PMA ABORTION SURVEY RESULTS : BURKINA FASO

December 2020 – March 2021

KEY FINDINGS:

Induced abortion is a common reproductive health event in Burkina Faso, but 9 out of 10 are unsafe according to WHO guidelines, involving methods other than surgery from a facility or medication abortion pills.

Nearly three in ten women who reported an induced abortion indicated experiencing a potential severe complication, and only half of these women accessed postabortion care at a facility for treatment.

75% of women were unaware that safe induced abortion could be accessed in certain situations under the law in Burkina Faso.

ABORTION IN BURKINA FASO: LEGALLY RESTRICTED BUT NOT UNCOMMON

Induced abortion is legally permitted in Burkina Faso in cases of rape, incest, fetal defects, or when the woman's life or physical health are in danger. Approximately 25 induced abortions per 1,000 women were done in Burkina Faso in 2008, of which 43% resulted in complications, according to estimates extrapolated from postabortion care (PAC) data.[1] While these estimates provide an overall assessment of the extent of abortion in Burkina Faso and the associated risk, we have limited information about who experiences abortion, and, in particular, those who use unsafe abortion means associated with a heightened risk of complications and death.

THE PMA BURKINA FASO ABORTION STUDY

Between December 2020 and March 2021, Performance Monitoring for Action (PMA) conducted a population-based survey to produce updated national estimates of abortion indicators in Burkina Faso and to understand the associated health risks. Details regarding the methodology of this study are described at the end of this brief.

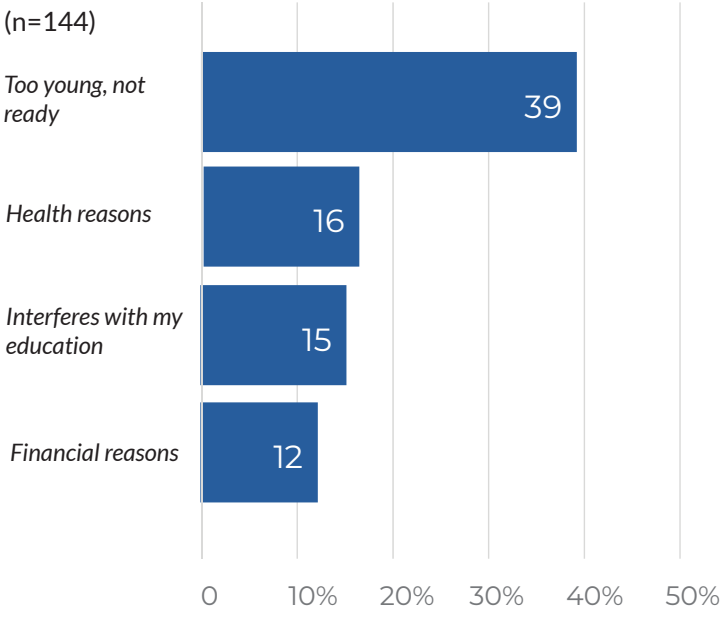
ABORTION IS COMMON, BUT VARIES ACROSS A WOMAN'S LIFESPAN

Overall, the annual induced abortion incidence in Burkina Faso in 2020[2] was estimated at 23 abortions per 1,000 women aged 15 to 49, equivalent to approximately 113,000 abortions annually. The abortion incidence rate was higher among younger women, unmarried women, and women without children. The incidence rate was also higher among women with more education and those residing in urban areas.

ANNUAL INCIDENCE OF INDUCED ABORTION IN BURKINA FASO PER 1,000 WOMEN AGE 15-49, BY BACKGROUND CHARACTERISTICS, 2020 (N=6,388)[2]

PRIMARY REASONS FOR ABORTION IN BURKINA FASO

Reasons for abortion varied across the lifespan, but were often related to early pregnancies that upset social norms and interfered with education.



