ORIGINAL RESEARCH ARTICLES

The social context of induced abortions among young couples in Côte d'Ivoire

Svanemyr, J and Sundby, J.

ABSTRACT

The background of the study is the very high prevalence of mortality and morbidity in Sub-Saharan countries due to abortions induced by unsafe methods. This paper draws on fieldwork conducted in 1998 and 1999 in the city of Bouaké in Côte d'Ivoire. The study is based upon qualitative semi-structured interviews with men and women. This paper presents some case stories based on interviews with young women having had an abortion, or with men having had a young partner who has had an abortion, both married and unmarried. It discusses how illegally induced abortion may be understood in relation to ongoing social processes characterised by economic hardship and tensions between the sexes and generations. One important finding is that the young often choose abortion because they cannot count on economic and practical assistance from parents in feeding and raising the child. Parents are also often pushing their children to have an abortion. (*Afr J Reprod Health* 2007; 11[2]:13-23).

RÉSUMÉ

Le contexte social de l'avortement provoqué chez les jeunes couples en Côte d'Ivoire Cette étude trouve sa justification dans la très haute prévalence de la mortalité et de la morbidité dans les pays subsahariens causée par les avortements provoqués à travers des méthodes dangereuses. Cet article se fonde sur les recherches menées sur le terrain en 1998 et 1999 dans la ville de Bouaké en Côte d'Ivoire. L'étude est basée sur des interviews semi-structurées qualitatives auprès des hommes et des femmes. Cet article présente des basées sur les interviews auprès des femmes qui ont eu un avortement ou bien amprès des hommes qui ont eu un jeune partenaire qui ont eu un avortement, mariées et non-mariées. Il étudie comment l'avortement provoqué illégalement peut être compris par rapport aux processus sociaux en cours qui sont caractérisés par la souffrance économique et les tensions entre les genres et les générations. Une importante découverte est que les jeunes choisissent souvent l'avortement parce qu'ils ne peuvent pas compter sur leurs parents pour l'aide economique et pratique pour nourrir et pour élever l'enfant. Les parents poussent souvent leurs enfants à avoir un avortement. (*Rev Afr Santé Reprod* 2007; 11[2]:13-23).

KEY WORDS: *unsafe abortion, family planning, reproductive health, youth, Côte d'Ivoire*

[1]*Joar Svanemyr, Assistant Professor, PhD Institute of General Practice and Community Medicine, Section for International Health, Box 1130 Blindern, 0317 Oslo, joar.svanemyr@medisin.uio.no Tel no. +47 22850587 Fax no. +47 22850590*

[2]*Johanne Sundby Professor Institute of General Practice and Community Medicine, Section for International Health, Box 1130 Blindern, 0317 Oslo, Norway*

[3]*Svanemyr is trained as sociologist and is currently teaching and researching on reproductive health and gender perspectives on health.*

[3]*Sundby is professor of Community Medicine and has extensive experience of research and teaching in reproductive health.*

Corresponce:[1]

Introduction

In 2000 approximately 1.2 million unsafe abortions were performed in West Africa[1]. The legal restriction of abortion, poverty and poor access to health services lead many women to induce the abortion clandestinely and with methods that carry a great risk for serious complications. The number of women who died from abortion complications in Africa in year 2000 has been estimated to 30,000[1].

Consequences and causes of induced abortions in Africa and low-income countries more generally have for the last 10-15 years been the objects for a large number of studies. However, it is a field of research dominated by the discipline of medicine, and few scientific studies have sought to improve the understanding of how unwanted pregnancies and unsafe abortions are related to social processes in families, households as well as in the society more generally. Some studies that have taken such an approach, however, are Whittaker's[2] study of abortion decision making in Thailand, and Bleek's[3-4] much referred to study of family planning and abortion in Ghana in the early seventies. Renne[5], Johnson-Hanks[6] and Bennet[7] are situating the decision to have an abortion in relation to social ideas about pregnancy and the influence of significant others, whereas Schuster[8] discusses how women in Cameroon deal with the moral standards related to this issue. Other studies on social aspects focus on describing characteristics of the aborting women and their partners, their sexual behaviour and why they were unsuccessful in avoiding an unwanted pregnancy.[9-11] The ambition of this study has been to understand unsafe abortions as an outcome of social relations influenced by large-scale processes such as poverty and insecurity as well as an evolution in the relationship between the generations. In this article we are seeking to describe how abortion among youth is inevitably linked to social processes and phenomena like individualisation and the economic development. Our project is thus in line with what Susan Greenhalgh[12] calls: "...to situate fertility, that is, to show how it makes sense given the sociocultural and political economical context in which it is embedded" (p. 17). Finally, an objective of the present study has been to bring forward new knowledge about men's perspectives and the participation of men in the abortion process, another neglected topic.[13-14]

