



Institut
de Recherche
en Sciences Humaines



INTERNATIONAL
CAMPAIGN
FOR WOMEN'S
RIGHT TO SAFE
ABORTION

Abortion practices and experiences in Gabon National Coalition-Building Meeting, Libreville 20 March 2019

I. Key aspects of the legal, health service and advocacy landscape on abortion (safe and unsafe)

During the first half of the 1960s, Gabon adopted a pro-natalist policy as a response to the size of the population. Although not in line with current realities, this law has not changed since. Abortion is prohibited and punishable by law in Article 244 and Article 245, Law No. 21-1963 of 21-11-1963 of the Gabonese Penal Code.

Nevertheless, women still access backstreet abortions. For those that can afford it, qualified doctors perform them. However, often other unsafe methods such as pharmaceutical products, medicinal plants, metal objects, and plant stems are also used which can cause complications and even death due to the unsafe abortion. The term "unsafe abortion" is used rather than "illegal abortion". The change in terminology has made it easier for health workers to provide care more quickly after an unsafe abortion has taken place.

There is no conviction for those who have had an abortion or those who have attempted to have an abortion. However, some doctors have been sentenced due to the death of a patient during curettage. Other convictions have been against the person that has procured an abortion which led to the death of the patient.

II. Organization and work on abortion

The Réseau d'Afrique Centrale pour la Santé Reproductive des Femmes Gabon, Cameroun, Guinée Equatoriale (*Middle Africa Network for Women's Reproductive Health: Gabon, Cameroon, Equatorial Guinea – GCG*) was created in March 2008, by Gail Pheterson¹ and Aimée Patricia Ndembiz² at a meeting in Amiens, France.

GCG is a non-governmental organization dedicated to promoting women's health within the borders of Middle Africa. Launched as a three-country project including Gabon, Cameroon and Equatorial Guinea, the network aims to enhance the reproductive health care of women and men, and to improve the quality of pregnancy, pregnancy accompaniment, and pregnancy termination. GCG is committed to designing and implementing strategies for the development of rural, adolescent and migrant women. The network is an alliance-building organization committed to working with researchers, health providers, educators, women's rights advocates, government officials and community leaders.

¹ Paris Center for Sociological and Political Research. CNRS/University Paris 8. France. Co-founder and research director of GCG; Co-director of the Caribbean Initiative on Abortion and Contraception.

² Clinical Psychologist, Researcher at the Department of Research on Social Dynamics (DRDS) Laboratory of Research on Family, Health and Body (LAREFSAC)/Institute of Research on Human Sciences (IRSH/CENAREST). President and Co-founder of GCG.

The work on abortion, or rather post-abortion care, began in 2009 with an overview of the current situation of pregnancy-related complications in rural areas and then in the city. From 2009 to date, GCG has trained more than 500 health workers, most of whom are midwives, in the management of pregnancy-related complications with manual vacuum aspiration (MVA). The trainings have led to a reduction in maternal mortality and morbidity. GCG do what is possible in the current context, as there is no time to wait for the law to be changed; women are dying every day from complications. In addition to training, GCG also do a lot of outreach to young people and adults in the city as well as in rural areas. Research also forms part of the activities and allows the organization to use reliable primary data.

III. Aim, outcomes and lessons learned from the meeting

The national coalition-building meeting was held in Libreville, Gabon, on 20 March 2019, at the Institute of Research in Human Sciences. The theme of the meeting was "Abortion practices and experiences in Gabon" with the purpose of creating a space for a deeper reflection on the realities of abortions in Gabon. The involvement of key stakeholders in this meeting was essential. The participants included academic researchers, teachers, midwives, representatives from the Ministries of the Family, Health, and the Decade of the Woman, representatives from the Association of Disabled Women, the Secretary of the Gabonese Society of Gynaecology, Obstetrics and Contraception; and a representative of the NGO PRETIUM DOLORIS (Defence of Rights). See Annex I for participating organizations.

The meeting agenda included two panels. The first panel was on "Process and Practice" and covered an overview of abortion issues from psychological, anthropological, historical and medical perspectives. Dr Odile BOUNGAT OSSAWA (Clinical Psychologist) and Arielle EKANG (Anthropologist) presented first on "The psychological and anthropological aspects of why young women in Gabon seek an abortion". Dr EKANG presented on how unwanted pregnancies can be explained by a lack of information about sexuality and adolescents' limited access to contraceptive methods. The three main reasons for termination of pregnancy are financial constraints, to be able to continue one's education, and the fear of parents or caregivers. Dr BOUNGAT OSSAWA further explained how an unconscious desire for pregnancy may also be part of adolescents' psychosexual development; however, pregnancy does not mean they want a child and they therefore seek an abortion.

