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6. Côte d'Ivoire



Statistics

GENERAL

Population

- The total population of Côte d'Ivoire is estimated at 14.6 million.¹
- The average annual population growth rate is estimated at 3.8%.²
- Women comprise 49% of the total population.³
- In 1995, 44% of the population resided in urban areas.⁴

Territory

- Côte d'Ivoire covers an area of 322,600 square kilometers.⁵

Economy

- In 1997, the estimated per capita gross national product (GNP) was U.S.\$690.⁶
- Between 1990 and 1997, the average annual growth rate of the gross domestic product (GDP) was 3%.⁷
- Approximately 30% of the population have access to primary health care.⁸
- The government devotes 8% of the annual operating budget and 1.8% of the GDP to the health sector.⁹

Employment

- In 1997, women comprised 33% of the workforce, compared to 32% in 1980.¹⁰
- The distribution of women in the different sectors of the economy was as follows: 62% in agriculture, 30% in services, and 8% in industry.¹¹
- In 1990, the unemployment rate was over 12.5%.¹²

WOMEN'S STATUS

- In 1997, the average life expectancy for women was 52.2 years, compared to 50 years for men.¹³
- The adult illiteracy rate was 70% for women, compared to 50% for men.¹⁴
- In 1994, 37% of married women were living in polygamous unions.¹⁵
- In 1994, the average age at first marriage for women 45 to 49 years old was 17.9 years, compared to 18.2 years for women 25 to 29 years old, and 18.8 years for women 20 to 24 years old.¹⁶

FEMALE MINORS AND ADOLESCENTS

- About 45% of the population is under the age of 15.¹⁷
- In 1994, primary school enrollment for school-aged girls was 41%, compared to 55% for boys. For secondary education, it was 13% for girls and 34% for boys.¹⁸
- The fertility rate of adolescents aged 15 to 19 is 151 per 1,000.¹⁹
- In 1994, adolescents aged 15 to 19 represented 13% of the total fertility of women.²⁰
- The prevalence of female circumcision/female genital mutilation is estimated at 43%.²¹

MATERNAL HEALTH

- Between 1995 and 2000, the total fertility rate (TFR) was estimated at 5.1 children per woman.²²
- In 1994, maternal mortality was estimated at about 597 per 100,000 live births.²³
- Infant mortality is estimated at 86 per 1,000 live births.²⁴

- In 1995, approximately 45% of births were assisted by trained birth attendants.²⁵
- The average age at first birth of women aged 25 to 49 is estimated at 18.8 years.²⁶

CONTRACEPTION AND ABORTION

- Contraceptive prevalence for all methods combined (traditional and modern) is estimated at 16.5%, and at 5.7% for modern methods.²⁷
- Of those using modern methods, 2.5% used the birth control pill, 0.7% used injectables, 1.9% used the condom, and 0.6% used other methods.²⁸
- A National Public Health Institute survey conducted between 1986 and 1987 showed that pregnancy-related illnesses included 3,306 abortions in 1986 and 5,175 abortions in 1987.²⁹

HIV/AIDS AND OTHER STIS

- In 1997, the number of HIV-positive adults was estimated at 670,000, or 10.06% of the adult population.³⁰
- Among HIV-positive adults, the number of HIV-positive women was estimated at 330,000.³¹
- Since the beginning of the epidemic, 450,000 cases of AIDS have been recorded.³²
- In 1997, Côte d'Ivoire recorded 32,000 HIV-positive children and 320,000 orphans due to AIDS.³³

ENDNOTES

1. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION, at 70 (1998).
2. INSTITUT DE LA STATISTIQUE, MINISTÈRE DÉLÉGUÉ AUPRÈS DU PREMIER MINISTRE CHARGÉ DE L'ÉCONOMIE, DES FINANCES ET DU PLAN, ENQUÊTE DÉMOGRAPHIQUE ET DE SANTÉ 1994, at 5 (1994) [HEREINAFTER, 1994 DHS].
3. MINISTÈRE DÉLÉGUÉ AUPRÈS DU PREMIER MINISTRE CHARGÉ DU PLAN ET DU DÉVELOPPEMENT INDUSTRIEL, DÉCLARATION DE POLITIQUE NATIONALE DE POPULATION, at 11 (March 1997).
4. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
5. 1994 DHS, *supra* note 2, at 1.
6. WORLD BANK, WORLD DEVELOPMENT REPORT, at 190 (1998/99).
7. *Id.*, at 210.
8. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
9. MINISTÈRE DE LA SANTÉ PUBLIQUE, PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE 1996-2005, TOME 1, DIAGNOSTIC, POLITIQUE ET STRATÉGIES, at 20 (April 1996) [hereinafter, PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE].
10. WORLD DEVELOPMENT REPORT, *supra* note 6, at 194.
11. UNITED NATIONS, THE WORLD'S WOMEN, at 147 (1995).
12. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 9, at 6.
13. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
14. WORLD DEVELOPMENT REPORT, *supra* note 6, at 192.
15. 1994 DHS, *supra* note 2, at 75.
16. *Id.*, at 78.
17. POPULATION REFERENCE BUREAU, 1997 WORLD POPULATION DATA SHEET (1997).
18. 1994 DHS, *supra* note 2, at 22.
19. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
20. 1994 DHS, *supra* note 2, at 46.
21. *Id.*, at 123.
22. THE STATE OF WORLD POPULATION, *supra* note 1, at 70.
23. 1994 DHS, *supra* note 2, at 162.
24. THE STATE OF WORLD POPULATION, *supra* note 1, at 67.
25. *Id.*, at 70.
26. 1994 DHS, *supra* note 2, at 45.
27. *Id.*, at 56.
28. *Id.*
29. UNICEF, ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS DE CÔTE D'IVOIRE, at 62 (1996).
30. UNAIDS, REPORT ON THE GLOBAL HIV/AIDS EPIDEMIC, at 64 (June 1998).
31. *Id.*
32. *Id.*, at 67.
33. *Id.*, at 64.

I. Introduction

The Republic of Côte d'Ivoire (Côte d'Ivoire) is a constitutional democracy that obtained independence from France in 1960.¹ In that year, Mr. Felix Houphouët-Boigny, who took an active part in the struggle against the colonial system, was elected President of the Republic.² Winning seven consecutive presidential elections, he remained in office until his death in 1993.³

Although the Constitution that has been in effect since 1960 provides for a democratic multiparty system, such a system has only recently flourished. The reason for this is simply that President Houphouët-Boigny did not allow any opposition parties for almost his entire presidency.⁴ The political climate changed only at the end of 1989, when intense demonstrations, often accompanied by violence in the streets, finally forced President Houphouët-Boigny to legalize political parties.⁵ Still, he won the elections held later that year by an overwhelming majority, and the party in power, the Côte d'Ivoire Democratic Party (CIDP), remained in control of the legislative branch.⁶

When Mr. Houphouët-Boigny died in December 1993, National Assembly President Henri Konan Bédié became President of the Republic.⁷ Despite the existence of a multiparty system, the main opposition parties boycotted the 1995 presidential election as a protest against perceived irregularities in both the electoral code and voter registration;⁸ the result of the boycott was that President Bédié won 96% of the vote.⁹ The opposition parties, however, did take part in the 1995 legislative elections. Although the CIDP continued to dominate the legislative branch, at least two other parties gained representation as well.¹⁰

The total population of Côte d'Ivoire is estimated at 14.6 million,¹¹ with women accounting for approximately 49% of the population.¹² The main religions practiced in Côte d'Ivoire are traditional beliefs (65%), Islam (23%), and Christianity (12%).¹³ Côte d'Ivoire has almost 60 ethnic groups; the most important is the Baoulé (23%), followed by the Bété (18%), the Sénoufo (15%), and the Malinké (11%).¹⁴ The official language is French; of 60 languages spoken throughout the country, Dioula is the one spoken most frequently.¹⁵

In 1997, Côte d'Ivoire was made up of 16 regions, 50 departments or prefectures, 186 sub-prefectures, and 196 communes—numbers that correspond to 1985 figures of 8, 49, 162, and 135, respectively. According to the government's plans, development from now until 2005 will bring the number of sub-prefectures to about 300, and a number of new regions and departments are also projected.¹⁶ The new Article 168 of the Constitution governs the territorial units.¹⁷

In addition to the contemporary political and administrative system, there are also traditional structures organized according to the customs of each people. Village heads, however, are named by sub-prefectorial decree.

II. Setting the Stage: The Legal and Political Framework

To understand the various laws and policies affecting women's reproductive rights in Côte d'Ivoire, it is necessary to examine the country's legal and political systems. Without this background, it is difficult to determine the manner in which laws and policies are enacted, interpreted, modified, and challenged. The passage and enforcement of laws often involve specific formal procedures. Policy enactments, however, are not subject to such processes.

A. THE STRUCTURE OF GOVERNMENT

The November 3, 1960 Constitution (the Constitution) of the Republic of Côte d'Ivoire was adopted by Act No. 60-356 passed by the territorial assembly—and modified more than 10 times between 1963 and 1995.¹⁸ The National Assembly recently revised it yet again, after approval of a bill on June 30, 1998 that created the senate and extended the authority of, and established eligibility for, the presidency. The Constitution is the fundamental law of the land and proclaims Côte d'Ivoire as "indivisible, secular, democratic, and social."¹⁹ It establishes separation of powers and divides the government into three branches: executive, legislative, and judicial.

1. Executive Branch

The President of the Republic (the President) holds executive power exclusively,²⁰ acts as head of state,²¹ and is elected by popular vote to a five-year, renewable term.²² The President symbolizes national unity, monitors compliance with the Constitution, and ensures the continuity of government.²³ Moreover, the President is the guarantor of national sovereignty, territorial integrity, and compliance with international treaties and agreements.²⁴

The President appoints the Prime Minister, who is responsible to him. He can also terminate his tenure.²⁵ The Prime Minister is the head of the Cabinet and coordinates all executive action.²⁶ Acting on the Prime Minister's advice, the President appoints the other members of the Cabinet and determines their functions²⁷—and can also terminate their tenure. The President also presides over the Council of Ministers. The Council must deliberate and make decisions regarding overall policy, bills, regulatory orders and decrees, and executive branch appointments.²⁸

The President initiates laws concurrently with members of the National Assembly.²⁹ In addition, with the consent of the Office of the National Assembly, the President may submit any bill for popular referendum.³⁰ The President may also make regulations in areas that fall outside the jurisdiction of the National Assembly.³¹ Moreover, the National Assembly can authorize the President to issue an executive order in any area that usually lies within the jurisdiction of the National Assembly.³²

Among the President's other responsibilities are the following: ensuring enforcement of both laws and judiciary decisions,³³ appointing ambassadors and special envoys,³⁴ appointing the top positions in the civil service and the military,³⁵ and exercising the duties of Commander in Chief of the Armed Forces.³⁶ In addition, when the Republic's institutions, sovereignty, territorial integrity, or fulfillment of its international commitments are seriously and imminently threatened, the President may adopt exceptional measures required by these circumstances, after consultation with the chairman of the National Assembly.³⁷

2. Legislative Branch

The Côte d'Ivoire National Assembly, whose members are called deputies,³⁸ is the sole parliamentary body with legislative power. Democratically elected by popular vote to five-year terms,³⁹ each deputy represents the entire country.⁴⁰ The National Assembly is authorized to determine taxes⁴¹ and to legislate in most fields, including civil, criminal and educational matters;⁴² it also determines the annual national budget,⁴³ and authorizes declarations of war.⁴⁴ Although the Council of Ministers decrees a state of siege, only the National Assembly can authorize the extension of a state of siege beyond 15 days.⁴⁵

The President of the Republic ensures the enactment of bills passed in the National Assembly within 15 days after they are sent to him (five days in an emergency).⁴⁶ Before expiration of that time period, the President can ask the National Assembly to review the bill or some of its articles—a request that cannot be denied.⁴⁷ A vote on this second deliberation requires a two-thirds majority of the National Assembly to pass.⁴⁸ The National Assembly currently has 175 deputies, including 147 from the Côte d'Ivoire Democratic Party (the party in power), 14 from the Republican Union, and 14 from the Côte d'Ivoire Popular Front.

