Medical Abortion: An exploration of women’s experiences in Cameroon told in their own words

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Context in Cameroon

• Nearly 40% of all pregnancies are unintended.¹
• About 36% of unintended pregnancies end in abortion.²
• Legal abortion is highly restricted.
• One in five 20-29-year-old women surveyed in Yaoundé said that they had had an abortion.³

³ https://www.guttmacher.org/journals/ipsrh/2003/03/although-abortion-highly-restricted-cameroon-it-not-uncommon-among-young
Context in Cameroon

• Misoprostol is registered for a range of gynecological indications.
• Mifepristone-misoprostol added to national protocols for legal indications for abortion in 2017.
• Little is known about women’s knowledge regarding how to use or access medical abortion.
“Pathways to Abortion”
Study Methodology

• 13 women of reproductive age (18-49 years old), from Yaoundé and Douala, who have had abortion(s) in the last two years

• In-depth interviews explored each woman’s pathway to abortion, including knowledge of available methods, their use and procurement.
### Abortion methods used

<table>
<thead>
<tr>
<th>Traditional Methods</th>
<th>Medical Abortion</th>
<th>Surgical Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 respondents</td>
<td>6 respondents</td>
<td>5 respondents</td>
</tr>
<tr>
<td>Salt lavage / salt purging</td>
<td>Miso (Cytotec) Pills of unknown composition</td>
<td>D&amp;C MVA</td>
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<tr>
<td>Honey (by mouth)</td>
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<td>Cassava Stem</td>
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<td>Baobab Stem</td>
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<td>Quinine</td>
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<tr>
<td>Permanganate (bought buy decided not to use)</td>
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<td></td>
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<tr>
<td>Blunt force</td>
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</tbody>
</table>

1 of 6 respondents who used medical abortion clearly and knowingly used misoprostol (Cytotec).

5 respondents did not know what medication they had used.
Safety continuum for abortion

Most unsafe
- Traditional method followed by MA (unknown)
- Street vendor
- High GA
- No follow up

Traditional methods
- Emergency care
- Great risk to life

Traditional methods
- MVA
- No follow up

Least unsafe
- MA (unknown)
- Street vendor
- Varied dose and administration
- No follow up

MA (known quality)
- Trained provider
- Close follow up throughout the process

MVA in doctor’s office
- Trained provider

MVA in hospital / clinic
- Trained provider

Emergency care

Great risk to life
Knowledge about abortion

“There are many [abortion] methods. In the pharmacy there is a pill... I don’t know what it’s called.” (40 yrs old Yaoundé)

“There are several types of abortions. If she got an abortion at a hospital, you can say that the risks may be reduced. If she had one in the neighborhood, it can be very grave.” (25 yrs old Douala)

“The problem is knowledge because I didn’t know anything [about abortion]... So I could only cooperate with [what I was told to do]. I didn’t have the means to say ‘I’ll do this or that’. I was really limited in that respect.” (25 yrs old Douala)
Sources of information about abortion

“[My friend] had told me, just between us, that she had already had an abortion. So right away I knew that if I had a similar situation I would go see her.” (21 yrs old Douala)

“[Nobody helped me choose a method] because I didn’t tell anyone. But when we talk amongst ourselves... you waste your time. Go to the hospital, they will help you with the abortion. Why would you stay in the neighborhood and do [dangerous] things?” (37 yrs old Douala)
Access to medical abortion

“Women that have [financial] means, they go to a family planning [clinic]... for those who don’t... they go to see the street vendors that sell medication on the side of the road, who are not very well informed.” (27 yrs old Douala)

“[I went to a street vendor for an abortion] because I didn’t have enough resources to go the hospital.” (30 yrs old Yaoundé)

“[The vendor] gave me medication...I don’t know the name, it didn’t have a brand. They were just little white pills.” (22 yrs old Yaoundé)
Medical abortion regimens

“The difficulty is in knowing what you are taking as medication. When you don’t know, you take it anyway just like that simply because you want to have an abortion” (21 yrs old Yaoundé)

Dosages reported:

- 2 pills - 1 per day via vagina
- 6 pills - 2 pills per day for three days, kept in mouth not swallowed
- 3 pills - 1 via vagina, 2 by mouth
- 4 pills - 2 pills per day over two days
- 2 pills - 1 via vagina, 1 by mouth
- 4 pills - 1 via vagina on first day, 1 by mouth per day over three days
Medical abortion consumer experience

“It was a bit like painful periods... I thought that everything had already passed until 11 pm at night... the pain was so intense that I woke up the whole house... they wanted to take me to the hospital, but ... I did not want to be brought in because they had to know what happened to me.” (25 yrs old Douala)

“I went to see the woman, she gave me the medication... I took it for three days... and two weeks later I hadn’t bled. I was afraid that she gave me [something fake].” (21 yrs old Yaoundé)

“...on the street, they give you medication, I don’t know where they got it from, and you consume it just like that. I was scared [of dying]. [But the fact that it was forbidden], that didn’t worry me because nobody was going to find out.” (21 yrs old Yaoundé)
Conclusions

• Restricting legal access does not stop women from seeking abortions

• Women know about their abortion options, including medical abortion

• Women know some methods are more safe than others, but can be limited by resources

• Women need access to quality medical abortion products

• Women need access to reliable and correct information about medical abortion to make informed choices about their health
We would like to thank Grace Sheehy and Amalia DeBrosse for their role in coding the data from this study.
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