Method

The material was collected through fieldwork in 1998 and 1999 in Bouaké, the second city of Côte d'Ivoire, counting approximately 600 000 inhabitants. The fieldwork lasted eight months. The principal method for data collection was semi-structured interviews in two arenas. Firstly, we interviewed both men and women who had come to the maternity ward at the university hospital for various reasons, focusing primarily on those seeking care for abortion complications. Secondly, we visited some selected quarters in central parts of the city in order to obtain a sample of informants with a varied demographic background according to gender, age, education, profession, ethnicity, and religion. In both arenas and on most occasions a female assistant from the Baule people accompanied the principal male researcher who was conducting the interviews (Svanemyr). The research assistant helped with translations when necessary and was on most cases the one who initiated contact with potential female informants. She was also free to ask questions on her own behalf in order to stimulate discussion. With just two exceptions the interviews were done exclusively in French.

Sample

In all, semi-structured interviews with approximately 100 persons were conducted. Through these, 60 persons were identified who said they had had an abortion or had had a partner having an abortion. In four cases only the aborting woman's friend or parent that accompanied her to the hospital was interviewed because we

judged her physical and mental condition to be too poor for interviewing. Of these 60 persons, 19 were women who came to the hospital with complications, six were women who said they had had an abortion previously, 17 were women presenting themselves as having an unwanted pregnancy, 14 were men who said they had had a partner having an abortion, and four were men accompanying a partner they said had a pregnancy that was unwanted.[1] Nine women said they had had more than one abortion, and three said they had tried to induce an abortion without success. Informants that claimed not to have experienced an induced abortion were questioned about attitudes to and knowledge about abortion, opinions and experiences related to prevention of unwanted pregnancies and on relevant aspects of the gender relationships. These issues were also discussed with informants who had experienced an abortion.

Although the number of interviews seems to allow quantitative analysis, the purpose of the study was not to obtain quantifiable data. The interviews were of a qualitative and exploratory nature and the questions asked were not identical except for some basic background data. The conditions under which some of the interviews were done, partly with women embarrassed and/ or suffering from pain, and partly with emotionally disturbed relatives, partners or friends, meant that we were in many cases not able to touch upon all the issues included in the interview guide. However, the number of interviews and cases enabled us to construct some typologies according to the relationship between the partners and/or their parents.

The majority of the informants were from the ethnic group Baoulé (47) and Catholic (32). Others were principally Senoufo (15), Dioula (10) and Muslim (22) or adhering to traditional religions or being non-believers (21). 41 informants had remunerated work and 25 were students/ pupils. Most were married (35) or in a stable relationship (48). 18 claimed to be single. Mean age was 30 for men and 24 for women. Most of the interviews were taped on a recorder. In the other cases only notes were taken. The interviews were transcribed in French and analysed using Nud*Ist software.[15]

Abortion practice

Abortion in Côte d'Ivoire is officially legal only if the life of the mother is in danger.[16] In reality the ban is a sleeping one, and induced abortion is as in many other African countries rather "quasi-legal", that is, it does exist but is not persecuted. There is a large gap between juridical theory and practice. Although we do not have extensive and updated evidence, existing data gives reason to believe that diletation and curettage (D & C) applied by health personnel is the most commonly used method. A number of studies from West Africa give similar numbers: 50-80 % of the abortions are done by health personnel.[17-21] It seems like the qualified gynaecologists and surgeons are the ones who perform most of the curettages. This fact is often neglected when one talks about abortion in Africa because the focus is almost always on the use of the risky methods and the many complications linked to these.

In Côte d'Ivoire in 1999, curettage could be obtained at hospitals and clinics for between 20 000 and 50 000 F CFA (30-70 US$). In a country where a teacher in primary school might earn 100 000 F CFA a month, these prices are prohibitive for the majority of the population. Thus, cheaper abortions are frequently undertaken under suboptimal hygienic conditions, and in places where the abortionist neither have proper equipment, nor drugs to treat complications. Examples are the home of a medical student or a midwife or at small peripheral clinics. Nurses, midwifes and some unqualified health personnel

[1]The number of cases do not correspond to the number of interviewees since for same cases several persons were interviewed more or less extensively, for example the woman and her partner, or the woman, her father and mother.

frequently use an unsafe method consisting of the introduction of a catheter or a tube into the cervix, with the intention to rupture the gestational sac.