3. Judicial Branch

The President guarantees judicial autonomy,⁴⁹ and appoints magistrates upon the advice of the Minister of Justice after consulting with the High Magistracy Council.⁵⁰ The Constitutional Council, the Supreme Court, the Courts of Appeals, the

lower courts and their divisions, and the High Court of Justice together exercise judicial power. Each of these institutions will now briefly be considered in turn.

A chairman, appointed by the President of the Republic, manages the Constitutional Council. The law establishes the Council's composition, organization, functions, and operation.⁵¹ It has jurisdiction to judge whether laws and international treaties and agreements comply with the Constitution, and it also hears electoral disputes.

The Supreme Court is the nation's highest court, and includes three chambers: the judicial chamber, the administrative chamber, and the accounting chamber.⁵² The judicial chamber is the highest court of appeal in criminal cases.⁵³ The administrative chamber has jurisdiction to judge cases of abuses by individuals in public administration.⁵⁴ The accounting chamber monitors public expenditures and conducts annual audits of the national budget.⁵⁵

There are three Courts of Appeals, located in Abidjan, Bouaké, and Daloa respectively, as well as sittings of the Assize Court. In addition, the April 21, 1999 session of the Council of Ministers announced the creation of three new Courts of Appeals in Man, Korhogo, and Abengourou. There are courts of first instance connected to each Court of Appeals, and each court of first instance has divisions. The Courts of Appeals hear appeals sent up by the courts of first instance and the Assize Court.⁵⁶ The five lower courts judge offenses, minor criminal cases, cases involving minors, and civil cases;⁵⁷ the Assize Court, in contrast, hears only serious criminal cases.⁵⁸

The High Court of Justice, which is composed of deputies, elects its chairman from among its members.⁵⁹ It has jurisdiction to judge the President of the Republic for acts committed in the performance of his official duties that amount to high treason.⁶⁰ The High Court of Justice is also competent to judge members of the Cabinet for crimes or offenses committed during the performance of their duties, except for crimes or offenses against national security and related crimes and offenses.⁶¹ Charges against the President or members of his cabinet require a two-thirds majority vote in the National Assembly to pass.⁶²

The Economic and Social Council gives its advice on the bills, draft orders and decrees that are submitted to it. All legislation regarding economic or social programs is submitted to it for advice.⁶³

There are special jurisdictions to preside over cases involving children's rights, labor rights or other social rights. There is also a military court with special jurisdiction: this court is made up of military judges, but presided over by a magistrate who is an attorney in the Court of Appeals. Like the decisions of the Assize Court and the Courts of Appeals, the military

court's decisions can be referred directly to the Supreme Court.

B. SOURCES OF LAW

Laws that affect women's legal status in Côte d'Ivoire—including their reproductive rights—derive from a variety of sources, both international and domestic.

1. *International Sources of Law*

A number of international human rights treaties that promote reproductive health and rights impose specific obligations on national governments aimed at protecting and advancing these rights. In Côte d'Ivoire, as soon as legally ratified treaties or agreements are issued, they have an authority above that of national laws, provided that—in the case of bilateral agreements—they are also enforced by the other party.⁶⁴

The instruments to which Côte d'Ivoire is a party are the following: the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social, and Cultural Rights; the International Convention on the Elimination of All Forms of Discrimination against Women; the African Charter on Human and People's Rights; and the Convention on the Rights of the Child.⁶⁵

2. *Domestic Sources of Law*

The domestic sources of Côte d'Ivoire's law are acts, case law, custom, and doctrine. In addition, regulatory orders and decrees that comply with the Constitution may also be considered as a source of law.

The Constitution protects certain human rights and fundamental liberties. It provides for democratic elections by secret ballot, and proclaims that citizens of either gender, who have reached the legal age of majority, and enjoy their civil and political rights shall have the right to vote.⁶⁶ The Constitution also guarantees the equality of all before the law regardless of origin, race, gender, or religion, as well as the free exercise of all religious beliefs.⁶⁷ Moreover, it stipulates that promulgation of any racial or ethnic propaganda or any manifestation of racial discrimination is punishable by law.⁶⁸

Although Côte d'Ivoire's legal system draws upon the French, a large part of the original French statutory law has been replaced. The French Civil Code sections on obligations and property are still in force, but a series of acts regulating the rights of persons and the family were passed in 1964 and amended in 1983. With the exception of clauses related to the family, the use of customary law that has not been incorporated into statutory law, is discouraged.⁶⁹ The customary law tribunals that the French recognized were abolished in 1961.⁷⁰

III. Examining Reproductive Health and Rights

In Côte d'Ivoire, issues of reproductive health and rights are addressed in the context of the country's health and population policies. Thus, an understanding of reproductive rights in Côte d'Ivoire must be based on an examination of the documents that set forth these policies.

A. HEALTH LAWS AND POLICIES

1. *Objectives of the Health Policy*

Côte d'Ivoire's health policy is outlined in the "National Health Development Plan, 1996-2005" (NHDP), whose overall objective is to improve health and welfare by strengthening the coordination between available health services and the population's basic needs.⁷¹ Its primary mission is to meet the demand for basic health services.⁷² To attain these goals, the NHDP established three more specific objectives. The first focuses on mobilizing resources for health, and the others focus on the services provided:⁷³ (1) reducing the morbidity and mortality rates among the most vulnerable target population, i.e. mothers and children; (2) improving the overall effectiveness of the health care system; and (3) enhancing the quality of health services.⁷⁴

With regard to mothers and children, the objectives for this decade are those contained in the UNICEF guidelines: reducing by one-third the infant mortality rate of 1988, to reach 50 per 1,000 by 2008 at the latest; reducing by one-third the child mortality rate of 1988, to reach 75 per 1,000 by 2008 at the latest; and reducing by one-half the maternal mortality rate of 1988, to reach 200 per 100,000 by 2008.⁷⁵

In addition, current plans to promote maternal and infant health contain a strong "reproductive health" component that includes family planning services, safe motherhood, and child and youth health. Specifically, there is a plan to increase the contraceptive prevalence rate for modern methods from 4% to 14% in five years and to cover 70% of youths' health needs. The goal is to integrate reproductive health with primary health care services between now and the year 2005.⁷⁶ A concept of reproductive health that takes into account the health of women, children, men, youths, and adolescents was adopted during the National Symposium on Reproductive Health, held in June 1996, following the International Conference on Population and Development.⁷⁷

To attain its objectives, the NHDP has devised a number of strategies. With regard to high morbidity and mortality rates, it

aims on the one hand to improve accessibility to services, and, on the other, to promote the development of basic health care by implementing a minimum services package.⁷⁸ To improve effectiveness, one strategy calls for better management of the entire health care system, encouraging a multi-sector approach, and better coordination between different service providers.⁷⁹ Another strategy, with the end-goal of improving the quality of services, recommends three tracks: (1) strengthening human resources in the health sector; (2) promoting research and; (3) developing health standards and improved health care system management.⁸⁰

According to Decree No. 84-721 of May 30, 1984, the Public Health and Population Ministry is responsible for:⁸¹

- Creating, operating, and managing all health facilities in Côte d'Ivoire;
- Strengthening public hygiene and preventing widespread endemic diseases;
- Protecting mothers and children;
- Managing public school and university health services;
- Regulating pharmaceutical services;
- Organizing and managing private medicine and workplace health care;
- Training providers of medical or paramedical services (in conjunction with the Minister of National Education and Scientific Research);
- Contributing to the development and implementation of a national health policy;
- Investigating all medical problems related to immigrant and migratory communities;
- Addressing medical problems related to the family, especially management of all public and private institutions, such as nurseries, day care centers, and kindergartens;
- Preventing alcoholism, drug abuse, tobacco abuse, and mental illnesses.

Within the Ministry, there is a Public Health and Population Department that is responsible for:⁸²

- Monitoring the implementation of the nation's health policy, as well as the organization, technical control, and successful operation and management of the public health care system;
- Managing the practice of private medicine and health care in the workplace, including odontology and stomatology, in accordance with the law;
- Treating health problems related to demography, maternal and infant protection, and school medicine;

- Developing a primary health care strategy, organizing and managing the prevention of widespread endemic diseases;
- Developing preventive, therapeutic, and health education programs;
- Monitoring the activities of public health care facilities.

2. Infrastructure of Health Services

The health infrastructure in Côte d'Ivoire is organized in the form of a pyramid. At the bottom are all primary health care facilities that include:⁸³

- Public sector services such as urban and rural health centers; specialized primary health care centers; military health services; the National Social Contingency Fund's medical and social services; and miscellaneous preventive health care services connected to large public companies and institutions;
- Private sector services such as private medical practices, laboratories, diagnostic imaging centers, infirmaries, and health services connected to private companies.

At the next level up are referral services that include: public sector services such as public hospitals and specialized clinics and private sector for-profit and nonprofit services such as private hospitals and clinics.

