KEY RECOMMENDATIONS

Community stakeholders and civil society should:

- Carry out local and global awareness campaigns to disseminate adequate and relevant information, as well as organize public discussion on false or misconceived collective and individual representations of sexual and reproductive health.
- Develop gender-sensitive behavioral change strategies, as information dissemination alone is not enough.
- Create information messages comprising medical and sanitary elements but also emotional aspects regarding sexual relations.
- Elaborate strategies and messages for and with the active participation of the different stakeholders in contact with youth, including young people themselves.
- Target the various places relevant to teenagers and young people when planning activities.

Social and healthcare services must:

- Guarantee the availability of contraceptive methods, including emergency contraception through outreach strategies targeted to young people where they are located.
- Promote young people's high-quality reception and counseling within healthcare structures.
- Improve training for medical staff on post-abortion care.
- Strengthen capacities of media outlets regarding SRHR issues.

Médecins du Monde calls on political decision-makers to:

- Repeal Article 178 of the Penal Code prohibiting promotion and distribution of contraceptive methods.
- Pass a new Reproduction Health Law ensuring young people's access to family planning services.
- Publish the Maputo Protocol ratification act in the Official Journal, to enforce its application.

TESTIMONY FROM THE FIELD

"I had pills and injections. A friend of my boyfriend is a nurse, he prescribed the medication. For 5 months. I tried the first time but it didn't work and by the time I could find the money to try again, it took some time. Every morning by 9:OO I would go to my boyfriend's friend's place for the injection. For 5 days. Then I would take medicines at home. Hiding. It was very troublesome. I wouldn't like to do it again. Sometimes, when I was in pain, I was handling it for fear of my family noticing I had aborted. But because that abortion wasn't done right, some fetus fragments were stuck inside the womb and it was hurting me very badly. At first I used papaya leaves. I heard it only from acquaintances and from friends who tried to have an abortion once or a couple of times. On a second occasion, I did a curettage and took the medicines."
Young woman who experienced unwanted pregnancy

Médecins du Monde – April 2016
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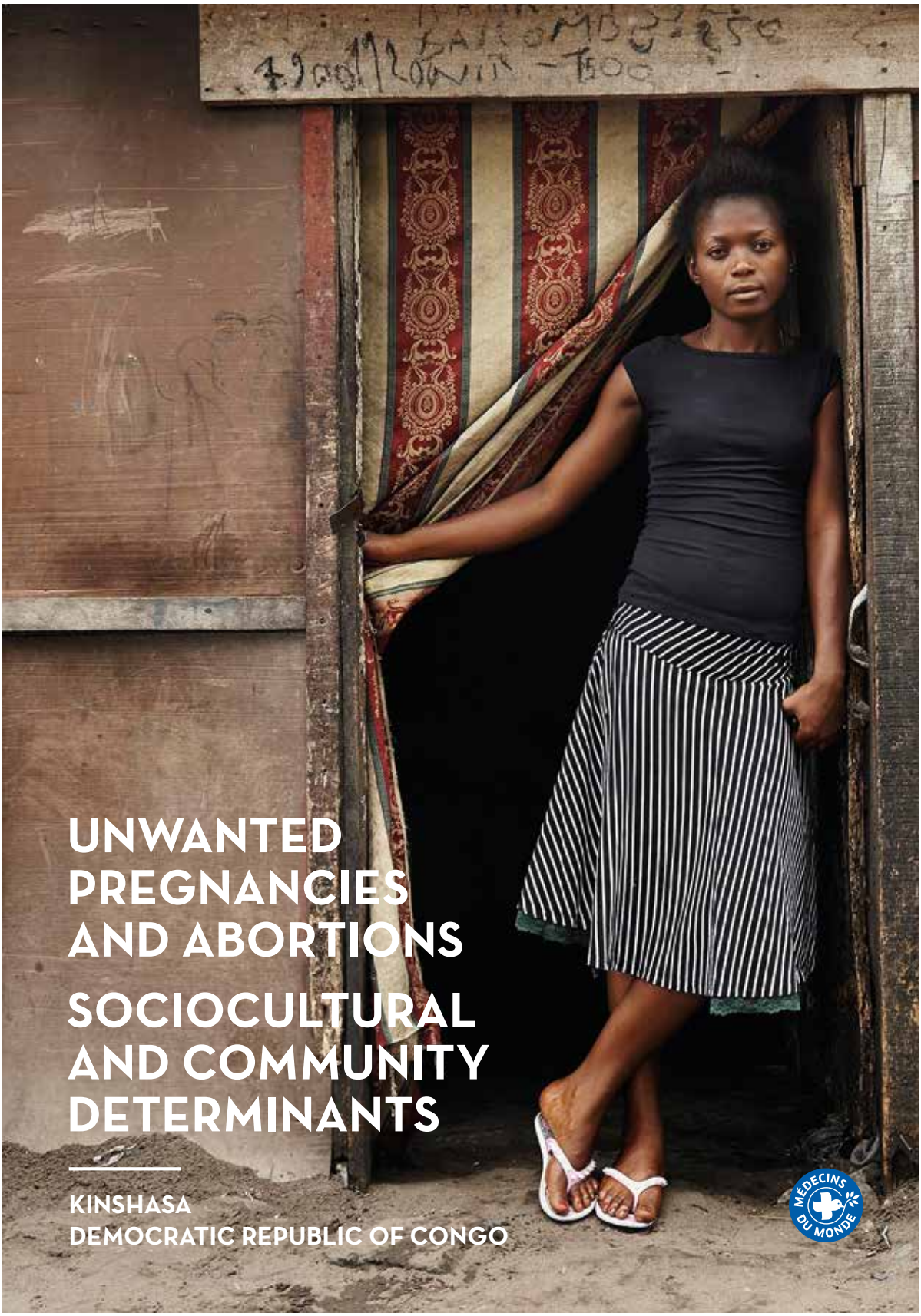