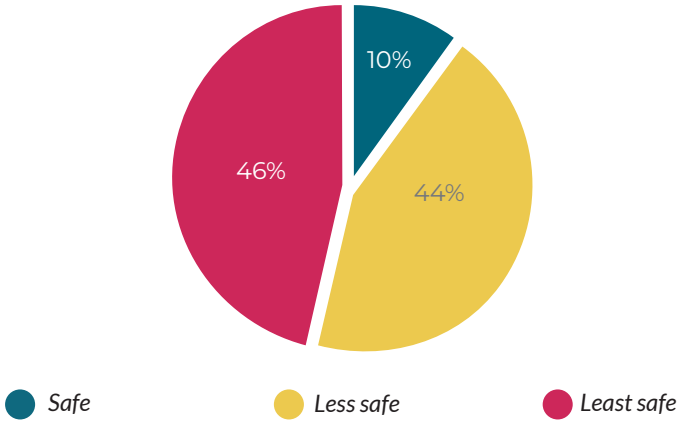
"Because for a while I thought the world was crumbling on me. I had thought that everything I did for my life was destroyed. And with the child, I wasn't going to be able to be who I am anymore and that I had failed everything. So I had an abortion."

Single woman, age 32 with 4 children at time of abortion

THE MAJORITY OF ABORTIONS ARE UNSAFE, WHICH INCREASES RISK OF COMPLICATIONS

Nine out of ten abortions were unsafe[3] according to WHO guidelines,* involving a method other than surgery from a facility or medication abortion pills (misoprostol/mifepristone).[4] Unsafe abortions were most common among older women, women with less education, women living in rural areas, and women with children.

DISTRIBUTION OF ABORTION SAFETY, ACCORDING TO WHO GUIDELINES* (N=137) [3]



*Our safe abortion estimate is likely an overestimate because we assume all abortions in facilities are performed by appropriately trained providers in a setting that meets medical standards and that women who self-manage their abortions using medication abortion pills outside health facilities have accurate information to do so correctly.

PMA DEFINITIONS OF ABORTION SAFETY

Abortion safety was operationalized into three categories, similar to the World Health Organization (WHO) measurement.[5] This definition reflects recent changes to WHO safe abortion guidelines that include self-managed medication abortion.[4] The safety categories are as follows:

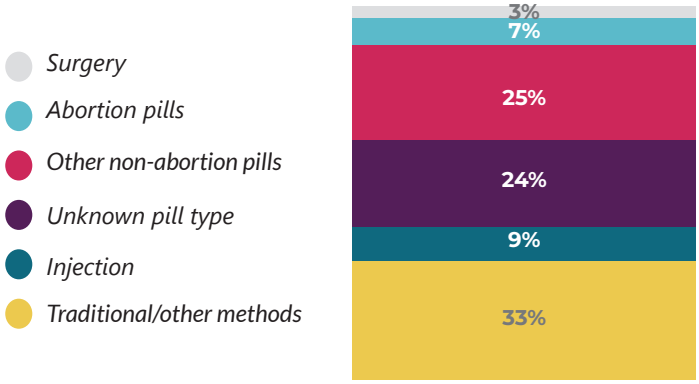
1. Safe: surgery in a clinical setting or medication abortion pills
2. Less safe: surgery from a non-clinical source or non-recommended method from clinical source
3. Least safe: neither a recommended method nor a clinical source

Less safe and least safe categories combined are considered unsafe abortions.

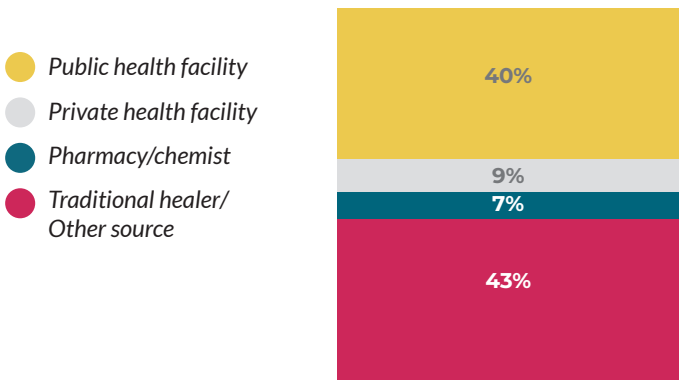
"Interviewer: Did the old lady explain it to you? Did she tell you how it goes? Respondent: That she, she gives you the herbal tea to drink and that during the three days, the belly will hurt really bad; that the belly will hurt very bad and that when it hurts that to take products to calm; that's what didn't motivate me."