In addition, the Public Health Ministry includes specific agencies such as the Public Health Pharmacy, the National Blood Transfusion Center, the National Public Health Laboratory, the National Public Hygiene Institute, the National Public Health Institute, and the National Health Workers' Training Institute. All of these are national public health institutions.⁸⁴ Overall, the number of public health facilities has risen from 700 in 1980 to 1,146 in 1996.⁸⁵ In April 1996, the Public Health Ministry included the following facilities: 218 rural health centers (all with dispensaries and maternity wards); 456 rural dispensaries; five rural maternity centers; one rural maternal and infant protection center (MIP); 23 area centers; eight urban health units (all with dispensaries, maternity wards, and MIP services); 124 urban health centers; 35 urban dispensaries; 14 urban maternity centers; 40 urban MIP centers; 49 school and university health services, 12 anti-tuberculosis centers; one mental health center; 31 high-school and college infirmaries; seven prison infirmaries; six military infirmaries; 29 rural health bases; 56 general hospitals; eight regional hospitals; four university hospital centers; four specialized institutes (the Abidjan Cardiology Institute, the Raoul Follereau Institute, the National Blood Transfusion Center, the National Public Hygiene Institute); and two training

institutes (the National Health Workers' Training Institute and the National Public Health Institute).⁸⁶

Although each region generally has one hospital, Abidjan has three (Cocody University Hospital Center [UHC], Treichville UHC, and Yopougon UHC).⁸⁷ In addition, one quarter of the MIP services are located there. In rural areas, there is one dispensary for every 10,000 inhabitants and one maternity center for every 14,000 women of childbearing age.⁸⁸ With regard to rural accessibility, 54% of the population live in a locality with only one health facility; 14% live less than 5 kilometers from a health facility; 15% between 5 and 10 kilometers; 8% between 10 and 15 kilometers; 5%, between 15 and 20 kilometers; and 4% further than 20 kilometers.⁸⁹

Private sector services include: 25 private hospitals and clinics with 524 beds; 28 medical offices; 11 dental offices; 82 companies with a health department; 383 pharmacies and 243 pharmacy warehouses; and 212 private infirmaries.⁹⁰ It should be noted that these figures take into account only legally authorized private sector services (a more comprehensive survey of private sector facilities is currently underway).⁹¹

With regard to public sector medical and paramedical workers, a December 1995 Ministry of Public Health survey showed 16,536 workers, a number that can be broken down in the following way: 1,329 medical personnel, including 255 professors, associate professors, and assistants; 93 pharmacists; 6,804 paramedical personnel; 458 technical personnel; 1,473 social services workers; 1,366 administrative personnel; and 5,106 general services personnel.⁹²

The public health system has grown from 1,000 workers in 1960 to 16,000 workers in 1995.⁹³ In general, human resources are concentrated in large cities, especially in Abidjan. The doctor-inhabitant ratio went from 1 to 11,912 in 1993, to 1 to 9,430 in 1995.⁹⁴ In the private sector in 1993, there were 219 doctors, 364 pharmacists, and 69 dental surgeons.⁹⁵

The overall ratio of health personnel to number of inhabitants is as follows: one doctor for every 9,500 inhabitants; one dental surgeon for every 66,000 inhabitants; one pharmacist for every 32,000 inhabitants; one nurse for every 3,000 inhabitants in urban areas; one nurse for every 15,000 inhabitants in rural areas; one social services assistant for every 16,000 inhabitants; and one midwife for every 3,000 women of childbearing age.⁹⁶

There are regional disparities among rural maternity centers. On average, in 1994 there was one maternity center for every 6,295 women of childbearing age in rural areas (women aged 15 to 49). In other words, each maternity center handles 1,260 deliveries per year, or 3.5 deliveries per day. All rural

deliveries, however, do not occur in maternity centers; due to the high cost of modern health services, many women have traditional birth attendants, or use the services of rural midwives.

There are many factors that make access to the health system difficult, including an uneven geographic distribution of health facilities, poor quality of care, less-than-hospitable reception given to patients, and the haphazard mix of traditional medicine and modern medicine. In March 1998, the International Association for Democracy in Africa (AID-Africa), an international non-governmental organization (NGO), conducted a survey at the Attobrou maternity center in the sub-prefecture of Agboville. The survey showed a lack of childbirth equipment, including a delivery table. In addition, the already inadequate health infrastructure is not well maintained. Moreover, despite efforts to recruit and train health personnel, there is still an inadequate number to meet the population's needs and expectations.⁹⁷

In sum, health facilities in Côte d'Ivoire are of very poor quality, due to both the dilapidated condition of buildings and obsolete equipment. The immediate cause of this situation is that the health infrastructure is not maintained; deeper causes, however, lie in the paucity of public sector resources, the absence of a clearly defined health policy, and generally poor management in the entire field.⁹⁸

3. Cost of Health Services

The Public Health Ministry's general operating budget (GOB) for fiscal year 1996 was 52 billion CFA francs (U.S.\$84,855,011.58) and its special investment and equipment budget (SIEB) was 42.4 billion CFA francs (U.S.\$69,189,470.37).⁹⁹

Between 1960 and 1980, the government was exclusively responsible for public sector financing. Today, the public sector, including national public institutions, is financed also through user fees (10 billion CFA francs or U.S.\$16,318,272.10). Other public health facilities, for which the recovery of health costs has become standard since October 1994, received 1,670 billion CFA francs in 1995 (U.S.\$2,725,151,469.23).¹⁰⁰ Still, the government remains the leading funder for health care, allocating about 8% of its annual operating budget and 1.8% of the gross domestic product to this area.¹⁰¹

Although today the government subsidizes public health services, they are by no means free of charge. To meet health expenditures, employers must register private sector workers in the National Contingency Fund (CNPS), while civil service workers are registered in the General Civil Service Mutual Fund. Currently, there is no comprehensive social security system.

According to interministerial decree No. 258 MSPAS/MIC/MEFP of September 13, 1994, the official cost for a vaginal childbirth delivery in a public hospital was 2,000 CFA francs (U.S.\$3.18); for surgical births, it was 5,000 CFA francs (U.S.\$7.96).¹⁰² Prenatal visits to a private clinic cost 12,000 CFA francs (U.S.\$19.10).¹⁰³ In rural areas, the cost was 2,500 CFA francs (U.S.\$3.98) for delivery in a maternity center and 500 CFA francs (U.S.\$0.80) for prenatal visits.

Child vaccinations administered by the government, international organizations, NGOs, and private associations, are free. At the Treichville National Public Hygiene Institute, however, they are fee-based, with the exception of tetanus shots, which are free.

All laboratory examinations, blood analyses, surgical interventions (e.g., gynecological, obstetrical, Caesarian sections, hysterectomies, and tubal ligations) are fee-based. Hospitalizations and medicines are also fee-based.

Since January 1994, the date of devaluation of the CFA franc, the cost of health care and drugs has increased more than 40%. At the same time, preventive medicine has become increasingly rare. The end result of these two developments is that patients tend to wait until disease is at an advanced stage before opting for a consultation at a rural health center. Many patients from remote areas of the country are accepted by urban area hospitals, such as the University Hospital Centers (UHC) and the Regional Hospital Centers (RHC). This situation, in turn, increases congestion at the UHC and RHC, where patients may or may not be turned away.

4. Regulation of Health Care Providers

i. Doctors

Act No. 60-284 of September 10, 1960 regulates the medical profession through, in part, its creation of the National Doctor's Association, in which all physicians must register in order to practice medicine in Côte d'Ivoire.¹⁰⁴ The Association ensures that its members uphold the principles of morality, integrity, and dedication indispensable to the practice of medicine, and that they abide by a professional code of ethics in carrying out their professional duties.¹⁰⁵ The Association also defends the integrity and autonomy of the medical profession. Its mission, which can include organizing unemployment and retirement benefits for its members, is carried out through Departmental Boards and the Association's National Board.¹⁰⁶

The Medical Ethics Code was instituted in 1962, and adherence to it is mandatory for any doctor registered in the Association.¹⁰⁷ Under the code, respect for life and the human person is a doctor's first duty in all circumstances.¹⁰⁸ A doctor must care for all his or her patients with the same dedication regardless of the patient's condition, nationality, religion, or

reputation, and despite his or her personal feelings toward that person.¹⁰⁹ Professional confidentiality is required of every doctor, unless the law provides a dispensation.¹¹⁰

ii. Dentists

The National Dentistry Association, in which all dentists and oral surgeons must register in order to practice their profession in Côte d'Ivoire,¹¹¹ was created by Act. No. 76-519 of August 12, 1976. This Association consists of two sections: Section A, which groups together private-sector dentists, and Section B, which groups together public-sector dentists.¹¹²

The National Dentistry Association defends the integrity and autonomy of the dental profession by, among other things, ensuring that its members abide by standards of morality, integrity, and dedication indispensable to the practice of odontology and stomatology, and that they follow a professional code of ethics.¹¹³ The Association may also organize unemployment and retirement benefits for its members. Like the National Doctor's Association, it accomplishes its mission through Departmental Boards and the Association's National Board.¹¹⁴

Act No. 76-818 of November 26, 1976 created the Dentistry Ethics Code,¹¹⁵ by which all dentists and oral surgeons registered in the Association must abide.¹¹⁶ According to its provisions, dental professionals' first duty is respect for life and the human person,¹¹⁷ and therefore they must refrain from action that might discredit their profession, even actions undertaken outside their practices. Indeed, a dentist or oral surgeon is prohibited from performing any activity deemed incompatible with his or her professional duty.¹¹⁸ Professional confidentiality is required of every dental surgeon, unless the law provides a dispensation.¹¹⁹ Lastly, a dentist or oral surgeon must care for all patients with the same dedication regardless of the patient's condition, nationality, religion, or reputation, and despite personal feelings toward that person.¹²⁰

iii. Pharmacists

The Public Health Code, adopted by Act No. 54-418 of April 15, 1954, regulates the pharmaceutical profession in Côte d'Ivoire.¹²¹ Act No. 60-272 of September 2, 1960 created the National Pharmacists' Association, in which all pharmacists must register in order to practice their profession.¹²² The purpose of the National Pharmacists' Association is to ensure respect for professional duties and to defend the profession's integrity and autonomy.¹²³ It includes four sections: Section A, consisting of all pharmacists that own a pharmacy; Section B, for pharmacists who are owners, managers, or administrators of companies that make specialized pharmaceutical products; Section C, for distributor pharmacists; and Section D, for all other pharmacists.¹²⁴

To practice pharmacology, one must maintain the highest professional ethical standards and meet the following conditions: hold a state-sanctioned pharmacist's degree; be of Côte d'Ivoire nationality; and be registered in the National Pharmacists' Association.

Unless the state grants a legal exemption, only pharmacists may perform the following functions: preparation of drugs for use in human medicine; preparation of bandages and all related articles; bulk sale of these products; sale of medicinal plants; and manufacture and sale of drugs and chemical or hygienic products.¹²⁵

Act No. 62-249 of July 31, 1962 created the Pharmaceutical Ethics Code, adherence to which is required of all practicing pharmacists in the association.¹²⁶ According to the code's provisions, a pharmacist is a public servant and therefore must demonstrate the same dedication to all patients¹²⁷ and may not promote practices, either through advice given or acts taken, that do not meet high moral standards.¹²⁸ Professional confidentiality is required of all pharmacists, unless the law provides an exemption.¹²⁹

No one may intentionally perform any activity reserved for pharmacists without fulfilling the conditions required to practice pharmacology. The penalty for doing so is a fine of 240,000 (U.S.\$382.05) to 1,200,000 CFA francs (U.S.\$1,910.25). In the case of a repeat offense, the penalty is a fine of 480,000 (U.S.\$764.10) to 2,400,000 CFA francs (U.S.\$3,820.50) and/or imprisonment from six days to six months.¹³⁰ In addition, the court may order the temporary or permanent closing of the establishment.¹³¹

iv. Nurses

Decree No. 72-148 of February 23, 1972 regulates the nursing profession. In order to practice nursing and carry the title of male or female nurse, one must: be a Côte d'Ivoire national and benefit from the provisions of Article 106 of the Côte d'Ivoire Nationality Code; have a state degree or a technical nursing license, along with a certificate that cites a specialty, or a foreign nursing degree recognized as equivalent in Côte d'Ivoire; and have received authorization to practice from the Public Health and Population Ministry.¹³² Nurses are required to adhere to professional confidentiality under the conditions and reservations set forth in Article 378 of the Penal Code.¹³³

Article 308 of the Côte d'Ivoire Penal Code applies in cases of the illegal practice of medicine or health professions. This article stipulates that "anyone who uses a title connected to a legally regulated profession, an official degree, or a professional position, without fulfilling the legally required conditions, shall be punished by imprisonment of six months to two years and a fine of 150,000 (U.S.\$238.78) to 1,500,000 CFA francs

(U.S.\$2,387.81)."¹³⁴

The practice of traditional medicine is legal, but not yet regulated. A number of seminars have been held on African pharmacopoeia and the need to link traditional medicine to modern medicine.