There are also numerous "traditional" or "indigenous" methods based on a variety of herbs, roots, leaves, stones etc. One common method is to insert a twig of a specific tree in the cervical opening. Yet another method thought to be effective is the consumption of large quantities of anything sweet, sour or acidic such as a cola drink, lemon etc. These much used methods can be administered either by the woman herself, a friend, a relative, or by an "old wife" (tradi-practitioner). The traditional and unauthorised methods are very often dangerous. A study from Abidjan found that more than half of the maternal deaths at a University hospital during a three year period (1993-1995) were related to induced abortion.[22]

Abortion frequency and use of contraception

A number of studies on the prevalence of abortion from the two largest cities in Côte d'Ivoire have given similar results: 28% to 36% have had an induced abortion or tried to have one.[23-25] The probability of having had an abortion depends on the level of education. In one study, as many as 48.1% among those who had secondary school education or higher said they had had at least one abortion.[26] Similar frequencies have also been found in Togo and Nigeria.[20, 27] However, it is important to underline that there seems to be large differences within the countries. In a study from the central north of Côte d'Ivoire, only 6.5 % answered they had had an abortion at least once.[23] Similar patterns have been observed in Nigeria.[28]

The problematic of unwanted pregnancies must of course be considered in connection with the use and perceptions of the various methods of contraception.[29] In Côte d'Ivoire the prevalence of modern contraception use is very low. In the DHS-survey from 1998/1999, 7.3 % said they used a modern method of contraception at the time of investigation. 32.6% of the women stated they had used one modern method at least once. The unmarried use contraception more than the married. 15.0 % of the married use some kind of contraception and 7.3 % a modern method compared to respectively 56 % and 26.7 % of the unmarried.[30] As many as 86 % of the married women between 15 and 49 years old who did not want more children or who wanted to delay next birth said in 1994 that they did not use any contraception.[31] The method most used is periodical abstinence: 28 % of the unmarried and 6 % of the married use this method.[32] The fact that so many do not use contraception even if they do not want (more) children has several explanations. Among the more obvious is low availability, high prices, lacking knowledge, misconceptions and poor partner communication.

Within demography, the dominating theory was for many years that a rise in the standard of living and level of education is a necessary condition for increased use of contraception. In Africa the opposite has been the case in many countries. The use of contraception has increased while the economic and social conditions have stagnated or deteriorated.[33-34] This has been termed a "crisis led fertility decline", a pattern that was first identified by Esther Boserup[35] in the eighties. As we shall see, the hard times that make it difficult to find work and to feed and educate children, is a frequent reason for having an abortion.

Findings

In what follows we present four cases. Each represents a different kind of configuration concerning the nature of the relationship between the pregnant woman and her partner, and the role played by the parents of the woman and/ or the parents of her partner.

Young established couple

In the first case, "Marie" who was 20 years old, was attending second last year in high school. Both young women in school and girls who work for their kin or have a low income work such as petty trading or hairdressing are often engaging in relationships not likely to last but motivated by a wish to just have some company, a sexual partner and preferably get some financial support. The reason for having an abortion in such cases is often either "does not have the means to get a child", "my parents will be angry" or "I'm not ready". The fact that the relationship is not likely to last is not presented as a reason to have an abortion in itself. Young women generally don't have enough money to pay for a medical treatment, and they try to do the abortion in secrecy by using cheap and discrete but dangerous methods.

> *Marie was living in Bouaké, neither Christian nor Muslim, and did not have any children. Her parents are farmers and she lives in the home of a "uncle" who also pays for her school. She has known her partner, who works at a sawmill, for two years. For a while Marie took oral contraception but stopped three months before she got pregnant because she did not get her menstrual bleeding. She tried to follow her period and they used condoms a few times on her proposal. But eventually he refused to use it because he wanted a child. She says she neither wants a child with him, nor wants to marry him and aborted against his will. He knew she was pregnant and did not want her to abort. "But I was stubborn", she says. She chose to have an abortion because she was afraid of the reaction of her uncle and that he would not cover her school expenditures anymore so that she would have to stop her education. She was hospitalised for complications after using a couple of self-administered methods and possibly had curettage undertaken by a midwife. When she got complications her partner brought her to a midwife and paid. He has also contributed to pay for the treatment at the hospital.*

Although Marie has been seeing her partner for two years, she does not want to marry him, neither does she want to have a child with him. The abortion has made it clear that Marie and her partner have different reasons for being in the relationship, which most probably will end soon. Similar stories are told also by girls who have already left school. The pregnancy is a result from his wish to have a child and refusal to use condoms whereas she chooses to have an abortion and to use a traditional method in an attempt to control her fertility in accordance with her own preferences.