Single woman, age 15 with no children at time of abortion

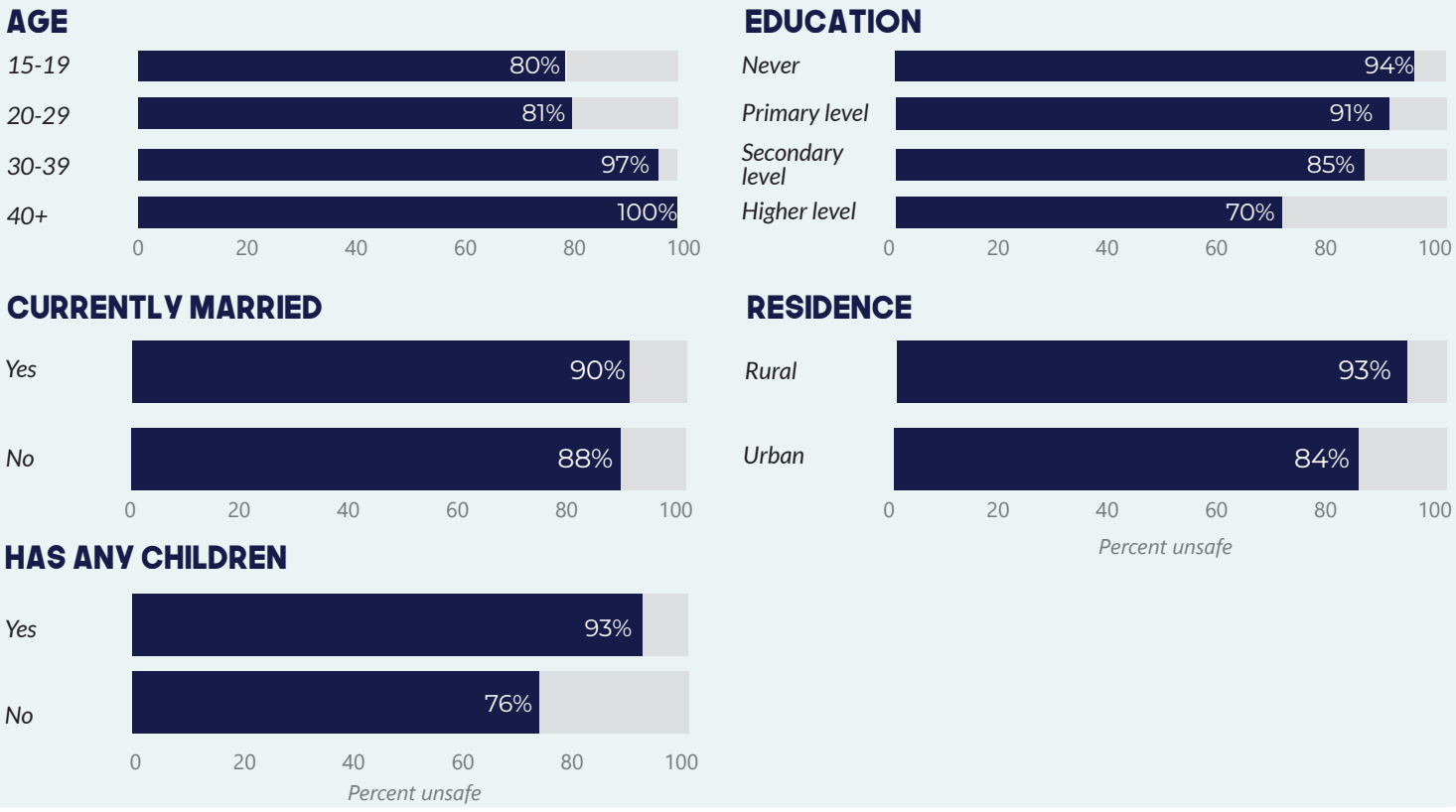
ABORTION METHOD[6]



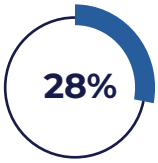
ABORTION SOURCE[6]



PERCENT OF INDUCED ABORTIONS IN BURKINA FASO CONSIDERED UNSAFE BY RESPONDENTS' BACKGROUND CHARACTERISTICS (N=137)



Complications and access to postabortion care



of women reported a potential severe complication (fever, vaginal discharge, punctured uterus or other complication requiring surgery).

Only half of women who described potential severe complications accessed facilities for postabortion care.

"The care was not good because with all these products I was gorging myself with, I was even in danger of losing my life. With all these... how shall I put it? These plants that I was introducing (into my vagina) I could even maybe give myself infections or even cause other diseases."

