



COI QUERY

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COI QUERY RESPONSE – Democratic Republic of the Congo

Situation of women, who have undergone abortion

1. Background information and prevalence

Information and specific statistical information on the prevalence of abortion in the Democratic Republic of the Congo (DRC) was scarce among the sources consulted by EUAA within time constraints. However, the following information may be relevant.

Abortion was reported to be ‘common’ in the DRC.¹

A May 2023 academic study published in *Sexual and Reproductive Health Matters (SRHM) Journal*, which used survey data from women aged 15–49, including data on respondents’ and their closest female friends’ experience with abortion, in the provinces of Kinshasa and Kongo Central, issued the following findings: In 2021 the abortion incidence rates in Kinshasa as reported by friends was 105.3 per 1000 women, whereas the prevalence rate reported by the respondents was 18.7 abortions per 1000 women.² Similarly, in Kongo Central, in 2021 the abortion incidence rates as reported by friends was 44.3 per 1000 women, while the prevalence rate reported by the respondents was 16.9 abortions per 1000 women.³ The same study also indicated that across both provinces abortion rates were higher among 20 to 29-year-old women, unmarried women, women without children, and women with higher education.⁴ Further statistical information on the prevalence of abortion in the DRC could not be found among the sources consulted by EUAA within time constraints.

Sources dated in 2021 reported an increase in the rate of unsafe abortions among women and adolescent girls.⁵ Increase of unsafe abortions were especially reported as an effect of

¹ École de Santé Publique de l’Université de Kinshasa, Bill & Melinda Gates Institute for Population, Reproductive Health, Johns Hopkins University and Jhpiego, Performance Monitoring for Action: PMA abortion survey results: Kongo central, Democratic Republic of Congo, October 2022, [url](#), p. 1; Conversation (The), Attitudes towards abortion in the DRC suggest there are ways to overcome stigma, 15 March 2021, [url](#)

² Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), pp. 6, 11

³ Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), pp. 6, 12

⁴ Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), p. 10

⁵ iMMAP, USAID and Data Friendly Space, The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries, 1 December 2021, [url](#), pp. 43, 56; UNICEF, Fermeture des écoles en lien avec la covid-19 en RDC : impacts sur la santé, protection et éducation des enfants et adolescentes, May 2021, [url](#)



COVID-19⁶, as well as a decrease in ‘abortion service availability and use’ at healthcare facilities.⁷ Sources indicated that resorting to unsafe abortion methods resulted in maternal deaths.⁸

Provision of abortion-related services was overall reported to be ‘higher post-decriminalization’.⁹ However, restrictive¹⁰ or conflicting abortion laws about the legal status of abortion were noted among the main barriers in access to safe abortion options within formal healthcare settings.¹¹ Other factors also impeding access to safe abortion, as reported, included stigmatization¹², fear legal sanctions, lack of awareness and limited or inadequate knowledge about safe abortion methods¹³, and high costs¹⁴. Main factors contributing to the increase of unsafe abortion methods also included lack of availability of abortion-related services¹⁵ and safe abortion options¹⁶, as well as lack of access to contraception.¹⁷

⁶ Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), pp. 17, 18; iMMAP, USAID and Data Friendly Space, The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries, 1 December 2021, [url](#), p. 43; UNICEF, Democratic Republic of the Congo: Humanitarian Situation Report No. 02, February 2021, [url](#), p. 5

⁷ Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), pp. 17, 18

⁸ PHR, “Massive Influx of Cases”: Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024, [url](#), p. 29; Kvinna till Kvinna Foundation, They came together not to be silenced: Gender-based violence in conflict & the role of women’s rights organisations, 19 June 2023, [url](#), p. 40; École de Santé Publique de l’Université de Kinshasa, Bill & Melinda Gates Institute for Population, Reproductive Health, Johns Hopkins University and Jhpiego, Performance Monitoring for Action: PMA abortion survey results: Kongo central, Democratic Republic of Congo, October 2022, [url](#), p. 1