UNWANTED PREGNANCIES AND ABORTIONS

SOCIOCULTURAL AND COMMUNITY DETERMINANTS

KINSHASA
DEMOCRATIC REPUBLIC OF CONGO

MÉDECINS DU MONDE

PROVIDING CARE AND BEARING WITNESS

For more than 30 years, Doctors of the World/Médecins du Monde (MdM) has been active in projects related to Sexual and Reproductive Health (SRH). By the term SRH, MdM refers to "a state of complete physical, mental and social well-being and not merely the absence of disease or disability, in all matters relating to the reproductive system and to its functions and processes".[1]

Over the last 20 years, governments and international institutions have eventually given the needed political priority to SRH. Several agreements adopted by a number of countries show this commitment and provide a strategic framework in which SRH projects can be implemented. MdM relies on this framework to promote the respect and implementation of sexual and reproductive rights in the areas where it operates.

WORLDWIDE

225 MILLION WOMEN DO NOT HAVE ACCESS TO SAFE AND EFFECTIVE CONTRACEPTION

22 MILLION UNSAFE ABORTIONS ARE ESTIMATED TO TAKE PLACE EVERY YEAR

ALMOST **50,000 WOMEN** DIE EVERY YEAR FOLLOWING AN UNSAFE ABORTION

MÉDECINS DU MONDE FRANCE IN DRC

Médecins du Monde began working in Kinshasa in 1999. After several experiences of health promotion projects in urban context focusing on girls' awareness and information, the organization carried out an analysis looking at the main health issues in the city of Kinshasa. The evidence collected demonstrates how geographic, financial and social barriers limit access to SRH services, particularly for teenagers and young people.

In July 2014, MdM launched an SRH project targeting young people in two districts of Kinshasa. It focuses on developing a youth-centered approach to SRH services within healthcare structures, as well as aims to encourage inter-generational dialogue and build youth capacities to know and realize their SRH rights. To achieve its goals, MdM is taking action in 3 areas:

- Support to healthcare structures for better SRH services delivery, particularly regarding family planning and post-abortion care, and in the development of a youth-centered approach that would facilitate adolescents and young people's access to SRH services.
- Community mobilization on effective and lasting change through SRHR capacity building of rights holders.
- Advocacy for access to SRH rights and services, with a focus on access to contraception for young people as well as to quality post abortion care.

IN THE DRC

8.1% OF ALL WOMEN OF REPRODUCTIVE AGE (15–49) USE A MODERN METHOD OF CONTRACEPTION

28.2% UNMET NEEDS OF CONTRACEPTION AMONG TEENAGERS AND YOUNG PEOPLE

30% TEENAGERS EXPERIENCING INDUCED ABORTIONS

1 IN 2 PREGNANCIES CAN BE CONSIDERED UNWANTED IN KINSHASA

1 - ICDP - International Conference on Population and Development, Cairo, 1994

THE STUDY

UNWANTED PREGNANCIES AND ABORTIONS IN KINSHASA. AN ANALYSIS OF SOCIOCULTURAL AND COMMUNITY DETERMINANTS.

Available contraceptive methods are not usually used due to negative perceptions associated (sterility, pleasure limitation): those negative perceptions are amplified by insufficient awareness allowing an informed and free choice. Despite their training, medical professionals convey moral, social and religious norms sanctioning the demand and use of contraception methods, even unintentionally.

Religious norms and parents' opinions prevail over medical staff roles:
the coexistence of contradictory and diverse messages is exacerbated by the lack of a coordinated national information campaign and the lack of contraceptive methods promotion.

Unwanted pregnancies occur in all family settings, disregarding social status, education level or age. This phenomenon is amplified by the progressive disappearance of traditional education on sexuality, peers' influence and insufficient awareness on contraceptive methods. False collective and individual representations on contraception methods prevent adequate usage, increasing the risk of unwanted pregnancy occurrences.

Girls are victims of the commodification of their bodies, inexperienced regarding the conduct of its own sexuality and family do not play their part in education: harmful and often violent family's handling of unwanted pregnancies is extended throughout healthcare services, offering unwelcoming attitudes to young people asking for care, especially in cases of post-abortion complications.

A woman experiencing unwanted pregnancy has to face a wide range of difficulties, beginning with society stigmatizing her and pushing for abortion, often with harmful and very violent methods. Unsafe abortions conducted outside any medical setting result from a variety of reasons: medical staff attitudes, religious beliefs' importance, misunderstanding and fear of the legal framework, self-image or even shame.