Single woman, age 19 with no children at time of abortion

"If you have an abortion, even if it's done badly, after if you go to the hospital to get treatment it won't be easy. So that you have the care. You're going to have in any case, but maybe there will be complications even."

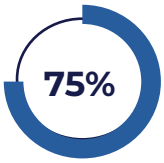
Single woman, age 22 with 1 child at time of abortion

WOMEN NEED ACCURATE INFORMATION ABOUT ABORTION

Many women were unaware of the legal grounds for induced abortion in Burkina Faso and the majority were unaware of safe abortion methods.

Knowledge

> ***"We are not in Europe. There is no law that says we accept that the woman has an abortion if she doesn't want to. I learned that there is that in one country but not in Burkina, so it's difficult, so the care is complicated."***
>
> Single woman, age 21 with no children at time of abortion



of women were unaware that abortion could be accessed safely under the law in cases of rape, incest, fetal impairment, or when the woman's life or health are in danger.

Only 7% of women knew any safe abortion method (i.e., surgery or medication abortion pills), most of whom only knew about surgery (6%).

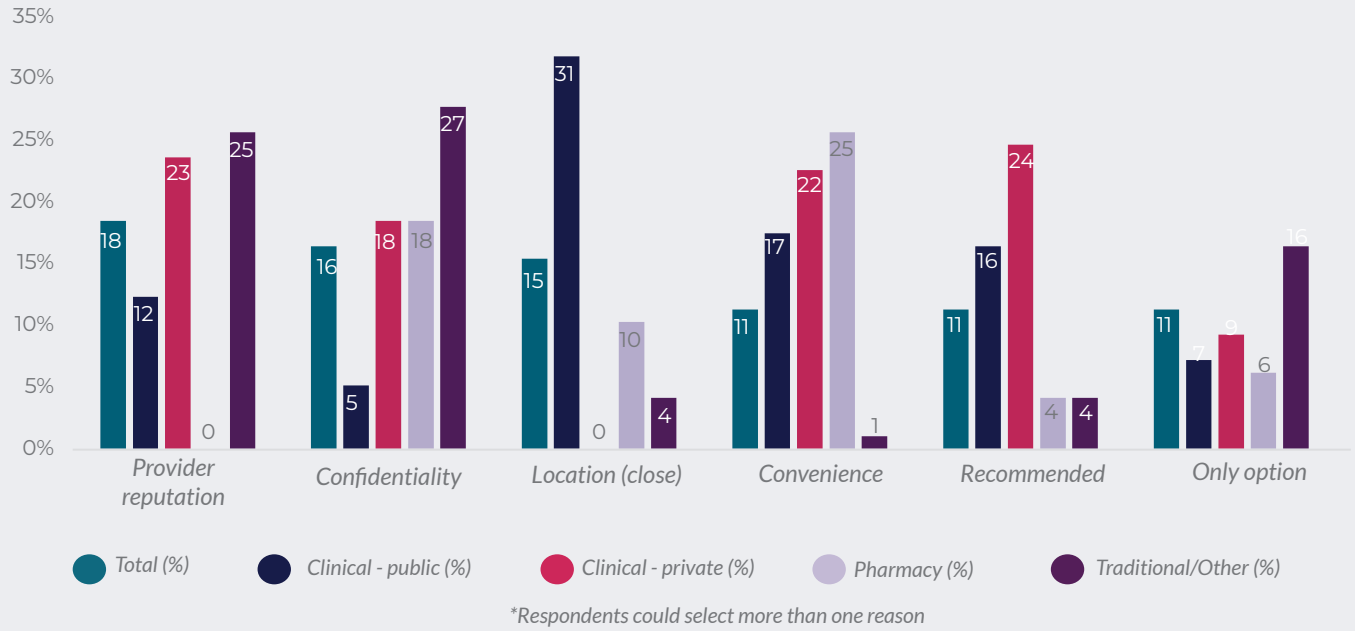
Women with no education, women with the least financial resources, and women residing in rural areas were less knowledgeable about the law and safe abortion methods.

Decision-making

39% of women in Burkina Faso would recommend a friend go to a public health facility if she needed to terminate a pregnancy.

