A Qualitative Study on Abortion Experiences and Perspectives in Senegal

WHAT WE KNOW

In Senegal, the abortion law remains particularly restrictive and ambiguous. The Penal Code prohibits abortion, while the Code of Medical Ethics provides an exception in cases of therapeutic abortion, when the life of the pregnant person is in danger.[1] In such cases, the procedure requires the approval of three consulting physicians, one of whom must be appointed by the court, certifying that the termination of the pregnancy is the only means of preserving the patient's life.[1] This system, in addition to complex administrative procedures, severely limits access to abortion, even in medically justified situations. [1,2,3]

Currently, there are no legal exceptions for pregnancies resulting from rape or incest, despite long-standing efforts by civil society organizations to bring Senegalese legislation into alignment with the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol, signed and ratified without reservation by Senegal in 2003 and 2004, respectively. The protocol under Article 14(2C) mandates States Parties to take all appropriate measures to protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or fetus.[2,4]

Evidence suggests that abortions are common in Senegal, despite the very restrictive legislation and context. A national study published in 2012 estimated that there are about 51,500 induced abortions each year, the majority of which are performed in unsafe conditions, thereby contributing to the high maternal mortality rate. [3,5,6] About 55% of women who have abortions have experienced complications that require medical interventions, and although post-abortion care is legal in Senegal, about 42% of those abortion seekers did not receive the necessary care. [3,5]

Despite Senegal's international commitments to women's rights, access to abortion care remains extremely limited, especially for the most vulnerable. Disadvantaged communities, particularly women living in rural areas, bear a disproportionate burden. Of abortion-seekers who live in rural areas and face economic difficulties, 73% are confronted with significant barriers in accessing care, compared to 35% of abortion-seekers who live in urban areas and are not economically disadvantaged.[3,5] In addition to the restrictive political and legal climate, the persistence of unsafe abortion conditions reflects entrenched social, cultural, and religious norms that prevent open dialogues about abortion and limit access to accurate information and appropriate care. [6,7]

WHAT WE DID

Between October and December of 2024, as part of a qualitative study, a team of four partners (Action for Change, Alliance Nationale des jeunes pour la Santé de la Reproduction et la Planification Familiale, Ibis Reproductive Health, and Mobilizing Activists around Medication Abortion Network) conducted in-depth interviews in Dakar and Sédhiou with 21 participants, including 12 participants who had an abortion in their lifetime, five health professionals, including midwives and Badiénou Gox [8 ab], and four community members. Participants were recruited with the support of community focal points.

[a] Badiénou comes from the Wolof word "Badiène" which refers to an aunt (paternal) or respected elder in one's family, who typically holds an important leadership role within the family structure.

[b] In 2009, Senegal launched the "Badiénou Gox" program. This culturally grounded public health program trains badiènes, particularly in rural areas, to become local leaders who intervene directly in their communities in public health intervention areas. They offer support, raise awareness, provide basic care, and act as trusted intermediaries for prevention and early intervention, particularly in reducing maternal and infant mortality.

WHAT WE FOUND

Knowledge, access, and gaps in SRH

Participants' knowledge of sexual and reproductive health (SRH) varied widely. While many participants were familiar with at least one method of contraception, often the one they were using, others had limited understanding or considered SRH to be a private matter. Additionally, some participants were unaware of the services available to obtain family planning methods or had misconceptions about when and how to use contraception.

Among all participants, the weight of taboos was evident, particularly around abortion and sex. These topics were rarely discussed in the family, and discussions rather took place between friends, married women, or sometimes with husbands.

In addition, misconceptions were common among most participants, such as the belief that family planning causes abortions, that paracetamol could induce an abortion, or that contraception is only appropriate for married women. Participants noted that some of these ideas circulated among women in the community and were not necessarily beliefs they personally held, while others reflected participants' own understandings.

Participants provided the following details:

> *"Regarding the services offered in reproductive health, I know about family planning, prenatal consultations, as well as post-natal consultations. Despite my knowledge of the family planning service, I don't use it because I don't think I'm allowed to do so because I'm not married. Even with the experience I've had, I don't think I'll use it because my understanding of FP [family planning] is that only married women have the right to use these services to manage their sexuality."* (Woman, 28 years old, Dakar)

> *"I think it's a taboo subject, as we all know we're in Senegal and anything related to sexuality/pregnancy tends not to be talked about too much. Neup-neupeul [a Wolof term meaning social tolerance or a form of unspoken discretion]. It's a subject that can't be easily addressed as if it were no different from other subjects. And in our community, like the rest of Senegal, it's not a subject that can be discussed."* (Community member, age unknown, Dakar)

Abortion decision-making, and support systems

Abortion experiences varied greatly, both in terms of the process of obtaining an abortion and the emotional and social complexities surrounding the decision. Many women described the difficulty of making their abortion decision, due to facing a complex interplay between their personal beliefs, the reaction of the person involved in the pregnancy, and their families' expectations. Pregnancies occurring outside of marriage, in particular, were accompanied by strong social stigma, which reinforced the silence surrounding both the pregnancy and the decision to have an abortion.