5. Patients' Rights

Just as the law guarantees the quality of health services, it also ensures patients' safety and the protection of their rights. Thus, TITLE II of the Medical Ethics Code delineates the doctors' responsibilities toward patients (Arts. 27 to 45); TITLE IV of the Pharmaceutical Ethics Code delineates the rules governing relationships with the public (Arts. 44 to 48); and TITLE II of the Dental Surgeons' Professional Code of Ethics delineates their responsibilities toward patients (Arts. 26 to 38).

Guaranteeing patients' rights requires recognizing medical liability. The Penal Code stipulates that: "there is no offense when homicide, injuries, or blows result from medical actions that meet the following criteria: they are in compliance with scientific data, medical ethics, and professional rules; they are carried out by a person legally authorized to perform them; and they are done with the patient's consent, or, if the patient is not in a condition to consent, with the consent of his/her spouse or legal guardian, unless it is impossible to communicate with those persons without risk to the patient."¹³⁵

This law assumes that a patient who is injured as a result of a medical procedure and files criminal charges will win in court if the care given does not comply with scientific data, medical ethics, or professional rules. In reality, patients rarely initiate tortious actions against doctors and pharmacists. No statistics on this are available, however.

B. POPULATION AND FAMILY PLANNING

1. The Population and Family Planning Policy

After experiencing a 7% average annual economic growth at the end of the 1970s, Côte d'Ivoire was deeply affected by the worldwide economic crisis, especially in the human resources sector. The crisis compromised its efforts to establish social services on a nationwide basis.¹³⁶

Faced with an increase in unmet needs within the population, the government decided to adopt a human resources adjustment program in June 1991. The program's guidelines for action are contained in the Human Resources Development Policy Declaration (HRDPD). The program's fundamental objective is "to improve the quality of life and welfare in Côte d'Ivoire by creating a better quantitative and qualitative balance between supply and demand in the areas of health, education and employment."¹³⁷ To achieve this objective, the HRDPD recommends "implementation of an

authentic demographic policy directed toward sustainable development.” Thus, in 1997, Côte d'Ivoire drafted a National Population Policy Declaration aimed chiefly at developing human resources as well as preserving and improving quality of life and the environment. The National Population Policy rests on the following principles:¹³⁸

- Fostering community participation in defining and implementing the population policy;
- Promoting family life;
- Meeting the population's basic needs;
- Respecting the fundamental right of individuals and couples to decide freely and responsibly the number and spacing of their children;
- Recognizing and guaranteeing the fundamental right of children to life, care, education, and training;
- Achieving equal access for women and men to manufactured goods, education, and political life;
- Ensuring the effective participation of women and men in all sectors of development.

The National Population Policy's main goal is to attain sustainable human development. To achieve this overall objective, the government identified more specific objectives, namely:¹³⁹

- Stabilizing population growth;
- Developing the institutional capacity to meet the population's basic needs;
- Strengthening the family and raising the status of women and youth;
- Improving people's living conditions and safeguarding the environment;
- Building the capacity to design, manage, and implement population programs.

To meet these objectives, the government has proposed several strategies. For example, to stabilize population growth, the recommended strategies include:

- Integrating program activities across different sectors in order to reduce significantly morbidity and mortality, and more generally, to improve quality of life;
- Incorporating the population's actual needs in order to develop more effective reproductive health information, education, and communication, and to expand access to health services;
- Reforming and initiating legislation and regulations related to family planning, and to traditional practices harmful to health, particularly female genital mutilation;
- Fostering the prevention and treatment of STIs including HIV/AIDS in health facilities and communities.

In addition, in order to strengthen the value of the family and to raise the status of women and youth, the government has recommended the following: promoting positive values related to the family; strengthening the rights of women and children within the family; empowering women and increasing their participation and power in both economic and political life; increasing women's access to education and training; recognizing and enforcing women's rights in society; and strengthening the participation of young people in all areas of economic, social, cultural, and political life.¹⁴⁰

In light of the multi-sector dimension of the population issue and the National Population Policy's central objective, the government has proposed the creation of an advisory body, with a permanent technical expertise component, that will be responsible for initiating, monitoring, and coordinating implementation of population policies and programs across sectors:¹⁴¹ this advisory body is the National Population Council (NAPOCO). Its mission is to assist the government in defining population policy and monitoring all related activities. When necessary, the NAPOCO is assisted by advisory committees. The regional Population Council represents the NAPOCO at the local level.¹⁴²

2. Government Delivery of Family Planning Services

For a long time, family planning remained a taboo subject in Côte d'Ivoire. It was preferable to discuss “natural spacing of births” rather than “limiting births,” although in practice the two concepts are essentially the same.¹⁴³ Until 1990, the government seemed to have no interest in the problems stemming from population growth. Leaders often justified their reticence to adopt a national family planning policy by citing the low density of the population and the availability of arable land throughout the country.¹⁴⁴

Over time, however, public officials became increasingly aware of the value of family planning, and on December 21, 1994, under the initiative of the Ministry for the Family and Advancement of Women, established a National Family Action Committee. Today, the Ministry of Public Health offers integrated family planning services in 35 public health organizations,¹⁴⁵ and the government is developing a national family planning program.¹⁴⁶

3. Services Provided by NGOs and the Private Sector

In actual fact, government agencies contribute very little to the delivery of family planning services in Côte d'Ivoire, in part because the government's favorable stance toward the provision of contraceptives is still quite new.¹⁴⁷ In comparison, NGOs are playing an ever-increasing role in providing family planning services.¹⁴⁸

The Côte d'Ivoire Association for Family Welfare (AIBEF), a pioneer in family planning in Côte d'Ivoire, was created in

1979 with the goal of improving maternal and infant health through the spacing of births.¹⁴⁹ The AIBEF provides services in its own clinics, of which there are now seven, as well as technical assistance and management for the Health Ministry's family planning centers.¹⁵⁰ It is the primary organization for the dissemination and popularization of family planning methods.¹⁵¹

C. CONTRACEPTION

1. Prevalence

According to the 1994 Demographic and Health Survey (1994 DHS), 78.4% of women are familiar with at least one contraceptive method.¹⁵² Among these, 76.2% are familiar with modern methods, 49.2% with traditional methods, and 24% with so-called "folk" methods.¹⁵³

The total contraceptive prevalence rate in Côte d'Ivoire is estimated at 16.5%, but the use of modern methods is estimated at only 5.7%.¹⁵⁴ At the time of the 1994 DHS, 2.5% of women used birth control pills, 1.9% used condoms, and 0.7% used injectables.¹⁵⁵ An estimated 10.8% used a traditional method;¹⁵⁶ among these, 96% used periodic abstinence.¹⁵⁷ At the time of the survey, 83.5% of Côte d'Ivoire women did not use any method of contraception at all.¹⁵⁸

The majority of women practicing birth control obtain their methods from the private medical sector (53%), mainly from pharmacies (34%) and family planning centers (15%). Roughly one quarter of users (25%) obtain their methods from public sector agencies.¹⁵⁹

2. Legal Status of Contraceptives

The July 31, 1920 French law that prohibited incitement to abortion and contraceptive propaganda, was repealed. It was superseded by Act No. 81-640 of July 13, 1981, which concerned itself with birth control information.¹⁶⁰

In addition, Decree No. 176 MSP.DSPH of April 18, 1986 regulates medical and surgical equipment, products and objects used for contraception or abortion, articles and objects used to prepare dressings, and alcohol and poisonous substances intended for uses other than human or animal medicine. Article 1 stipulates that products used for contraception or abortion are considered to be medicine, and their preparation, import, export, and distribution are limited to pharmacists. Objects used for contraceptive and abortion purposes are not considered to be medicine and are not subject to government restrictions. Any suitable company may manufacture, import, or export them, but only doctors may sell them retail.

3. Regulation of Information on Contraception

The media can play a useful role in both the dissemination

of family planning information in general, and of information about contraceptive methods in particular.¹⁶¹ The government allows and funds advertising for contraceptive methods. For example, condoms are advertised in government and private media broadcasts.

The 1994 DHS, however, shows that 86.1% of women had not heard any commercial message, either on radio or television, about family planning in the month prior to the survey.¹⁶² The survey results nonetheless illustrate certain significant disparities among women in this regard: women in cities, particularly in the city of Abidjan, and women with the most education, are the ones with the greatest access to information, especially through television.¹⁶³

D. ABORTION

1. Prevalence

A Côte d'Ivoire National Public Health Institute survey conducted between 1986 and 1987 showed that 3,306 abortions occurred in 1986, and 5,175 in 1987.¹⁶⁴

2. Legal Status of Abortion

Articles 366 to 396 of the Penal Code repeal the 1920 French law prohibiting incitement to abortion and contraceptive propaganda.¹⁶⁵ Abortion, however, remains illegal in Côte d'Ivoire. Specifically, Article 366 stipulates that "whosoever, by food, drink, medicine, surgical procedures, violence, or any other means, procures or attempts to procure an abortion of a pregnant woman, whether or not with her consent, will be punished by imprisonment of one to five years and a fine of 150,000 (U.S.\$238.78) to 1,500,000 CFA francs (U.S.\$2,387.81)."¹⁶⁶

Further, a woman who procures or attempts to procure her own abortion, or consents to the use of the means administered for that purpose, is subject to punishment of six months to two years of prison and a fine of 30,000 (U.S.\$47.76) to 300,000 CFA francs (U.S.\$477.56).¹⁶⁷

Persons belonging to the medical profession or a profession involving public health who promote or procure the means to induce abortion, are subject to one to 10 years of imprisonment and a fine of 150,000 (U.S.\$238.78) to 10,000,000 CFA francs (U.S.\$15,918.75). They may also be prohibited from practicing their professions.¹⁶⁸

Under the Public Health Code, pharmacists may display or sell remedies and substances, intrauterine probes, or other similar objects capable of inducing an abortion, only upon delivery of a medical prescription that is recorded in a register filed with, and initialed by, a mayor or police commissioner.¹⁶⁹

The only situation in which an abortion is legal is when it is necessary to save a woman's life.¹⁷⁰ Article 367 of the Penal Code stipulates that "no crime has been committed when

interruption of a pregnancy is necessary to save the life of the [woman].”