The partner was only partially involved in the process of abortion. Marie tried to decide and take care of everything herself. In other similar cases, the partner of the woman often assists her in the search for an abortion method and in paying for it. However, in this case Marie's partner wanted the child and would certainly have opposed the abortion and he becomes involved only when she get symptoms of complications. That the woman has the abortion against the will of the partner is a more frequent case in our material than the opposite where she feels forced to abort against her will because of threats or other negative reactions from the partner. In such cases where one or both of the young decide to have an abortion, it is rare that the parents get involved and help to pay for a medical intervention.

When young women like Marie can make it to the end of high school the chances are much better that they can find both a decently paid work and a husband with a certain socio-economical status so that in turn they can help their families. If Marie kept the child, her fostering parents would most probably send her back to her parents in the village. There at best she could assist her parents on the farm and perhaps earn some money from small-scale trade.

Young established couple[2]

In the second case, we look at the story of a young woman from a Muslim family, which illustrates how women like her seek to obtain a certain autonomy in relation to both their

husbands and their parents by negotiating the reproductive decisions. The parents are ambivalent and try to control their daughters as well as to educate them so they can find good husbands and contribute financially to their families. A few other cases in our material are young couples who are fiancés or already married, but have no children together. They have in common that the husband wants a child whereas the woman wants to finish her education. In this case Beatrice has discussed with her husband and convinced him to help her with the abortion. In other cases the woman does not tell her partner she is pregnant and takes care of everything herself. Since these are educated women, they don't trust traditional methods and they have the means or contacts needed to obtain an operation at a hospital or clinic.

> *"Beatrice" was 22 years, and Muslim. She came to the hospital to ask for an abortion. She should, the following year, take the final exam in accounting. Both parents live in Abidjan, are teachers and practising Muslims. Beatrice is married and lives with her husband who is a police officer. He has two children, three and seven years old, from a previous marriage, living with them. Because he already had children, the husband was not interested in having children with Beatrice yet. Also her mother in law does not want her to be pregnant because she does not like her. Beatrice tells us she wanted to try to see if she could get pregnant and her husband accepted to go along although he did not want a child for the moment. At the time of the interview she wanted to have an abortion because a pregnancy would interfere with the exams she was supposed to take the following year. She claims she could have kept the child if she had become pregnant earlier because then it would not have collided with the exams. But at this time Beatrice does not want to postpone the exams because she wants to start to work. She says also her grandmother is against abortion and that in her family, principally, one keeps the child if one gets pregnant. A cousin of hers almost got thrown out of the house by her grandfather when she got pregnant without being married. She touches upon the relation between men and women in her Muslim society: "Generally the men do not like the women that go to school. When you know too much, they tell you you're liberated. It's perhaps better to have a girl that has not been to school. My husband once said that."*

Young educated women often find themselves caught on one side between new ideals, references and ambitions and on the other side their husband's and family's more traditional way of thinking. This may lead to an inconvenient pregnancy and abortion. Beatrice is torn between contradicting attitudes in her self and the environment. The parents want her to postpone having children, to finish her education and to contribute economically to the family. However, she lives in a society where fertility is very important and where women normally have their first child before they are 20 years old. At the age of 22 she is so anxious that she might not be able to become pregnant that she risks her education to have the opposite confirmed. When finally she becomes pregnant it does not fit with the ambitions to get an education in order to become economically independent.

The abortion is thus an outcome of the confrontation of sexes and generations and of traditional and modern references and projects. According to Beatrice as well as other Muslim women interviewed, abortion was also becoming rather common among Muslim women due to economic constraints and aspirations towards more independence from the family.