For some women, however, support made the decision easier. Across interviews, the decision-making ranged from quick choices to prolonged internal conflict marked by emotional repercussions that were difficult to overcome.

One participant explained the circumstances surrounding her decision:

> ***Interviewer:*** *"How did you feel when you found out you were pregnant?"*
> ***Respondent:*** *"I was really panicked but I told myself that this is fate. Everyone would like to have a child so one should not try to interrupt it, which would be another sin. So by listening to people, we end up committing another sin."*
> ***Interviewer:*** *"So that's what you thought about the pregnancy during that period?"*
> ***Respondent:*** *"Yes, because I was in shock. And I never imagined that this could happen to me."*
> ***Interviewer:*** *"May I ask what led you to have an abortion?"*
> ***Respondent:*** *"I called my boyfriend to tell him about the pregnancy, but he was also in shock. He even denied the pregnancy, refusing to accept that he was the father. He told me it was impossible and that he wasn't the father. That's what prompted me to seek an abortion. But my attempt at an abortion failed."* (Woman, 23 years old, Sédhiou)

Another participant found herself in a similar situation, where the person involved in the pregnancy denied paternity, in turn making her abortion experience even more difficult due to the stigma associated with pregnancies and children born without recognized paternal support and the judgment by society:

Respondent: *"...I spoke to him but we know boys, they are individualists. He refused to take responsibility and blocked me everywhere. I didn't see him anymore and had no sign of life from him. Knowing that I would be forced to face the shame of my life, I had to act. When you know that you are part of certain families, you should avoid finding yourself in certain situations. We girls are used to only pursuing what we want and finding ourselves in situations that tire us out. That's why I resorted to an abortion. If the boy had accepted the pregnancy, I wouldn't have thought of having an abortion."*
Interviewer: *"When did you decide to have an abortion, and what led you to that?"*
Respondent: *"When I told my girlfriend about it, and since it's weird to give birth to a child without a father, she advised me to do it. I thought about it and I told myself that it was the best solution. We came to an agreement, and she put me in touch with the lady."* (Woman, 35 years old, Dakar)

On the other hand, another woman detailed the support she received from her husband when she made the decision to have an abortion:

Respondent: *"I spoke with my husband to tell him that I was pregnant. And as you know, twins are hard to deal with [talking about her children]. That's why I would like to end my pregnancy. He let me know that it's true and if that's what I wanted, there's no problem... I was not afraid, and neither was he, because I once had an abortion after the birth of my first child. I was pregnant, but I had a spontaneous abortion. I was only three months pregnant, I was told that the child was not in the right place and I had an abortion."*
Interviewer: *"How long did it take you to make this decision?"*
Respondent: *"Just a month because I was thinking about whether there was a possibility of keeping the pregnancy or having an abortion... I thought about everything, pregnancy and the child too. Still, I preferred the abortion option."* (Woman, 31 years old, Dakar)

Opinions regarding abortions

Although the majority of participants expressed negative views on abortion, there was no uniform opinion across participants in Dakar and Sédhiou. Factors such as cultural and religious beliefs had a considerable influence on the perception of abortion: some women considered abortion an immoral act or felt that it was completely illegal, while others, although guided by their religious beliefs, took a more nuanced position. Thus, perceptions varied depending on the circumstances, particularly when the pregnancy was the result of rape or incest, which were considered more acceptable.

In terms of the community's perception of abortion, the majority of participants reported the importance of marital status. Specifically, a married woman's decision to have an abortion was better understood, while unmarried women faced stigma and were often negatively labeled. Participants also mentioned that a woman's "value" for marriage could be affected by whether or not she had an abortion.

In addition, many described how women who had abortions were the subject of rumors in Senegal, and how those who had abortions (especially outside of marriage) were often judged negatively without understanding the reasons for their choice.

"If it's a single woman who does it [has an abortion], it's something that society doesn't endorse. In addition, it is something that is banned by society. But also a woman can be in a marriage and have an abortion, in the eyes of society this is not a problem. Because people will always think that it's something natural." (Woman, 37 years old, Dakar)

Another woman emphasized the same point, saying:

> ***Respondent:*** *"Ah, sometimes if it's a married woman, they say that God wanted it [the abortion] to be so. On the other hand, an unmarried woman who has had an abortion, as we know here in Senegal, they say that it is planned by the woman herself."*
> ***Interviewer:*** *"Are there people in your municipality who think like this?"*
> ***Respondent:*** *"Yes, of course."*
> ***Interviewer:*** *"Are there many of them?"*
> ***Respondent:*** *"Yes."* (Woman, 23 years old, Dakar)

One of the midwives shared her views, highlighting the subtleties between personal and professional opinions:

> *"Me personally and as a health worker, there are cases of pregnancy where we can have recourse to medical abortion. The other day I had a 12-year-old girl who was giving birth. She was a victim of rape and the pregnancy evolved. The perception I have of these kinds of cases is to terminate the pregnancy because it is a risk for the mother. However, I do not agree with the cases of induced abortion because this pregnancy could be prevented by family planning. I don't judge anyone, but if the woman does it of her own free will, then she must take responsibility and keep the pregnancy. But for cases of rape, of immature pelvis, these are pregnancies that could be interrupted but the law does not allow us to do so."*(Midwife, age unknown, Sédhiou)

Abortion methods used by women and girls

Despite legal restrictions and limited access to abortion care, women used a variety of methods to terminate their pregnancies, some relatively safe, others potentially dangerous. Many participants reported using abortion pills, although the specific details about these medications were often imprecise. When asked for the name or type of pills used, many participants were unable or sometimes did not want to provide this information. Others reported resorting to using less reliable or unsafe alternatives such as herbal remedies, chemicals, and non-abortion pills.

One participant noted their experience using pills for their abortion:

> *"It was this colleague who gave me the four tablets that they usually give and that you have to put under your tongue every three hours. She started the process by putting a tablet under my tongue and then explained how I should proceed with the rest of the tablets before letting me go. So I went... And I did as she explained to me."* (Woman, 35 years old, Dakar)

Some participants also reported attempts at unsafe abortion that ultimately did not work:

> ***Interviewer:*** *"Why do you think nivaquine could terminate a pregnancy?"*
> ***Respondent:*** *"It was just a matter of youth. I was 19 when I had my first child and I wasn't mature, let alone prepared for it. We even drunk blue[c] but it didn't work."*
> (Woman, 40 years old, Sédhiou)

> *"The second time, I used Bactrim, antibiotics... I just heard [about] it. Not only did it fail but it gave me another illness because I had taken four tablets at once."* (Woman, 23 years old, Sédhiou)

In addition to the women's accounts, a few healthcare workers and community members also described various methods they had encountered either through first-hand experience or through broader community knowledge and anecdotal reports:

> *"... When a person wants to have an abortion if it's not the traditional method, what can they take? 'I had taken this or that... and when I got pregnant I drank diambakatan [a medicinal plant]', she says she boiled a high dose and she drank it [to end the pregnancy]."* (Badiénou Gox, age unknown, Sédhiou)

When asked about abortion methods in the community, another health professional added the following:

[c] Blue is a chemical laundry product used to make white fabrics appear brighter.

Interviewer: *"Do you know about medications or where women can obtain medications that allow them to end their pregnancies?"*
Respondent: *"Honestly, I don't know. In the case I told you about, she had drunk 'blue'. It wasn't during my on-call hours, I was told about it the next day. And strangely enough, it seems that women drink it. I don't know if that's the case for all women or not, I haven't heard anything about that."*(Midwife, age unknown, Sédhiou)

Knowledge and impressions of the law

Overall, participants in both Dakar and Sédhiou reported very limited knowledge of the laws on abortion in Senegal. While most participants knew that abortion is punishable by the courts, they lacked specific information about the content, legal implications, and consequences. These gaps in the law were also mentioned at the community level. On the other hand, a slight nuance was noted with regard to health professionals, as they generally understood the implications of the law and had some knowledge of its content.

Interviewer: *"Since you know that the law forbids it, what exactly do you know about the law?"*
Respondent: *"I know that it is not something good, that it is forbidden, that our religion does not accept it...that it's forbidden because it's a human being that is being killed."* (Woman, 35 years old, Dakar)

"*I have heard that there are penalties for abortion. Maybe you'll be imprisoned I don't know how long but I know that abortion is forbidden by law and that's why women do it in secret. Even a doctor who does it knows very well that it's outright forbidden by law and whatever you can use, it's forbidden by law. People move from one city to another to hide and do so. It is a subject that is not discussed in public and is done in the greatest secrecy and only those who cannot help but know about it will be aware. The law outright prohibits abortion in Senegal.*" (Community Relay, 27 years old, Dakar)

Although health professionals showed more nuance in their understanding, significant gaps remained in their knowledge of abortion legislation in Senegal.

"They have to weigh the pros and cons to review the law. Personally, I am in favor of medical abortion with all that follows. It's like the Maputo protocol with everything that goes with it, such as forensic doctors, two or three different doctors. That's why I'm telling you that it's a process. It requires people who are really qualified in the field. It must be legalized." (Midwife, age unknown, Sédhiou)

WHAT THESE RESULTS MEAN

This study contributes to the limited body of research on abortion in Senegal, offering valuable insight into the lived experiences and perceptions of women, community members, and health professionals in Dakar and Sédhiou. This study also sheds light on the different methods women use to end their pregnancies, the cultural taboos and stigma surrounding abortion and sexual and reproductive health, which continue to silence women and hinder access to safe, respectful and high-quality care.

The findings underscore the urgent need to strengthen comprehensive sex education, improve knowledge of existing legal frameworks through values clarification sessions with various actors at all levels, and change/amend the abortion law to ensure access to safe abortion in order to reduce preventable maternal deaths.

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Questions?
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