3. Requirements for Obtaining a Legal Abortion

Côte d'Ivoire law allows only “therapeutic” abortion. According to Article 367 of the Penal Code: “... in this case the attending physician or surgeon must obtain the opinion of two consulting doctors, who after examination and discussion, shall certify that the life of the woman can be saved only by such surgical or therapeutic intervention. If there are only two doctors immediately available, the attending physician has to obtain only his/her colleague’s opinion; if the attending physician is the only doctor available, he/she shall certify on his/her honor that only the surgical or therapeutic intervention used can save the [woman’s] life.”¹⁷¹

4. Policies Related to Abortion

There are no policies related to abortion in Côte d'Ivoire.

5. Penalties for Abortion

See the section on Legal Status of Abortion.

6. Regulation of Information on Abortion

The law prohibits incitement to abortion through any of the following methods: public speaking, sale or provision, public display or distribution, home delivery of books, articles, or advertisements, or advertising by health facilities, even if such promotion does not result in an abortion.¹⁷²

E. STERILIZATION

There are no statistics on sterilization in Côte d'Ivoire, and it does not seem to have been adopted as a contraceptive method. The Penal Code defines sterilization as the act of depriving a person of the ability to procreate by means other than amputation of an organ necessary for reproduction.¹⁷³ Article 343 sentences anyone found guilty of performing sterilization to the death penalty.¹⁷⁴ With the exception of cases of ectopic pregnancy or abortion that may require tubal ligation or cutting of one or two tubes, the Penal Code prohibits sterilization as a contraceptive method.

F. FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION

1. Prevalence

According to the 1994 DHS, female circumcision/female genital mutilation (FC/FGM) is widely practiced in Côte d'Ivoire; slightly more than two out of five women (43%) have confirmed they have been circumcised.¹⁷⁵ In addition, in almost all cases (94%), traditional birth attendants or circumcisers performed these procedures.¹⁷⁶ FC/FGM seems to be done when girls are quite young: the average age is 9.7 years. Thus, 50% of

circumcised women were circumcised before the age of 10.¹⁷⁷

It appears that the percentage of circumcised women varies significantly according to socio-economic status. In terms of geographic location, it is in the Savanna region that the percentage of circumcised women is highest: in rural Savanna, about three out of five women (75%) have been circumcised, and in the urban Savanna, 54% of the women have been circumcised.¹⁷⁸ When level of education is taken into consideration, large disparities are found. More than half the women who have no education at all confirm they have been circumcised (55%), compared to about one quarter (25%) of those who have primary-level education, and 23% of those that have secondary-level education or higher.¹⁷⁹ Finally, religious differences also account for significant disparities. The percentage of circumcised women varies from 16% among Catholics and Protestants to 39% among women with either traditional beliefs or no religious affiliation. The rate reaches 80% among Muslim women.¹⁸⁰

2. Laws to Prevent FC/FGM

In light of the health risks of FC/FGM for women and girls, in May 1998, the National Assembly adopted Act No. 98-757 prohibiting certain forms of violence against women.¹⁸¹ This law defines genital mutilation as an “attack on the integrity of a woman’s genital organ by total or partial excision, infibulation, desensitization, or any other procedure.”¹⁸² “Any person who performs a genital mutilation shall be punished by imprisonment of one to five years and a fine of 360,000 (U.S.\$573.08) to 2,000,000 CFA francs” (U.S.\$3,183.75).¹⁸³ Attempts to perform genital mutilation are also subject to punishment. If the victim dies as a result of the mutilation, the sentence is increased to five to 20 years imprisonment.¹⁸⁴ If the guilty person belongs to the medical or paramedical profession, the sentence is doubled, and, in addition, he or she is prohibited from practicing his or her profession for a maximum of five years.¹⁸⁵ Parents who request the procedure, or who know it is imminent and have not informed the authorities, are subject to imprisonment of one year to five years and a fine of 360,000 (U.S.\$573.08) to 2,000,000 CFA francs (U.S.\$3,183.75). The same penalties apply to the spouses, relatives, and parents of the perpetrator of the act.¹⁸⁶

The National Committee for the Prevention of Traditional Practices that are Harmful to the Health of Women and Girls offers a training program for former circumcisers in order to equip them for alternative activities within small to medium-sized companies.

3. Policies to Prevent FC/FGM

One of the National Population Policy’s strategies is to revise and develop legislation and regulations to address tradi-

tional practices that are harmful to health, in particular, the genital mutilation of women and girls.¹⁸⁷ Pursuant to this policy, the National Assembly has recently passed an act prohibiting FC/FGM (see above).

G. HIV/AIDS AND OTHER STIS

1. Prevalence

In May 1994, there were 26,646 documented AIDS cases in Côte d'Ivoire, compared to 466 cases in 1987 and only two in 1985.¹⁸⁸ In fact, from 1989 to 1993, there were at least 3,000 new cases per year.¹⁸⁹ According to the 1994 DHS, Côte d'Ivoire was sixth among African countries affected by the epidemic, and first among West African countries—where it accounted for 41% of all AIDS cases.¹⁹⁰

According to the most recent UNAIDS report, in 1997 the number of HIV-positive adults was estimated at 670,000, or 10.06% of the adult population.¹⁹¹ Among HIV-positive adults, the number of women was estimated at 330,000.¹⁹² Côte d'Ivoire counted 32,000 HIV-positive children, and the number of orphans due to AIDS was estimated at 320,000.¹⁹³ Since the beginning of the epidemic, there were 450,000 documented AIDS cases among adults and children.¹⁹⁴

All the social and behavioral surveys conducted in Côte d'Ivoire have shown that heterosexual sex is the dominant means of HIV/AIDS transmission. Thus, the most sexually active population (20–44 years old) is the most affected; for example, 80% of the AIDS cases in the Treichville university hospital centers (UHC) and the Abidjan anti-tuberculosis centers (CATs) fall within this age group.¹⁹⁵ This age group also happens to be the most economically productive. Thus, the HIV/AIDS epidemic has had disastrous consequences on the socio-economic fabric of the country.¹⁹⁶

A survey conducted in Abidjan of a sample of 15 to 24 year-olds showed that over 60% never use condoms. Moreover, multi-partner sexual activity is common, with an average of eight occasional partners for men and four for women in the 20–24 age group.¹⁹⁷ The study also shows the high incidence of prostitution, involving 8.2% of women 20 to 24 years old.¹⁹⁸ In fact, it seems that the basic impetus for sexual activity among young women is money. Finally, the study shows the early age at which people form sexual relationships, with more than 50% of young people becoming sexually active by the age of 15.¹⁹⁹

2. Laws Related to HIV/AIDS

The onset of the AIDS epidemic has created multiple challenges for Côte d'Ivoire. As yet, there are no specific laws regarding the disease. Nevertheless, there is a general regulation that is applicable: Act No. 61–320 of October 17, 1961 concerning the protection of public health with regard to endemic diseases.²⁰⁰ Decree No. 67–294 of June 30, 1967 is also relevant in

that it supplements the list of drugs aimed at the prevention of tropical endemic illnesses cited in Article 30 of Decree No. 64–305 of August 17, 1964.²⁰¹ Finally, Decree No. 59–196 of October 14, 1959 created the Côte d'Ivoire Widespread Endemic Disease Department.²⁰²

3. Laws Related to other STIs

Côte d'Ivoire has no specific laws regarding STIs.

4. Programs Related to Prevention and Treatment of HIV/AIDS and other STIs

Côte d'Ivoire has made AIDS prevention a public health priority since 1987.²⁰³ In that year, it created the National AIDS Prevention Committee (NAPC) and signed agreements for technical services with the World Health Organization (WHO), establishing a short-term plan (STP). A National Program for AIDS Prevention (NPAP) was designed during implementation of the first medium-term plan (MTP, 1989–1993). The disease spread so rapidly, however, that a second medium-term plan was developed for the 1994–1998 period.

In addition, the World Health Organization, the European Economic Community, the United Nations Development Programme, and UNICEF, together with bilateral aid from France, Canada, the United States, Germany, and Belgium, have provided funding for the National AIDS Prevention Plan. The Plan calls for operational research and epidemiological monitoring activities in the area of AIDS prevention and treatment.

Finally, in 1994, the government established the AIDS, STIs, and Tuberculosis Prevention Program (AIDS/STIs/ TBC). Initially, the program was concentrated in three regions: the South, Central West, and North. Now, however, its activities are being extended to other regions of the country, and will soon be developed to focus on towns, businesses, women's groups, and at-risk groups. The program's current objectives are to strengthen multi-sector participation to promote and support social mobilization and community solutions.²⁰⁴

IV. Understanding the Exercise of Reproductive Rights: Women's Legal Status

Women's reproductive health and rights cannot be fully evaluated without investigating women's status within the society in which they live. Not only do laws relating to women's legal status reflect societal attitudes that affect reproductive rights,

but such laws often have a direct impact on women's ability to exercise those rights.

The legal context of family life, women's access to education, and the laws and policies affecting their economic status can contribute to the promotion or the restriction of women's access to reproductive health care and their ability to make voluntary, informed decisions about such care. Laws regarding the age of first marriage can have a significant impact on young women's reproductive health. Furthermore, rape laws and other laws related to sexual assault or domestic violence present significant rights issues and can also have direct consequences for women's health.

A. LEGAL GUARANTEES OF GENDER EQUALITY/ NON-DISCRIMINATION

The preamble to the 1960 Constitution refers to the 1948 Declaration of Human Rights. The Constitution also states that: "the Republic guarantees to every person equality before the law regardless of origin, race, gender, or religion."²⁰⁵

B. RIGHTS WITHIN MARRIAGE

1. Marriage Law

Marriage in Côte d'Ivoire is governed by Act No. 64-375 of October 7, 1964, which was modified by Act No. 83-800 of August 2, 1983.²⁰⁶ Only marriages that are performed by a registry official are legal.²⁰⁷ All other forms of marriage, particularly polygamy and marriages in which a bride-price is paid, are prohibited.

The law prohibits both the payment and the acceptance of a bride-price.²⁰⁸ The penalty is six months to two years in prison and a fine double the value of the accepted promises, goods or monies received or requested.²⁰⁹ A bride-price which was paid before the enactment of the new law cannot be repeated. In cases of divorce in which one spouse is declared exclusively at fault, however, the court may order partial or total restitution of the bride-price.²¹⁰

The Marriage Act stipulates that "no one may contract a new marriage before the dissolution of the previous marriage."²¹¹ Polygamy is therefore prohibited under civil law and criminally punishable by six months to three years in prison and a fine of 50,000 (U.S.\$79.59) to 500,000 CFA francs (U.S.\$795.94).²¹² Even the attempt of polygamy is punishable, and the registry officer or minister who presides over this type of marriage is subject to the same penalties. Under transitional provisions, however, the law recognizes polygamous marriages that were entered into prior to 1964.

Formally declared customary marriages that took place before the enactment of the 1964 Act have the same legal standing as civil marriages. Their validity in practice, however,

depends upon the prevailing customs at the time of the marriage. Customary marriages may be dissolved only according to the terms provided under the new law.

