

Unintended Pregnancy and Abortion Among Adolescents in Kinshasa, Democratic Republic of Congo



Abortion in the Democratic Republic of Congo (DRC) was prohibited until 2018, when the country adopted the Maputo Protocol. This regional human rights treaty directs national governments to legalize abortion when doing so would save a woman's life or protect her physical or mental health, as well as in cases of rape, incest and fetal anomaly. Yet, abortion procedures in the DRC remain largely clandestine, and many of them are unsafe.

This fact sheet summarizes 2016 data on unintended pregnancy, abortion and postabortion care experiences among adolescent women aged 15–19 in Kinshasa, the DRC's capital city and largest urban area. The findings and recommendations can be used to inform relevant interventions to improve adolescent sexual and reproductive health and well-being.

Unintended pregnancy and abortion

- Adolescent women in Kinshasa had an estimated 70,700 pregnancies in 2016, about 13% of the city's total pregnancies.
- An estimated 80% of pregnancies among adolescents were unintended compared with 53–67% for older age-groups. The high proportion of unintended pregnancies among adolescents may be explained by their relatively high levels of unmet need for modern contraception—meaning that many sexually active adolescents want to avoid a pregnancy but are not using a modern method.
- Among adolescents, a larger share of unintended pregnancies ended in abortion (49%) than in birth (39%). The proportion ending in

abortion was higher among this age-group than any other.

- An estimated 27,600 abortions occurred among adolescents in 2016; they accounted for 19% of all abortions in Kinshasa.
- Adolescents overall had the lowest abortion rate (55 per 1,000 women) among women younger

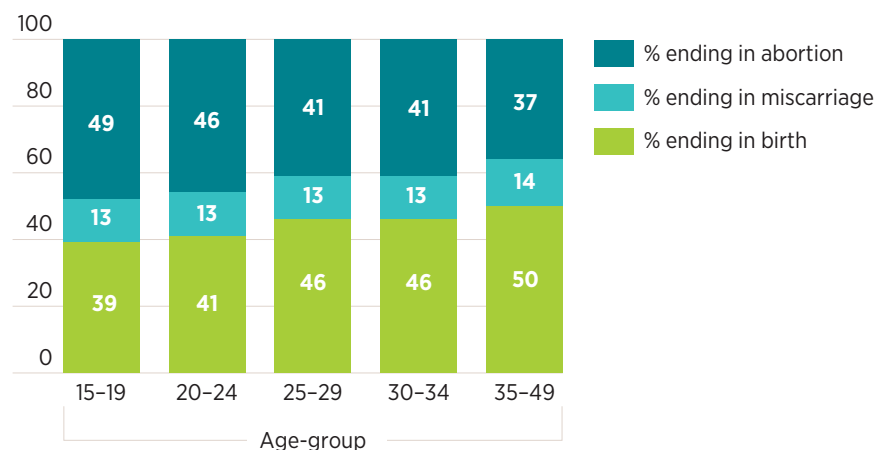
than 35. However, sexually active adolescents had the highest abortion rate (167 per 1,000 women) among sexually active women in all age-groups.

Postabortion care

- Among women in Kinshasa who sought medical care for complications after an abortion or miscarriage in 2016, a higher proportion of adolescents than women aged 20–49 came from poor households and a lower proportion of adolescents were married or cohabiting.
- Adolescents and older women did not differ significantly in their experiences of moderate or severe postabortion complications or the time taken to decide to seek care and reach a health care facility for postabortion services.

Among women in Kinshasa who experienced an unintended pregnancy, adolescents had the highest proportion end in abortion

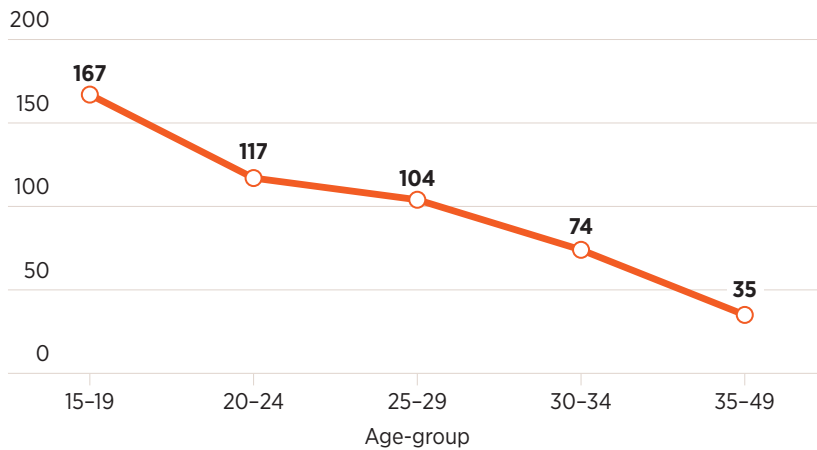
Distribution of unintended pregnancies, 2016



Note: Percentages may not add to 100 because of rounding.

Among sexually active women in Kinshasa, adolescents had the highest abortion rate in 2016

Abortion rate (no. per 1,000 women who had sex in past 12 months)



Recommendations

- To help reduce unintended pregnancy and unsafe abortion among young people in Kinshasa, adolescent sexual and reproductive health should be prioritized. Policies and programs should be strengthened to enable adolescents to overcome barriers to accessing modern contraceptives.
- Health care systems need to be responsive to the needs of adolescents to improve their abortion care experiences and access to modern contraceptives.
- The Maputo Protocol should be implemented fully to improve access to safe abortion. Doing so would also reduce the need for postabortion care and improve outcomes for all women.

Find the Democratic Republic of Congo country profile at <https://www.guttmacher.org/geography/africa/democratic-republic-congo> and the online version of this fact sheet at <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-abortion-among-adolescents-kinshasa-democratic-republic-congo>.

Source

The information in this fact sheet can be found in Fatusi A et al., Unintended pregnancy, induced abortion and abortion care-seeking experiences among adolescents in Kinshasa, Democratic Republic of Congo: a cross-sectional study, *BMJ Open*, 2021, 11(9):e044682, <https://bmjopen.bmj.com/content/bmjopen/11/9/e044682.full.pdf>.

Acknowledgments

The study on which this fact sheet is based was made possible by grants from the Dutch Ministry of Foreign Affairs and UK Aid from the UK Government. The views expressed are those of the authors and do not necessarily reflect the positions and policies of the donors.



Good reproductive health policy starts with credible research

[guttmacher.org](https://www.guttmacher.org)

125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org