⁹ Magalona, S. et al., Abortion care availability, readiness, and access: linking population and health facility data in Kinshasa and Kongo Central, DRC, June 2023, [url](#), pp. 1, 12

¹⁰ Mambo S.B. et al., Upholding sensitization as a pillar of sexual and reproductive health and rights’ implementation among youths in ongoing conflict zone in Eastern DR Congo, July 2022, [url](#), p. 3; Conversation (The), Attitudes towards abortion in the DRC suggest there are ways to overcome stigma, 15 March 2021, [url](#)

¹¹ Glover, A.L. et al., Expanding access to safe abortion in DRC: charting the path from decriminalisation to accessible care, November 2023, [url](#), p. 2

¹² Ngondo, D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), pp. 2, 11; Glover, A.L. et al., Expanding access to safe abortion in DRC: charting the path from decriminalisation to accessible care, November 2023, [url](#), p. 2

¹³ Ngondo D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), p. 2

¹⁴ Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), p. 2; Mambo S.B. et al., Upholding sensitization as a pillar of sexual and reproductive health and rights’ implementation among youths in ongoing conflict zone in Eastern DR Congo, July 2022, [url](#), p. 3; Conversation (The), Attitudes towards abortion in the DRC suggest there are ways to overcome stigma, 15 March 2021, [url](#)

¹⁵ PHR, “Massive Influx of Cases”: Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024, [url](#), p. 29

¹⁶ iMMAP, USAID and Data Friendly Space, The effects of COVID-19 on Sexual and Reproductive Health: A Case Study of Six Countries, 1 December 2021, [url](#), p. 43

¹⁷ PHR, “Massive Influx of Cases”: Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024, [url](#), p. 29; Ipas, Democratic Republic of Congo, n.d., [url](#)



According to a June 2023 academic study published in BMC Health Services Research Journal, disparities concerning access to abortion-related services existed in rural areas of the DRC.¹⁸ Furthermore, according to sources, conflict taking place in the eastern DRC posed additional obstacles for women and girls who became pregnant as a result of the sexual violence and wanted to terminate their pregnancies, especially concerning lack of access to medical services, including abortion.¹⁹

2. Legal framework

Article 166 of the DRC Penal Code stipulated that: [informal translation] ‘A woman who voluntarily causes herself to have an abortion will be punished by imprisonment for five to ten years’.²⁰

Concerning those causing or performing abortion the DRC Penal in Article 165 also noted: [informal translation] ‘Whoever, by the use of food, drink, medication, violence or any other means, causes a woman to have an abortion, will be punished by penal servitude of five to fifteen years’.²¹

Article 32 of the Code of Medical Ethics noted the following:

[informal translation]
‘Abortion is prohibited by the Penal Code.

In exceptional cases, when the mother's life is seriously threatened and therapeutic abortion appears to be the only way to save it, the legitimacy of this intervention remains open to debate.

Therapeutic abortion is the induced termination of a pregnancy for therapeutic purposes, before the date of foetal viability.

If the patient, duly informed of the seriousness of the case, refuses the intervention, the physician must bow to the freely expressed wishes of the patient.

If the physician, because of his or her convictions, considers that he or she is prohibited from advising or performing a therapeutic abortion, he or she may withdraw and cease his or her care under the conditions set out in article 22.

¹⁸ Magalona, S. et al., Abortion care availability, readiness, and access: linking population and health facility data in Kinshasa and Kongo Central, DRC, June 2023, [url](#), p. 10

¹⁹ PHR, Massive Influx of Cases”: Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024, [url](#), p. 29; Kvinna till Kvinna Foundation, They came together not to be silenced: Gender-based violence in conflict & the role of women’s rights organisations, 19 June 2023, [url](#), p. 40

²⁰ DRC, Penal Code, 30 November 2004, [url](#), Art. 166

²¹ DRC, Penal Code, 30 November 2004, [url](#), Arti. 165



If he is convinced that therapeutic abortion is necessary, he must obtain the assent of two colleagues of well-known authority before proceeding.