Her husband has difficulties accepting her autonomy and her sacrificing of the child to the benefit of her own education and the fact that she wishes to be able to manage on her own and to take care of her own children in case the marriage breaks up. Even though he wants the child, he ends up accompanying her to the

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[2] We consider as stable/established couples, couples that have been together for a certain time and if not already married, both partners envisage marrying and living with the other.

hospital and pays for the operation. Men interviewed who had been in a similar situation said they were afraid their partners would use dangerous methods if they did not help them.

Both want to keep the child but are forced to abort by his or her parents

When parents are sacrificing a lot to get their children educated, the sanctions can be very severe towards both girls and boys when an unwanted pregnancy risks spoiling all the efforts. Normally young couples or individuals arrange to have an abortion without informing the parents of the pregnancy. However, others try to convince the parents to let them keep the child. Some parents accept but many parents give their children two alternatives: you either abort or are expelled from our house and family.

"Alexandre" was only 19 years old when his girlfriend got pregnant. At the time he was a pupil. When interviewed he was 22, had fulfilled high school but was unemployed. They both agreed that they wanted to keep the child and his parents claimed they would support him and his family. Her parents on the other hand were threatening her and said that they would not accept her boy friend as a son-in-law, why unknown. However, they did not propose to pay for an abortion and neither did Alexandre have any means. She ended up using some traditional medicine and was hospitalized with minor complications.

"Bernard" who was 31 years old was prepared to take full financial responsibility for his girlfriend and their baby, but her parents forced her to take an abortion so she could continue high school. Bernard had to find and pay a doctor to perform the operation and was still in grief several years after the incident.

In these two cases *she* was going to school but it also happens that she must abort because *his* parents want *him* to pursue his education and not to be forced to stop school and start working to feed a family. In one case the boy's father gave money to the girl's parents so that they could pay for curettage. In another case the young man's mother found and paid a nurse who used a catheter to induce the abortion.

Discussion

The context and the histories of these couples and the rest of the material, present important variations. In common, there is, however, no use of reliable contraception and inconsistent and poor communication between the partners. A difficult economic situation was a determining factor. All of them agree that they could not have given birth and then let others in the family foster the child. Parents and grandparents are themselves struggling to feed many children and neither can nor wants to take responsibilities for more. In three of the cases presented above the abortion was also motivated by a wish and a pressure to continue education.

Economic considerations also play a role in the choice of abortion method. In all cases we are speaking about young women with few or no resources that cannot pay for a safer medical intervention without involving partners or parents.

The man most frequently plays a somewhat marginal and secondary role. He does not really have much influence on the decision to abort, nor on the choice of method. But he may be very important in the configuration of conditions that pushes the woman to go for an abortion, first by refusing to use contraception, later by being the reason for why she or her parents does not want to keep the child. In the cases presented in this article the men takes the financial responsibility to pay for the abortion even when they want to keep the child. Such apparently contradicting behaviour among the men has also been found in a study from Cameroon. However, as reported also from Ghana[36], several women claim that the main reason for having an abortion was that the partner denied responsibility for the pregnancy or simply disappeared when told about it. The women use abortion to control their

own reproduction when they are not able to convince the man to accept the use of contraception or to assist her practically and financially during pregnancy, birth and upbringing of the child.

We note that the parents and the families are to different degrees involved, but the parents' attitudes are frequently the direct or indirect motivators of abortion. In many cases parents force their children to have an abortion. In Beatrice's case, conservative and strict parents make up the background and she fears their reactions to an untimely pregnancy. Marie had an abortion because she was sure that her uncle will take her out of school if she keeps the child. Bernard's girlfriend was forced to abort by her parents under threats of very hard sanctions if she does not obey. The histories illustrate how the young are gradually individualised and become autonomous actors. The autonomy is far from complete because they all take into consideration the actual or potential reactions of the parents. The influence of parents on the abortion decision making process is very little commented in the literature about induced abortion in Africa, but a recent study from Ghana also found that parents often opt for abortion when they become involved.[36]

Social changes and individualism

For youth under education or with a low and uncertain income, to have an abortion is a way of postponing the arrival of children until the economy hopefully improves and they have a better chance to manage on their own. Depending on the context, the woman, the man, or both do not want to give birth to a child who will necessarily become a burden to their own parents and possibly other relatives like older siblings or uncles. The wish to complete education or to set up a business is a matter for both men and women of becoming economically indepen-dent and not being a burden for the family. Many young women seem to seek a higher degree of independence from both man and kin than what was common for their parents. But the wish to get an education and earn money is not only a matter of becoming independent. Numerous are those who express a wish to be able to help other relatives, especially parents and younger siblings. They do not want to break the traditional family solidarity but rather obtain some kind of compromise that also gives room for personal enrichment and reproductive choices based on individual preferences. What can be observed are therefore individuals that find themselves in an ambivalent position where they both want more independence from the family but at the same time want to fulfil obligations to their family and the traditions. To have an abortion rather than giving birth to an unplanned child is a means to reach these objectives.