Dr BOUNGAT OSSAWA said that there is no single explanation of early pregnancy leading inevitably to abortion. Every teenage mother has an individual story formed by her own experiences. Rather than reducing the problem of teenage pregnancies to a question of information and education, one should consider how to further explore the phenomenology of the early beginnings of sexual life, social determinants of health and the influence of power dynamics in relationships in regard to the ability of girls to control the sexual transaction and its consequences.

Dr Judith DOUTSONA provided a historical perspective on "Abortion and contraception in urban areas, the case of Libreville from 1996 to the present day". The Gabonese Penal Code, Articles 244 and 245, says that all abortions carried out by practitioners or by women themselves are illegal. With regard to contraception, Law No. 001 liberalised the use of contraception, family planning information and education in 2000. There was resistance to oral contraception (the pill) due to prejudice and myths, e.g. a belief that the pill would plug the tubes and make young woman sterile. Dr DOUTSONA concluded that it is important to legalise abortion when the woman's life is in danger.



From the left: Dr Ulysse MINKOBAME, Dr Judith DOUTSONA, Dr Odile BOUNGAT OSSAWA , Dr Arielle KANG

From a medical perspective, Dr Aimée Patricia NDEMBI addressed the issue of “Therapeutic (medical) ways for women and adolescent girls to access post-abortion care in Lambaréné and surroundings”. Dr NDEMBI described the medical trajectories of patients in rural areas and the factors determining whether they seek post-abortion care for complications caused by an unsafe abortion. In cases of complications, women and adolescent girls do not routinely visit a health centre because of fear of the response of healthcare workers and their own family. They often attend only when the situation becomes unbearable or even uncontrollable.



Left: Dr Aimée Patricia NDEMBI. Right: Dr Judith DOUTSONA

The second panel on "Experiences and ethics" addressed medical abortion care experiences by caregivers and the issue of life preservation. Justine MEKUI, midwife and medical coordinator of GCG, presented on “Midwives in post-abortion care”. She mainly spoke about the technique of MVA for post-abortion care, which requires neither anaesthesia nor an operating room to practice. Health staff are being trained to manage the complications of incomplete abortions more easily and quickly. She also highlighted how heads of

departments may not allow midwives to practise MVA due to the financial costs of the procedure, while others think women cannot be trusted to use MVA correctly.

Olga MAVOUNGOU, a midwife, National President of Midwives of Gabon, presented the "Experiences of a midwife in relation to abortion". She explained the consequences for women who have complications following an abortion and who delays seeking medical help. As a result of post-abortion complications, women can become infertile and even die.

Next, Prof Simon Pierre MVONE NDONG, Systems Philosopher, discussed the "Challenge of an ethics of respect for life in the light of Gabonese health care practices". He used two approaches: techno-scientific rationality and the holistic rationality of meaning. Each explained the processes according to whether they belong to modern medicine and/or traditional medicine by differentiating between "giving care" and "taking care". For him, medicine responds to procedural mechanisms and appropriate procedures; hence the importance for women and caregivers to have an ethic of respect for life, because it must be preserved.

Finally, the Secretary-General of the Société Gabonaise de Gynécologie Obstétrique et de la Reproduction (Gabonese Society of Obstetric Gynaecology and Reproduction - SGGOR) presented figures from 2015 on the causes of maternal deaths, of which deaths related to abortions were 13% of the total. On post-abortion care, the President of the Association of Midwives of Gabon and the Medical Coordinator of GCG questioned the representative of the Ministry of Health about the refusal of some managers of the practice of post-abortion care by trained midwives.

IV. Future priorities and follow-up activities

At the end of the meeting, the participants proposed several different initiatives for GCG:

An national symposium with international participants

The network wants to organize an international symposium on the realities of abortions in Gabon. Resolutions and recommendations from the symposium have the potential to be a subject of particular interest to the Gabonese government and inter-governmental institutions and provide an opportunity to discuss changes to the abortion law in Gabon and its application. An international symposium will not only have the participation of the three member countries of GCG but also those of other countries that have thoughts to share around abortion. Papers for the conference can be submitted in French, Spanish and English. The suggested theme for the conference is: "Knowledge, journeys and protocols of the voluntary termination of pregnancy in Gabon, Cameroon and Equatorial Guinea. The network wishes to organize the symposium in Libreville on 14-15 May in 2020. The call for contributions will be published in December 2019.

An annual meeting

To meet once a year around issues on abortion with all the participants and inviting other participants to make everyone feel involved. We hope that the Gabonese Society of Obstetrics and Reproductive Gynaecology will be involved given the presence of its president in this meeting and the involvement of the Ministry of Health and certain institutions, as well as medical students and many others.