Undeclared customary marriages are considered "common law" marriages. A "common law" marriage is a *de facto* household that is not regulated by Côte d'Ivoire's law. When a common law husband dies, the common law wife is compensated by his estate for her moral prejudice.²¹³

A civil marriage must take place prior to a religious marriage. No religious minister may conduct a religious marriage ceremony without presentation of a civil marriage certificate.²¹⁴

Each of the prospective spouses must consent to the marriage.²¹⁵ Forced marriage is prohibited. Consent is not valid if it was extorted by violence or given under false identity.²¹⁶ Act No. 98-756 of December 23, 1998 stipulates that: "Anyone who forces a person younger than 18 years of age to enter into a customary or religious matrimonial union shall be punished by imprisonment of one to five years and/or a fine of 360,000 (U.S.\$57.31) to 1,000,000 CFA francs (U.S.\$1,591.88)."²¹⁷

Only women over 18 years of age and men over 20 may enter into a marriage contract, unless the state prosecutor grants a dispensation.²¹⁸ Men and women who have reached the legal age of majority are legally capable of consenting to marriage.²¹⁹ A minor younger than 21 years old cannot enter into a marriage contract without the consent of his or her parent or legal guardian.²²⁰

Husbands are regarded as the head of household.²²¹ As such, they have paternal rights over the children, and are the main providers for their family's needs.²²² The Marriage Act states that: "Wives must contribute together with their husbands toward ensuring the family's moral and material guidance, providing for the family's upkeep, raising the children, and preparing for the children's entry into adult life."²²³ "Wives replace husbands in their position as head of household when husbands are incapable of making their will known due to incapacity, absence, distance, or any other reason."²²⁴ It further states that: "Spouses owe each other mutual fidelity, aid, and assistance."²²⁵ "They contribute to marital responsibilities in proportion to their respective abilities."²²⁶

The marriage creates community property between the spouses unless they explicitly state their desire for separation of property.²²⁷ When the husband dies, the widow may not remarry until 300 days after her husband's death.²²⁸

2. Divorce and Custody Law

Act No. 64-376 of October 7, 1964 regulates legal divorce and all of its consequences. It was modified by Act No. 83-801

of August 2, 1983, and supplemented by Act No. 98-748 of December 23, 1998.²²⁹ The Act affects divorce in cases of legal marriage, as well as those granted after a declared customary polygamous marriage.

The law recognizes both no-fault divorce and fault-based divorce. No-fault divorce may be granted following the joint petition of the spouses after at least two years of marriage.²³⁰ The law provides the following as grounds for fault-based divorce: adultery, excess, physical abuse or serious insults; conviction for actions that damage honor and respect; or abandonment of the family or the marital home.²³¹ To be admissible as grounds for divorce, these actions must make it intolerable to maintain the marital bond or life together.²³² A divorce petition is submitted personally by the plaintiff spouse to the judge in charge of matrimonial cases.²³³ An attempt at reconciliation is required.²³⁴

Adultery is not only grounds for divorce, but also an offense punishable by imprisonment of two months to one year. A woman found guilty of adultery is punished along with her partner.²³⁵ For a husband's adultery to be punishable, however, he must have committed the act in the marital home or have had an ongoing sexual relationship with a woman other than his wife outside the marital home.²³⁶ The man's partner is not punished. Divorce proceedings may be averted or halted by the offended spouse's collusion or forgiveness.²³⁷

During the divorce proceedings, a family allowance may be granted to a woman in need. The spouse who has custody of the children may request child support from the other spouse. Each spouse may request a contribution for rent or maintenance for the marital home when there are separate residences. When the spouse who owes the allowance refuses to pay it, the courts may order a lien on his or her salary at the request of the person who is owed the alimony.

If a divorce is granted on the basis of the exclusive fault of one spouse, that spouse is not entitled to a family allowance, and damages may be awarded to the spouse granted the divorce.²³⁸ In terms of child custody, the general rule is that it is awarded to the spouse who obtained the divorce;²³⁹ however, this rule can be overridden if doing so is in the best interest of the child or children. No matter who obtains custody, the father and mother respectively maintain the right to supervise the children's upbringing and education, and are in fact required to contribute to both in proportion to their ability.²⁴⁰

Transitional provisions address cases of declared customary marriages and legal marriages that occurred before the new law. Thus, in the case of polygamy, when only one of the partners breaks the marital bond, the share awarded that person is equal to a fraction of one half the community property: a frac-

tion arrived at by using the number one as numerator, and the number of wives (including the wife who is divorcing) as the denominator.²⁴¹ When a marriage ends due to the death of a common husband, half the common property goes to his heirs,²⁴² and the spouses share the other half.

C. ECONOMIC AND SOCIAL RIGHTS

1. Property Rights

There is no gender discrimination regarding access to land ownership in urban areas. Act No. 98-750 of December 23, 1998 regarding rural state-owned land regulates the right to property in rural areas.²⁴³ According to Article One of this act, rural state-owned land consists of all rural land, whether developed or not. "The ownership of state-owned land is transferred by purchase, inheritance, donation among living people or intestate succession, or through bonds."²⁴⁴

In the case of a spouse's death, the household's common property is divided according to the Marriage Act. The share of property reserved for the surviving spouse is then distributed according to the inheritance law, which bars discrimination.²⁴⁵ The surviving spouse ranks fifth among those eligible to inherit, and he or she is excluded from inheritance if there are children.²⁴⁶ Children and their descendants can inherit from parents, grandparents, or other relatives regardless of gender or primogeniture—and even if they were born to different marriages, or out of wedlock.²⁴⁷

Rural communities tend to apply their own customs despite the existence of the inheritance law. If the persons involved take their dispute to court, however, the courts will base their ruling upon civil law.

2. Labor Rights

Act No. 95-15 of January 12, 1995 pertaining to the Labor Code considers "a worker or employee to be any individual, regardless of gender, race, or nationality, who performs his/her professional activity for remuneration under the management and authority of another person called an employer."²⁴⁸ This definition excludes the work of women in the home, whom it is customary to call "housewives without a profession."

Act No. 92-570 of September 11, 1992 regulates the civil service. It abrogates Act. No. 64-488 of December 21, 1964.²⁴⁹ The total number of government employees and officials on January 31, 1991 was 108,779 persons, of which women represented 21.92%, or 23,849 persons.

The Constitution and laws prohibit gender discrimination with regard to remuneration and access to employment. Nevertheless, the law has special provisions to protect "vulnerable" workers, including women and children.²⁵⁰ Thus, Article 23-8 of the Labor Code stipulates that before the age of 14, children

may not be employed in a business, even as apprentices, without a regulatory exemption.²⁵¹ In addition, night work is prohibited for workers younger than 18 years old.²⁵²

A salaried woman who is a mother has the right to maternity and nursing leave.²⁵³ Such leaves do not affect advancement, retirement, or pension contributions. It is illegal to fire a salaried woman within 15 days of her return to work after maternity leave.²⁵⁴

In addition, Article 26 of the 1977 Interprofessional Collective Agreement provides that short-term absences due to the illness of a child under a woman's care do not constitute a breach of the work contract. Rather, such a situation results in a suspension of the work contract, without pay, provided the woman gives her employer at least four days notice, and that the length of the absence corresponds to the child's illness.²⁵⁵

The Labor Code provides maternity leave for 14 consecutive weeks, including eight after childbirth.²⁵⁶ Maternity leave is at full pay; half is paid for by the employer, and half by the National Social Protection Fund.²⁵⁷ This leave may be extended three weeks when there is a documented pregnancy-related illness.²⁵⁸ In addition, nursing women are entitled to nursing breaks for up to 15 months after childbirth. The length of these breaks may not exceed one hour per workday.²⁵⁹ A woman may request a leave of absence for a sick child, but is not remunerated for a leave of absence she requests for nursing after maternity leave or to assist a physically challenged child.

An employer may not refuse to hire a pregnant woman or use her pregnancy as a justification to terminate her contract during a probationary period.²⁶⁰ A pregnant woman's application for employment may even be presented incompletely, and completed after childbirth if a medical examination is dangerous for her condition.²⁶¹ A woman may not be fired during pregnancy or in the 12 weeks after childbirth unless she has committed gross misconduct, or if it is impossible to uphold her contract due to a reason other than her pregnancy or childbirth.²⁶²

According to the Labor Code, companies may provide social services such as school lunches, day care, and playgrounds.²⁶³ Health services must also be provided to workers such as medical examination for job candidates and periodic examinations for employees.²⁶⁴

3. Access to Credit

Women's access to credit in Côte d'Ivoire is rendered more difficult by the requirement that they provide endorsements and guarantees. In addition, under the community property system, banks require married women to secure their husbands' approval. If a marriage is contracted under a separation of property system, however, this prior condition is not

required.

The government has adopted specific measures to compensate for these difficulties in accessing resources by establishing special funds such as housing funds, urban development funds, women and development funds, youth funds, agricultural social policy funds, and employment support funds. Nevertheless, difficulties persist in providing these funds, which sometimes do not meet the actual needs of those meant to benefit from them.

In 1990, the government created an interministerial committee responsible for coordinating all projects aimed at integrating women into social and economic development. This committee, made up of representatives of different governmental departments, has the following functions: to assist the Ministry of the Family and the Advancement of Women in formulating, coordinating, implementing, supervising, and assessing the programs and projects aimed at integrating women into development; and to facilitate relationships among the different departments and ministerial agencies involved in the advancement of women.²⁶⁵

Within the Ministry of the Family and the Advancement of Women, there is a department that aims to encourage and promote women's efforts in creating income-generating activities.²⁶⁶

4. Access to Education

Three principal ministries are responsible for education and training in Côte d'Ivoire: the Ministry of National Education and Basic Training; the Ministry of Technical Education and Professional Training; and the Ministry of Higher Education, Research, and Technical Innovation. The Ministry of National Education and Basic Training ensures the implementation and follow-up of the government's preschool, primary, and general secondary educational policy. In conjunction with other ministries, it also designs and implements the literacy and adult education policy. The Ministry of Technical Education and Professional Training ensures the implementation of the government's technical education and professional training policy. The government created this new ministry to focus on this sector in order to address new developments both in the job market and the overall economy. The Ministry of Higher Education, Research, and Technological Innovation implements and monitors the government's higher education, research, and technological innovation policy.

In addition to these three ministries, other ministries provide professional training activities, in particular, the Ministry of Agriculture and Animal Resources, the Public Health Ministry, the Ministry of the Family and the Advancement of Women, and the Sports Ministry.

