a result, of the nine public health facilities studied, only one provided safe abortion care.

Often the consequences of conscientious objection were compounded by the failure to refer adolescent girls and women to health facilities that provide safe abortion care.

Refusal to provide care or refer patients restricts access to safe care

High cost of abortion care

Where services are available, mainly in private and non-profit facilities, cost remains a major barrier. Tariffs vary between 18 Euros and 152 Euros due to further tests such as ultrasound scans and blood tests. These tariffs are unaffordable for many adolescent girls and women, particularly those in vulnerable economic situations.

Lack of family or partner support

The persistent stigma surrounding premarital pregnancy and abortion often forces adolescent girls and young women to seek abortions in secret. This deprives them of the financial support from their family or partner, even though this is essential for them to access safe healthcare.

Requirement for parental consent for minors

The legal requirement for parental consent for abortion poses a major obstacle for adolescent girls. Fearing their parents' reaction, many avoid formal healthcare services and instead resort to unsafe methods.

Legal limits and delays

Delays in decision-making, repeated attempts using unsafe methods and limited information often results in adolescent girls and women presenting beyond the 12-week legal limit, leading to refusal of care. The exceeding of time limits is sometimes due to the attitudes and practices of healthcare professionals. The interviews indicated that some use medical and administrative procedures as a covert form of conscientious objection.

Availability of informal care

Informal abortion services remain widely available, including through social networks and in the community, and compete directly with formal abortion care. Their accessibility and flexibility make them an interesting alternative for many adolescent girls and women, particularly those facing financial or institutional barriers.

Conclusion

This study shows that the 2021 legislative reform represents a clear step forward in improving access to safe abortion care in Benin. Especially compared to the pre-reform when very few adolescent girls and women had access to safe abortion care.

However, as seen in other countries, legal reform alone remains insufficient to ensure equitable access. Structural, economic, informational and socio-cultural barriers persist, disproportionately affecting the most vulnerable, including minors, women living in rural areas, and those in precarious economic situations. As a result, many continue to rely on informal and unsafe abortion care, with significant health risks.

Recommendations

Drawing on these findings and the perspectives of young people, healthcare professionals, civil society organisations and other stakeholders, the researchers developed the following recommendations to improve access to safe abortion care in Benin. The recommendations are guided by the principle that adolescent girls and women should be meaningfully involved in the development, implementation and oversight of abortion laws and policies.

For the Ministry of Health with the support of other ministries:

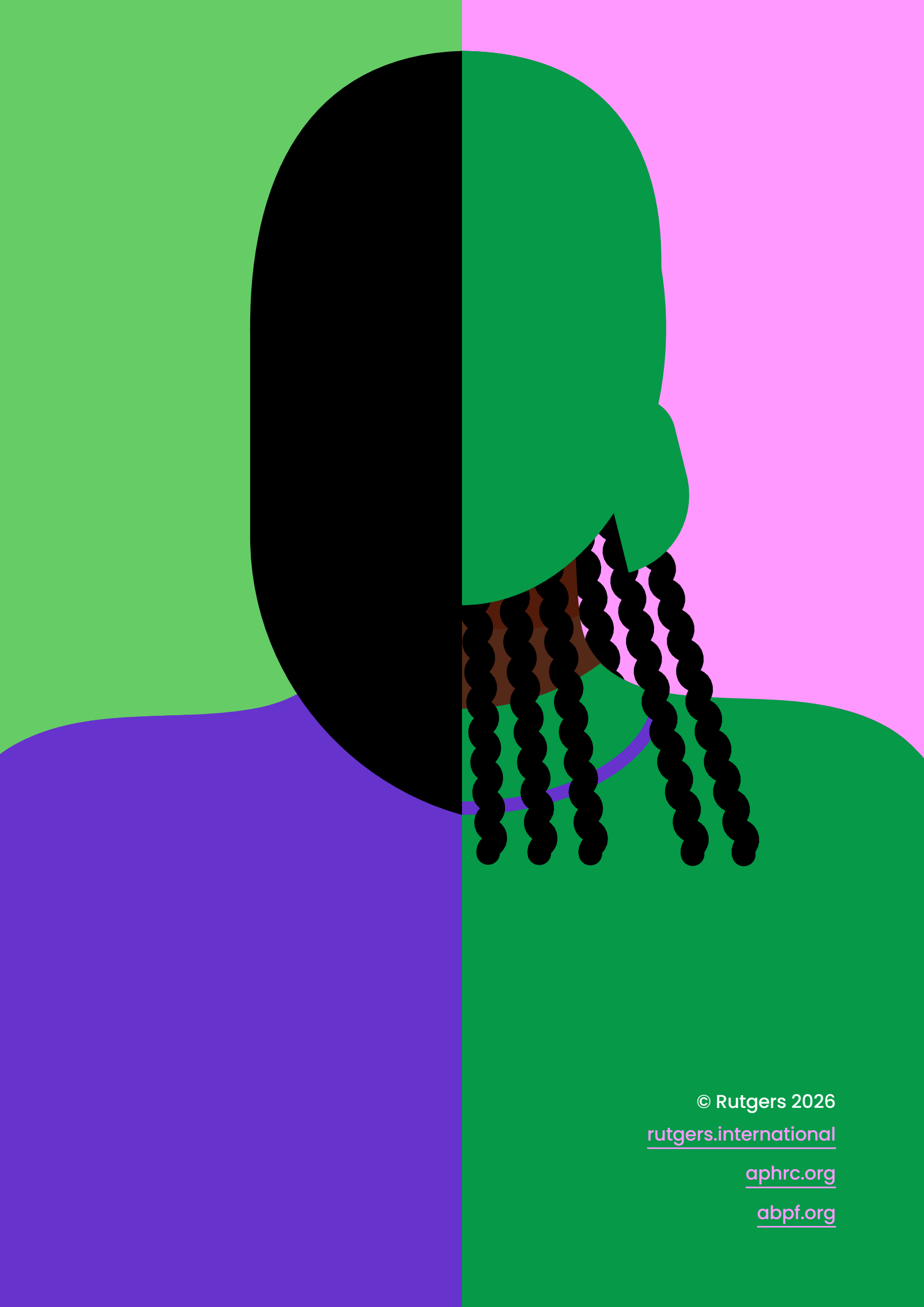
1. Improve the dissemination and understanding of the amended law amongst health care providers and the public.
2. Address and regulate conscientious objection in public healthcare centres and insist on the obligation to refer.
3. Reduce the financial barrier to accessing abortion care in public and private healthcare facilities.
4. Strengthen the human and technical capacity of healthcare facilities to provide high-quality abortion care.
5. Establish a monitoring and accountability mechanism that ensures the continuity and accessibility of safe abortion care.

For civil society organisations:

1. Strengthen and diversify outreach strategies relating to the amended law.
2. Improve access to helplines, referral services, financial and psychosocial support.
3. Support the government in improving the quality of abortion care.

For global donors:

1. Sustain and increase dedicated funding for safe abortion care in Benin.
2. Support the implementation of the Sexual and Reproductive Health Law to ensure that legal provisions translate into accessible, high-quality care in practice.



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