The three doctors taking part in the consultation must, in addition to issuing a certificate to the woman concerned, in all cases draw up a protocol giving the reasons for the decision, whatever the decision taken, and send it by registered post to the president of the provincial council to which the doctors belong. If the doctors belong to different councils, a copy of this report must be sent to each provincial council concerned. It is understood that these various documents will be signed by the three consulting physicians.²²

The DRC ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of women in Africa (Maputo Protocol) in 2008.²³ As stipulated in article Article XIV,2, (c), the Maputo Protocol allows for legal abortion access in the following cases:

'States Parties shall take all appropriate measures to: [...]

c) 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 the foetus.'²⁴

Despite the ratification of the Maputo Protocol since 2008, abortion was legally prohibited in the DRC.²⁵ In 2018 the DRC codified the Maputo Protocol into law by publishing it in the official National Gazette.²⁶ Publication in the official National Gazette was noted as the prerequisite for the domestication and the application of the Maputo Protocol in the country's legal system²⁷, 'rendering the Protocol superior to national laws'.²⁸ Since the adoption of the Maputo Protocol in 2018, legal recognition and access to abortion was expanded covering the specific circumstances, as stipulated in the Protocol, including in cases of sexual assault, rape, incest²⁹,

²² DRC, Ordonnance 70-158 du 30 avril 1970 déterminant les règles de la déontologie médicale, 1970, [url](#)

²³ AU, List of countries which have signed, ratified/acceded to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 19 September 2023, [url](#)

²⁴ AU, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 11 July 2003, [url](#), Art. XIV,2, (c)

²⁵ Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), p. 2; Ipas, Democratic Republic of Congo, n.d., [url](#)

²⁶ DRC, Journal Officiel de la République Démocratique du Congo, 14 March 2018, [url](#)

²⁷ Hefez J et al., Domestication of the Maputo Protocol in the Democratic Republic of Congo: Leveraging regional human rights commitments for abortion decriminalization and access, February 2024, [url](#), p. 14

²⁸ PRB, Policy Change for Women's Rights: A case study of the domestication of the Maputo Protocol in the Democratic Republic of the Congo, 2021, [url](#), p. 1

²⁹ African Media Agency, The Ministry of Gender, Family, and Children launches the drafting of the state report on the implementation of the Maputo Protocol in the Democratic Republic of Congo, 29 May 2024, [url](#); Ipas, Democratic Republic of Congo, n.d., [url](#)



and in cases where continuing the pregnancy endangers the mental and physical health of the woman.³⁰

However, the Public Health Law No. 18/035 adopted in December 2018, under chapter titled 'Family planning' in Articles 85 and 86, indicated concerning abortion that:

[informal translation]

'Article 85

Voluntary interruption of pregnancy is prohibited.

It does not constitute a method of family planning.

Article 86

Without prejudice to the provisions of article 85, therapeutic abortion is authorized when its purpose is to preserve the life of the mother.

Eugenic abortion is also authorized in the case of congenital malformations of the foetus incompatible with life.³¹

The United Nations (UN) Committee on the Elimination of Discrimination against Women (CEDAW) noted in its August 2019 concluding observations on the eighth periodic report of the DRC that the Public Health Law was 'not in conformity with the provisions of the Maputo Protocol, including regarding access to safe abortion services and family planning'.³²

In March 2022, the UN Committee on Economic, Social and Cultural Rights expressed its concern 'that abortion continues to be criminalized, particularly in a context where the prevalence of acts of sexual violence and the rate of early pregnancy remain very high' in DRC.³³