According to the 1994 DHS, education levels in Côte d'Ivoire are average compared with the education levels of similar countries. There are also clear differences between men and women.²⁶⁷ A study of the population over the age of six reveals that more than one out of every two men (55%) and almost two out of five women (38%) have attended school.²⁶⁸ While women's educational level remains significantly below that of men, there is a clear trend toward improvement: the percentage of women with no education has decreased from 98% among women aged 60 and over, to 47% for those aged 15 to 19.²⁶⁹ Still, access to education beyond primary school remains much more limited for women than for men. Thus, between the ages of 15 to 19, 38% of men had an education above the primary level, compared to 18% of women.²⁷⁰ Significantly, the illiteracy rate for women is 70%, compared to a national average of 50%.²⁷¹

There is a similar pattern of gender disparity in the school enrollment rate: among six to 15 year-olds, which correspond to the primary school years, 55% of boys attend school, compared to 41% of girls.²⁷² This disparity increases with the level of education: between 16 and 20, the school attendance rate for men is 34%, compared to 13% for women; between 21 and 24, it is 19% for men, and just 4% for women.²⁷³

D. RIGHT TO PHYSICAL INTEGRITY

1. Rape

Although the Penal Code does not define rape, it does punish it with imprisonment of five to 20 years.²⁷⁴ The sentence is life imprisonment if the perpetrator: is assisted in his or her crime by one or several persons; is the father, an older relative, or a person with authority over the victim; is responsible for his or her education or intellectual or professional training.²⁷⁵ The sentence is also life in prison if the victim is a minor younger than 15.²⁷⁶

2. Indecent Assault

Indecent assault committed or attempted with violence against a person of either sex is punishable by imprisonment of two to five years and a fine of 100,000 (U.S.\$159.19) to 1,000,000 CFA francs (U.S.\$1,591.88).²⁷⁷ The sentence is five to 10 years, and the fine is 200,000 (U.S.\$318.38) to 2,000,000 CFA francs (U.S.\$3,183.75) if the perpetrator: is the father or mother, an older relative, or a person with authority over the victim; is responsible for his or her education or intellectual or professional training; is assisted by one or several persons, or if the victim is younger than 15.²⁷⁸

Indecent assault committed or attempted without violence against a minor younger than 15 years old of either sex is punishable by imprisonment of three years and a fine of 360,000 (U.S.\$573.08) to 1,000,000 CFA francs (U.S.\$1,591.88).²⁷⁹ The

sentences are increased if the perpetrator who committed or attempted the indecent assault on a minor 18 years or younger of either sex is the father or mother, an older relative, a person with authority over the victim, or if he or she is in charge of the minor's education or intellectual or professional training.²⁸⁰ The penalties are the same when the victim is a minor 18 years or younger of either sex and is incapable of protecting him- or herself due to his or her physical or mental condition.²⁸¹ In all cases of crimes of indecent assault, an additional penalty of deprivation of rights and denial of access to certain places may be invoked.²⁸²

3. Domestic Violence

Marital rape is not considered an offense in Côte d'Ivoire. Under some ancestral customs, a woman is still forced to have intimate relations with her husband since she is presumed to have consented to sexual intercourse by marrying, even if the union was at an early age and/or forced.

There is no specific criminal clause prohibiting a husband from striking his wife. Domestic violence falls within the purview of Article 345 of the Penal Code, which punishes willful assault and battery by:²⁸³

- Imprisonment of five to 20 years, when the blows and injuries cause a woman's death, even without the intention of doing so;
- Imprisonment of five to 10 years and a fine of 50,000 (U.S.\$79.59) to 500,000 CFA francs (U.S.\$795.94) when the violence causes mutilation, amputation, or deprivation of the usage of an appendage, the blinding or loss of an eye, or any other permanent injury;
- Imprisonment of one to five years and a fine of 10,000 (U.S.\$15.92) to 100,000 CFA francs (U.S.\$159.19) when the result is an illness or a person's total incapacity to work for more than 10 days;
- Imprisonment of six days to one year and a fine of 10,000 (U.S.\$15.92) to 100,000 CFA francs (U.S.\$159.19) when no illness or incapacity to work of the type mentioned in the preceding paragraph results.

4. Sexual Harassment

Sexual harassment is prohibited in Côte d'Ivoire by Act No. 98-756 of December 23, 1998, which provides that sexual harassment occurs when a person "asks for sexual favors in return for a service or action as part of an employee's job requirements; uses threats of punishment or actual punishment to coerce a person under his/her authority to consent to sexual favors or takes revenge against someone who refused such favors to him/her; or requires a subordinate to provide favors of the same type before letting him/her obtain a job, promotion, reward, decoration, distinction or any other advantage

either for her/himself or another person.” The punishment for sexual harassment, delineated in paragraph one, is three years in prison and a fine of 360,000 (U.S.\$573.08) to 1,000,000 CFA francs (U.S.\$1,591.88).” Attempts are also punishable. In addition, paragraph four of the same article stipulates that “anyone who falsely accuses another of sexual harassment explicitly in order to damage a person’s integrity or reputation, or to cause him/her any prejudice whatsoever” is subject to the same penalties.

v. Focusing on the Rights of a Special Group: Female Minors and Adolescents

The reproductive health needs of adolescents are often unrecognized or neglected. Because early pregnancy has disastrous consequences for the health of mothers and children, it is important to study the reproductive lives of adolescents between 15 and 19 years old. Côte d’Ivoire’s population is characterized by its youthfulness. The percentage of children and adolescents under 15 represents almost half the total population (47%).²⁸⁴ Childbearing among women is notable not only for its high level but also for its early onset. According to the 1994 DHS, adolescents contribute 13% to the total fertility rate, and the average age at first birth falls within this age group (18.8 years for women between 25 and 49 years of age).²⁸⁵ It is thus particularly important to meet the reproductive health needs of this group.

A. REPRODUCTIVE HEALTH OF FEMALE MINORS AND ADOLESCENTS

According to the 1994 DHS, 35% of women ages 15 to 19 have already begun their childbearing: 28.5% have already had at least one child, and 6.4% are pregnant for the first time.²⁸⁶ 12.5% of women have already begun bearing children as early as 15, and the percentage increases steadily and rapidly with age: at 17, 35.6% of women have already had at least one child or are pregnant and at 19, 59.2% of women have already begun childbearing, with the majority (53%) having already had at least one child.²⁸⁷

Early childbearing is much more pronounced in rural areas, where 45.1% of adolescents have begun childbearing, compared to 23.8% in the cities.²⁸⁸ In the city of Abidjan, 21.2% of adolescents have begun bearing children: 18% have already had a child and 3.2% are pregnant with their first child.²⁸⁹

In general, the level of education is negatively correlated

with early childbearing: the highest percentage of adolescents who are already mothers or in their first pregnancy are among those who have had no education (40.4%), or have only primary-level education (37.6%).²⁹⁰ On the other hand, only 16.4% of adolescents with secondary-level education have already had a child or are pregnant, or twice as few as adolescents with a lower level of education.²⁹¹

It is also significant that adolescents with a traditional religion (47%) and those who have not declared any religion (45.1%) begin childbearing much earlier than their Protestant (35.6%), Muslim (31.5%), and Catholic (30.1%) peers.²⁹² The average age of first sexual relationship, estimated at 15.8 years old for women ages 25–49, is just over two years lower than the average age at first marriage (18.1 years).²⁹³

B. FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION OF FEMALE MINORS AND ADOLESCENTS

According to the 1994 DHS, slightly more than 43% of women surveyed said they had been circumcised.²⁹⁴ Nationally, female circumcision is practiced at a relatively young age; the average age is 97 years old.²⁹⁵ The current trend, however, is to perform it on girls aged one week to two months, under the pretext of eliminating the girl’s memory of pain.²⁹⁶ In December 1998, the National Assembly passed Act No. 98-757 prohibiting certain forms of violence against women, including female genital mutilation (see the section on FC/FGM).²⁹⁷

C. MARRIAGE OF FEMALE MINORS AND ADOLESCENTS

The age at first marriage or first sexual relationship has a significant effect on a woman’s reproductive behavior, as well as on her reproductive health and her social status. Generally, marriage of a minor results in early pregnancy. Early pregnancy, in turn, constitutes a significant risk factor in both the maternal mortality and school drop-out rate. It also constitutes a major risk factor for the children born to these young mothers. In light of these risks, the Côte d’Ivoire legislature has expressly determined a minimum age at first marriage.

Marriage can be contracted only between a woman older than 18 and a man older than 20.²⁹⁸ Forced marriage is prohibited. In December 1998, the National Assembly passed Act No. 98-756, modifying Article 378 of the Penal Code. The new provision stipulates that “anyone who forces a person younger than 18 to enter into a customary or religious marriage shall be punished by imprisonment of one to five years and/or a fine of 360,000 (U.S.\$573.08) to 1,000,000 CFA francs (U.S.\$1,591.88).”²⁹⁹

According to the 1994 DHS, women in Côte d’Ivoire marry young.³⁰⁰ Among women aged 25 to 49 participating in the

survey, one out of two had already been married, on average, by the age of 18.1.³⁰¹ The percentage of women who are already married at 15 is quite high (15%), and 78% of the women between 25 and 49 years of age were already married by the age of 22.³⁰² The average age at first marriage increased from 17.9 years for women of older generations (aged 45–49 at the time of the survey) to 18.2 years for women of recent generations (aged 25–29 at the time of the survey).³⁰³ The age at first marriage seems to have increased in recent years, up to 18.8 years among women 20 to 24 at the time of the survey.³⁰⁴

D. EDUCATION FOR FEMALE MINORS AND ADOLESCENTS

Basic education includes preschool for children ages 3 to 6, and primary school education for children ages 6 to 11. The preschool age population represents one quarter of the country's population. The private sector plays an important role in assuming responsibility for preschool (about 49%). The percentage of girls in preschool is essentially the same as that of boys (about 49%).³⁰⁵

Primary education for children 6 to 11 years old is mainly public. The private sector accepts only 10% of primary-school age children and runs just under 10% of the primary schools. Among all sectors combined, the number of students has increased 10.5% between 1989 and 1993, or a little less than 2.5% a year.³⁰⁶ In recent years, girls have represented a relatively stable percentage of the number of students, although this proportion is lower than that of boys. In 1993, girls represented 41.9% of primary school students, compared to 41.5% in 1988.³⁰⁷

According to the 1994 DHS, 47.5% of children between 6 and 10 years old attend school.³⁰⁸ School enrollment is highest for children between 11 and 15 (48.6%), ages that correspond to school attendance both in primary and secondary school.³⁰⁹ Between 16 and 20, the age of secondary school, the rate drops to 23%, and decreases by one half (to 11%) between 21 and 24, the ages for higher education.³¹⁰

Because the school attendance rate among youth is so low, they are at a disadvantage in the tight labor market. There is significant migration of young people from rural areas to cities. This movement is difficult to control, both because the socio-economic environment continues to decline and efforts toward the economic integration of young people are weak. To survive, children and adolescents must either work at small trades, or are forced to turn to prostitution, drugs, and delinquency.

E. SEXUALITY EDUCATION FOR FEMALE MINORS AND ADOLESCENTS

Côte d'Ivoire has a curriculum that focuses on civic and moral

education from the first grade of primary school to the third grade of secondary school. This curriculum includes elements of sexuality education, family planning, and household economy, as well as health, demographic and environmental issues.