Research

In line with the already existing research, GCG wants to increase fieldwork on women's experiences of abortion and complications and care in both urban and rural areas. The fieldwork will be conducted by the GCG teams and researchers and results should be published and shared with media contacts. More reliable data on complications and consequences of clandestine abortion practices is part of the overall initiative to improve the current conditions for adolescents and adults.

Advocacy and campaigns

Education, information and awareness campaigns on sexuality and contraception for adolescents and their parents. This activity will also be conducted by GCG.



Equipe du département de Recherche sur les Dynamiques Sociales, Institut de Recherches en Sciences Humaines, lors de la journée de réflexion et d'échanges sur l'avortement au Gabon

Annexes

Annex 1: List of participating institutions

Annex 2: Agenda

Annex 1: List of participating institutions

Institution
M. Le Secrétaire Général du ministère de la Santé
Département de recherche sur les Dynamiques sociales/IRSH/CENAREST
Technicienne, IRSH
Département d'études des sociétés anciennes et contemporaines/IRSH/CENAREST
Chercheure, Département de langues, littératures et communications appliquées/IRSH/CENAREST
Technicienne, IRSH
Psychologue, Directeur Adjoint de l'IRSH
Présidente de l'ONG «FEMME LEVE-TOI»
Groupe de recherche et d'études sur le genre GREG/IRSH/CENAREST
Anthropologue, Département de recherche sur les Dynamiques sociales/IRSH/CENAREST
Département de recherche sur les Dynamiques sociales/IRSH/CENAREST
Ministère de la famille et de la décennie de la femme
Technicien, IRSH
Département de langues, littératures et communications appliquées/IRSH/CENAREST
Direction générale de la famille
Sage-femme, Présidente de l'Association des sages-femmes du Gabon
Enseignant UOB
ONG PRETIUM DOLORIS
Enseignant Université OMAR BONGO
Département d'études des sociétés anciennes et contemporaines/IRSH/CENAREST
Sage-femme membre de GCG, formatrice en AMIU
Gynécologue
Secrétaire Général de la Société Gabonaise de Gynécologie Obstétrique et de la reproduction (SGGOR)
Technicienne, IRSH
Groupe de recherche et d'études sur le genre GREG/IRSH/CENAREST
Département de recherche en philosophie du développement, IRSH, CENAREST
Département de recherche en eau et climat/ IRSH/CENAREST
Psychologue, Département de recherche sur les Dynamiques sociales/IRSH/CENAREST
Membre du réseau d'Afrique Centrale pour la santé reproductive des femmes « Gabon, Cameroun, Guinée équatoriale »
Technicien, IRSH
Historien, Département d'études des sociétés anciennes et contemporaines/IRSH/CENAREST
Département de recherches géographiques sur l'environnement et le développement des sociétés/IRSH/CENAREST
Psychologue Clinicienne, Enseignante/UOB
Directeur de l'institut de recherche en sciences humaines (IRSH)
l'Amicale des femmes Handicapées

Annex 2: Agenda

Time	Abortion Practices and Experiences in Gabon
8.30 am – 9.30 am	Registration
9.30 am – 10.05 am	Keynote speeches by the Director of the Institute of Research in Human Sciences, Professor Ludovic OBIANG, and the Secretary-General of the SGGOR, Dr Ulysses MINKOBAME.
10.05 am – 12.20 am	<p>Panel I: Process and Practice</p> <p>The issue of abortion from psychological, anthropological, historical and medical perspectives</p> <p>Panellists:</p> <ul style="list-style-type: none"> - Dr Odile BOUNGAT OSSAWA (Clinical Psychologist) and Arielle EKANG (Anthropologist). "The psychological and anthropological aspects of motives for an abortion among young women in Gabon". - Dr Judith DOUTSONA (Historian). "Abortion and contraception in urban areas, the case of Libreville, from 1996 to the present day". - Dr Aimée Patricia NDEMBI NDEMBI (clinical psychologist). "Therapeutic (medical) ways for women and adolescent girls to access post-abortion care in Lambaréné and surroundings".
12.20 pm -12.40 pm	Lunch break
12.40 pm - 1.10 pm	<p>Panel II: Experiences and Ethics</p> <p>The issue of abortion on the basis of medical abortion care: experiences of care providers and life preservation.</p> <p>Panellists:</p> <ul style="list-style-type: none"> - Justine MEKUI, Midwife and Medical Coordinator of GCG. "Midwives in post-abortion care". - Olga MAVOUNGOU, Midwife and National President of Midwives of Gabon. "Experience of a midwife in relation to abortions". - Prof Simon Pierre MVONE NDONG, Systems Philosopher. "Challenge of an ethics of respect for life in the light of Gabonese health care practices".
3.10 pm - 3:30 pm	<p>Closing remarks</p> <p>Professor Jean-Emery ETOUGHE-EFE, Director of Research</p>