Provider reputation (18%) was the most common reason for choosing an abortion method overall, whereas proximity was the most common reason for those who went to a public facility (31%), confidentiality for those who went to a traditional/ other source (27%), and convenience for those who went to a pharmacy (25%).

REASONS FOR CHOOSING ABORTION METHOD, OVERALL AND BY SOURCE USED*

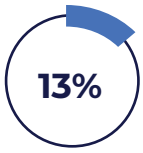


*Respondents could select more than one reason

[1] Sedgh G, Rossier C, Kaboré I, Bankole A, Mikulich M. Estimating abortion incidence in Burkina Faso using two methodologies. Studies in Family Planning. 2011;42(3):147-154; [2] Abortion incidence estimates come from adjusted friend data; [3] Abortion safety estimates from respondent data; friend estimates similar but somewhat more unsafe; [4] World Health Organization (WHO). Abortion care guideline. 2022. Geneva: WHO; [5] Ganatra, B., et al. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017; 390(10110): 2372-81; [6] First or only method or source reported.

ACCESSING ABORTION CARE IS CHALLENGING FOR MANY WOMEN

of women said it was very or somewhat difficult to pay for their abortion. Women with the least financial resources were more than twice as likely to report having difficulty paying for an abortion (55%).



said they paid a bribe to the abortion provider, and this proportion increases to 59% among those who accessed care at a private health facility.

"In all sincerity the price was too much, I can say, because it was not easy for us; we had to look left and right, take out loans with people to be able to do it and then we paid them back."

Married woman, age 36 with 2 children at time of abortion

RECOMMENDATIONS

Findings indicate that women often rely on abortion – most often under unsafe conditions – to manage their fertility in the context of experiencing an unwanted pregnancy. The data show social inequities in access to information and care, with more disadvantaged women having less information about safe abortion methods and more likely to rely on unsafe methods. The Burkina Faso Ministry of Health, non-governmental organizations (NGOs), and civil society organizations working in the reproductive health field can take the following actions to reduce the burden of unsafe abortion and associated negative impacts on maternal health:

- Increase information about the availability of quality, voluntary family planning services and improve access to contraceptive methods throughout the health system to prevent unintended pregnancies.
- Ensure the availability of safe abortion and postabortion care services to all women in need to the full extent of the law, particularly at primary care facilities that serve the most disadvantaged populations.
- Inform the public and providers about the specific conditions under which abortion is considered legal in Burkina Faso.
- Engage providers and the public to shift attitudes towards sexual and reproductive health behaviors.

Taken together, these changes can significantly reduce the extent of unsafe abortion, associated complications, and disparities, and reduce the hundreds of preventable unsafe abortion-related maternal deaths that occur each year in Burkina Faso.

What is PMA?

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Burkina Faso is led by l'Institut Superieur des Sciences de la Population at l'Universite Joseph Ki-Zerbo, Ougadougou, Burkina Faso. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins university and Jhpiego. Funding for PMA is provided by the Bill & Melinda Gates Foundation; an Anonymous Donor provided funding for the abortion module.

PMA Burkina Faso collected information on knowledge, practice, and coverage of family planning services in 167 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the national level and urban/rural areas. Phase 2 data were collected from December 2020 through March 2021 from 5,522 households (97.9% response rate) and 6,388 women 15-49 years old (93.4% response rate). For further sampling information and full datasets, visit https://www.pmadata.org/countries/burkina-faso. For this phase of data collection, we added an abortion module to estimate abortion incidence and safety. This included asking questions about the respondent's experience with abortion, as well as her closest friend's. Details on the friend abortion incidence measurement methodology and our safety measurement approach are provided elsewhere [Bell, S. O., M. Shankar, E. Omoluabi, A. Khanna, H. K. Andoh, F. OlaOlorun, D. Ahmad, G. Guiella, S. Ahmed and C. Moreau (2020). "Social network-based measurement of abortion incidence: promising findings from population-based surveys in Nigeria, Cote d'Ivoire, and Rajasthan, India." Population Health Metrics 18(1): 1-15; Bell, S. O., E. Omoluabi, F. OlaOlorun, M. Shankar and C. Moreau (2020). "Inequities in the incidence and safety of abortion in Nigeria." BMJ Global Health 5(1): e001814.]. Data collectors also followed up with and conducted in-depth qualitative interviews with 30 women who reported an abortion in the PMA study and consented to be recontacted.