3. Treatment by society

According to sources, abortion in the DRC was reportedly related to stigma.³⁴

³⁰ African Media Agency, The Ministry of Gender, Family, and Children launches the drafting of the state report on the implementation of the Maputo Protocol in the Democratic Republic of Congo, 29 May 2024, [url](#); Magalona, S. et al., Abortion care availability, readiness, and access: linking population and health facility data in Kinshasa and Kongo Central, DRC, June 2023, [url](#), p. 2

³¹ DRC, Loi n° 18/035 du 13 décembre 2018 fixant les principes fondamentaux relatifs à l'organisation de la Santé publique, 31 December 2018, [url](#), Art. 85, 86

³² UN CEDAW, Concluding observations on the eighth periodic report of the Democratic Republic of the Congo, 6 August 2019, [url](#), para. 36

³³ UN CESCR, Concluding observations on the sixth periodic report of the Democratic Republic of the Congo, 28 March 2022, [url](#), para. 56

³⁴ Ngondo D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), pp. 2, 6, 7, 11; Akilimali, P. et al., Estimating induced abortion incidence and the use of non-recommended abortion methods and sources in two provinces of the Democratic Republic of the Congo (Kinshasa and Kongo Central) in 2021: results from population-based, cross-sectional surveys of reproductive-aged women, May 2023, [url](#), p. 2; Mambo S.B. et al., Upholding sensitization as a pillar of sexual and reproductive health and rights' implementation among youths in ongoing conflict zone in Eastern DR Congo, July 2022, [url](#), p. 4



The Kvinna till Kvinna Foundation³⁵ in a June 2023 report indicated that abortion in the DRC was not ‘culturally accepted’ and remained ‘frowned upon’.³⁶

According to an academic study published in February 2024 in SRHM Journal, it was found that women often did not disclose or shared abortion decisions to limited persons for fear of stigmatization and social rejection from their partners, families or communities.³⁷ This reportedly affected the means these women were seeking abortion-related information, and subsequently their knowledge on the legal conditions for abortion.³⁸ According to the same source, many women were discouraged from terminating the pregnancy by their partners or families, while they were ‘often ostracized, isolated, and sometimes forced to leave their communities if they are found to have had an abortion’.³⁹

An academic study published in February 2024 in SRHM Journal, reported on cases, where health care professionals, including pharmacists or health facility providers ‘only offered medical advice without facilitating the abortion for fear of legal reprisal’.⁴⁰

Furthermore, in eastern DRC, victims of conflict-related sexual violence reported that, although abortion-related care varied within different locations and sites, access to abortion was not available in some health facilities.⁴¹ Furthermore, in some healthcare facilities victims of sexual violence were reportedly ‘given counseling to discourage them from seeking an abortion’ if they expressed a desire to terminate an unwanted pregnancy.⁴²

In September 2024, Médecins Sans Frontières (MSF) noted that women and girls experiencing abortion-related complications ‘delayed accessing care due to fears of legal and societal repercussions’.⁴³

³⁵ The Kvinna till Kvinna Foundation is a Sweden-based women’s rights organization, working ‘with more than 100 partner organizations in areas affected by war and conflict to achieve lasting peace by strengthening women’s influence and power’. Kvinna till Kvinna Foundation, Who we are, n.d., [url](#)

³⁶ Kvinna till Kvinna Foundation, They came together not to be silenced: Gender-based violence in conflict & the role of women’s rights organisations, 19 June 2023, [url](#), pp. 9, 40

³⁷ Ngondo, D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), pp. 2, 6, 7

³⁸ Ngondo, D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), pp. 2, 11

³⁹ Ngondo, D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), pp. 9, 11

⁴⁰ Ngondo, D. et al., Abortion information-seeking experiences among women who obtained abortions in Kinshasa, DRC: Results from a qualitative study, February 2024, [url](#), p. 9

⁴¹ PHR, Massive Influx of Cases”: Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024, [url](#), pp. 25, 29

⁴² PHR, Massive Influx of Cases”: Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024, [url](#), p. 25

⁴³ MSF, 5 reasons why abortion is health care, 26 September 2024, [url](#)



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