In Africa, we can observe the forthcoming of a form of individualism that is both chosen by the actors, but also forced upon them by the social and economic conditions. "...complex and ambiguous processes of individualism appear as one of the African modernity's constitutive elements" (p. 375, our translation).[37] What can be observed in big cities such as Bouaké is a form of dialectic between 'the individualised subject' and 'the community oriented subject'.[38] There is no leap from the one to the other, but each depends on the other. As the actors seek to obtain some distance from the village and the extended family, he/she seeks simultaneously to maintain his/her place in community of the family.[39] The individualisation is not possible except in an ambivalent and uncompleted version, because it is imaginable only on one condition: that it serves the kin and family, and at least potentially offers the family some advantages. Also Muslim women are seeking to give priority to education and financial independence from the family leading them to prefer an abortion even though this act is strongly in opposition to their values and norms. The anthropologist Launay observed as early as in the beginning of the 90s important changes in

the way young Muslim women related to their families in the north of Côte d'Ivoire.[40]

As we can see in these histories of abortion, the meaning of the attachment to family and kin is changing, and a subject of daily reflection and negotiation. The ambiguity and the negotiation find place both on a social inter-human level, and also intra-individually. The ambiguous context obliges the individual to administer two contradictory dispositions within him/herself: on one hand his/her attraction towards individualism that the "modern" society incites and encourages, and at the other hand his/her community oriented anti-individualistic dispositions that the society has inscribed into his/her body.

One form of compromise frequently observed is to try to reduce the circle of people one is in debted to and that one should help: "The tendency today is for people to neglect or to disregard their obligations towards their extended family in favour of their more immediate relatives, often the nuclear family" (p. 241).[41] But as Ampofo underlines regarding the Ghanaian context, this is difficult for those who come from poor families where many persons might have contributed for example to pay their education or helped them get an income. In such a situation it becomes necessary to control one's fertility both because the possibility to get support is reduced, and because one must make sure that one will be able to pay back at least parts of one's debt.

The histories presented above are examples of how abortion is an outcome of social relations and a specific social and historical context. They inform us about the relations between the sexes, and how sexuality and reproduction are essential parts in the negotiations concerning distribution of resources, power, authority, and autonomy. But abortion is not only about the tensions between the sexes. The economic crisis has had dramatic consequences for the social relations between the generations. The meaning and implications of parenthood have to be renego-tiated. Both sexes struggle with their relations to family and kin. To have an abortion is seen as necessary to keep a certain autonomy towards the family but is also the result of an imposed autonomy because the young claim they cannot count on the parents to take the financial and practical burden of keeping the child. The abortion is the result of a process pushing the individuals to bear the consequences of their actions on their own shoulders. Whereas the upbringing of a child in the traditional village context of Côte d'Ivoire was a responsibility shared by the extended family, today neither the young women nor the young men can count on their kin to get support and find they have no other choice than abortion. The abortion is partly chosen, partly imposed in an ongoing negotiation about the signification and implication of one's relationship to both the nearest and the extended family.

Conclusion

In order to fully understand and prevent abortion as a social phenomenon, we need a holistic approach where ethnographic observations are combined with an analysis of historically-given social and economic structures. We have in this paper focused on how histories of abortion experienced by young women and men reflect changes in the relations between sexes and generations that to a large degree are resulting from the continuously deteriorating economic situation of the peoples of Africa. Central elements are attempts to obtain autonomy in relation to relatives and sexual partners, and negotiations about the meaning of sex and age. The extension of unsafe abortions is included in a pattern with political and economic crisis, distribution of risk and disease, social responses and perspectives for the near future. To prevent and to treat abortions then become societal challenges, calling for political action and policy reforms. A reduction in unsafe abortions will be possible partly by improving access to safe abortion, but a substantial reduction in the

number of abortions more generally asks for heavy investments in order to give both women and men improved access to education and modern contraception. This study has also showed the vulnerable position of young women and how lack of access to education and remunerated work make it very difficult for them to control their fertility on their own terms.

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