F. SEXUAL OFFENSES AGAINST FEMALE MINORS AND ADOLESCENTS

Sexual offenses against minors and adolescents are prohibited. Rape is punishable by life imprisonment if the perpetrator is the father, an older relative, or a person with authority over the victim, or if the perpetrator is responsible for the victim's education, intellectual or professional training.³¹¹ The penalty is also life imprisonment if the victim is a minor 15 years old or younger.³¹²

Indecent assault committed or attempted with violence against a person of either sex is punishable by imprisonment of five to 10 years and a fine of 200,000 (U.S.\$318.38) to 2,000,000 CFA francs (U.S.\$3,183.75) if the perpetrator is the father or mother, an older relative, or a person with authority over the victim; if the perpetrator is responsible for the victim's education, intellectual or professional training; or if the victim is under 15.³¹³ Indecent assault committed or attempted without violence against a minor 15 years old or younger of either sex is punishable by imprisonment of three years and a fine of 360,000 (U.S.\$573.08) to 1,000,000 CFA francs (U.S.\$1,591.88).³¹⁴ The penalties are increased if the perpetrator who commits or attempts the indecent assault against a minor 18 years or younger of either sex is the father or the mother, an older relative, or a person with authority over the victim, or if the perpetrator is responsible for the victim's education, intellectual or professional training.³¹⁵

Article 337 of the Penal Code stipulates a punishment of two to five years in prison and a fine of 500,000 (U.S.\$795.94) to 5 million CFA francs (U.S.\$7,959.38) for any offense against public decency that involves inciting, promoting, or facilitating debauchery or corruption of a young person of either sex under the age of 18.³¹⁶

ENDNOTES

1. Elizabeth Arnold, *The Legal System of the Ivory Coast*, in MODERN LEGAL SYSTEMS CYCLOPEDIA 6.250.3, 6.250.7 (1990).
2. *Id.*
3. Daniel G. Anna, *République de Côte d'Ivoire Chronology*, in CONSTITUTIONS OF THE COUNTRIES OF THE WORLD XII (Albert P. Blaustein & Gisbert H. Flanz, ed.) 1994.
4. Filip Ryentjens, *The Winds of Change, Political and Constitutional Evolution in Francophone Africa, 1990-1991*, JOURNAL OF AFRICAN LAW 44, 48 (1991).
5. *Id.*
6. *Id.*
7. UNITED STATES DEPARTMENT OF STATE, CÔTE D'IVOIRE COUNTRY REPORT ON HUMAN RIGHTS PRACTICES FOR 1997, at 1 (1998).
8. *Id.*
9. *Id.*
10. World Factbook: Côte d'Ivoire (last visit, February 13, 1998) <<http://www.odci.gov/>>

- cia/publications/nsolo/factbook/iv.htm.
11. UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA), THE STATE OF WORLD POPULATION, at 70 (1998).
 12. MINISTÈRE DÉLÉGUÉ AUPRÈS DU PREMIER MINISTRE CHARGÉ DU PLAN ET DU DÉVELOPPEMENT INDUSTRIEL, DÉCLARATION DE POLITIQUE NATIONALE DE POPULATION, at 11 (March 1997) [hereinafter, POLITIQUE NATIONALE DE POPULATION].
 13. MINISTÈRE DE LA SANTÉ PUBLIQUE, PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE 1996-2005, TOME 1, DIAGNOSTIC, POLITIQUE ET STRATÉGIES, at 4 (April 1996) [hereinafter, PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE].
 14. THE WORLD ALMANAC AND BOOK OF FACTS – 1998 756 (1997).
 15. *Id.*
 16. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 5.
 17. Act No. 95-492 of June 26, 1995.
 18. Act No. 63-1 of January 11, 1963;
 - Act No. 75-365 of May 31, 1975;
 - Act No. 75-747 of October 22, 1975;
 - Act No. 80-1038 of September 1, 1980;
 - Act No. 80-1232 of November 26, 1980;
 - Act No. 85-1072 of October 12, 1985;
 - Act No. 86-90 of January 31, 1986;
 - Act No. 90-1529 of November 6, 1990;
 - Act No. 94-438 of August 16, 1994;
 - Act No. 95-492 of June 26, 1995.
 19. Act No. 60-356 bearing the Constitution of the Republic of Côte d'Ivoire [hereinafter, CÔTE D'IVOIRE CONST.].
 20. CÔTE D'IVOIRE CONST., TITLE II, Art. 12.
 21. *Id.*, TITLE II, Art. 8.
 22. *Id.*, TITLE II, Art. 9.
 23. *Id.*, TITLE II, Art. 8.
 24. *Id.*
 25. *Id.*, TITLE II, Art. 12.
 26. Act No. 98-387 of July 2 revising the Constitution, Art. 12.
 27. *Id.*
 28. CÔTE D'IVOIRE CONST., PART II, Art. 22.
 29. *Id.*, TITLE II, Art. 13.
 30. *Id.*, TITLE II, Art. 14.
 31. *Id.*, TITLE IV, Section I, Art. 44.
 32. *Id.*, TITLE IV, Section I, Art. 45.
 33. *Id.*, TITLE II, Art. 15.
 34. *Id.*, TITLE II, Art. 16.
 35. *Id.*, TITLE II, Art. 17.
 36. *Id.*, TITLE II, Art. 18.
 37. *Id.*, TITLE II, Art. 19.
 38. *Id.*, TITLE III, Art. 27.
 39. *Id.*, TITLE III, Art. 29.
 40. *Id.*, TITLE III, Art. 35.
 41. *Id.*, TITLE III, Art. 28.
 42. *Id.*, TITLE IV, Section I, Art. 41.
 43. *Id.*
 44. *Id.*, TITLE IV, Section I, Art. 42.
 45. *Id.*, TITLE IV, Section I, Art. 43.
 46. *Id.*, TITLE II, Art. 13.
 47. *Id.*
 48. *Id.*
 49. *Id.*, TITLE VII, Art. 59.
 50. *Id.*, TITLE VII, Art. 61.
 51. Act No. 94-438 of August 16, 1994, new Art. 62 of the Constitution.
 52. *Id.*, TITLE VI, Art. 57.
 53. UNITED STATES LIBRARY OF CONGRESS, FEDERAL RESEARCH DIVISION, CÔTE D'IVOIRE: A COUNTRY STUDY (1998) (last visit March 5, 1998). <<http://lcweb2.loc.gov/frd/cs/citoc/htm>>.
 54. *Id.*
 55. *Id.*
 56. *Id.*
 57. *Id.*
 58. *Id.*
 59. CÔTE D'IVOIRE CONST., TITLE VIII, Art. 63.
 60. *Id.*, TITLE VIII, Art. 64.
 61. *Id.*
 62. *Id.*, TITLE VIII, Art. 65.
 63. *Id.*, TITLE IX, Art. 67.
 64. *Id.*, TITLE V, Art. 56.
 65. *Human Rights International Instruments*, 39 JOURNAL OF AFRICAN LAW 237 (1995).
 66. CÔTE D'IVOIRE CONST., TITLE I, Art. 5.
 67. *Id.*, TITLE I, Art. 6.
 68. *Id.*
 69. *Id.*
 70. *Id.*
 71. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 31.
 72. *Id.*
 73. *Id.*
 74. *Id.*, at 31-32.
 75. *Id.*
 76. *Id.*, at 32.
 77. *Id.*, at 1.
 78. *Id.*, at 33.
 79. *Id.*
 80. *Id.*
 81. Decree No. 84-721 of May 20, 1984 establishing the attributions of the Public Health and Population Ministry, Art. 1, Official Journal No. 28 (July 5, 1984).
 82. Decree No. 84-722 of May 30, 1984 reorganizing the Public Health and Population Ministry, Art. 6, Official Journal No. 28 (July 5, 1984).
 83. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 16-17.
 84. *Id.*, at 17.
 85. UNICEF, ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS DE CÔTE D'IVOIRE 72 (1996) [hereinafter, ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS].
 86. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 17-18.
 87. Decree No. 66-378 of September 9, 1966 creating the Hospital Center and the University of Abidjan; Decree No. 84-762 of June 6, 1984 establishing the Hospital Center and the University of Cocody as a public industrial and commercial institution and organizing this institution; Decree No. 91-649 of October 9, 1991 on the attributions, organization, and operation of the Cocody University Hospital Center.
 88. ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS, *supra* note 85, at 73.
 89. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 18.
 90. *Id.*
 91. *Id.*
 92. POLITIQUE NATIONALE DE POPULATION, *supra* note 12, at 18.
 93. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 18.
 94. *Id.*
 95. *Id.*
 96. POLITIQUE NATIONALE DE POPULATION, *supra* note 12, at 18.
 97. *Id.*, at 17.
 98. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 27.
 99. *Id.*, at 19.
 100. *Id.*
 101. *Id.*, at 20.
 102. Interministerial Order No. 258 MSPAS/MIC/MEFP of September 13, 1994, Official Journal No. 46 of October 10, 1994. It is necessary, however, to make a distinction between the cost of medical delivery actions and the cost of prescriptions and other after-birth pharmaceutical expenses.
 103. Ministry of Health Conference (March 1997).
 104. Act No. 60-284 of July 31, 1962 creating the Côte d'Ivoire Republic National Doctors' Association, Art. 1, Official Journal No. 50 (September 24, 1960).
 105. *Id.*, Art. 2.
 106. *Id.*
 107. Act No. 62-248 of July 31, 1962 instituting a Medical Ethics Code, Art. 1, Official Journal No. 40 (August 16, 1962).
 108. *Id.*, Art. 2.
 109. *Id.*, Art. 3.
 110. *Id.*, Art. 7.
 111. Act No. 76-519 of August 12, 1976 creating a National Dental Surgeons' Association, Art. 1, Official Journal No. 50 (October 25, 1976).
 112. *Id.*
 113. *Id.*, Art. 3.

114. *Id.*
115. Act No. 716-818 of November 26, 1976 on the institution of a Dental Surgeons' Ethics Code, Art. 1, Official Journal No. 60 (December 30, 1976).
116. *Id.*, Art. 1.
117. *Id.*, Art. 2.
118. *Id.*, Art. 3.
119. *Id.*, Art. 5.
120. *Id.*, Art. 8.
121. Act No. 54-418 of April 15, 1954.
122. Act No. 60-272 of September 2, 1960, creating the Côte d'Ivoire Republic National Pharmacists' Association, Art. 1, Official Journal No. 49 (September 17, 1960).
123. *Id.*, Art. 1.
124. *Id.*, Art. 2.
125. PUBLIC HEALTH CODE, Art. 511.
126. Act No. 62-249 of July 31, 1962, instituting a Pharmaceutical Ethics Code, Art. 1, Official Journal No. 40 (August 16, 1962).
127. *Id.*, Art. 4.
128. *Id.*, Art. 8.
129. *Id.*, Art. 9.
130. PUBLIC HEALTH CODE, Arts. 517 to 519.
131. *Id.*
132. Decree No. 72-148 of February 23, 1972, regulating the practice of the nursing profession, Art. 2, at 422 (March 23, 1972).
133. *Id.*, Art. 8.
134. Act No. 81-640 of July 31, 1981 bearing the Penal Code, Art. 308 [hereinafter, PENAL CODE].
135. *Id.*, Art. 350.
136. POLITIQUE NATIONALE DE POPULATION, *supra* note 12, at 5.
137. *Id.*
138. *Id.*, at 8.
139. *Id.*, at 29.
140. *Id.*, at 32-37.
141. *Id.*, at 38.
142. *Id.*, at 38-39.
143. FRANÇOISE KAUDJHIS-OFFOUMOU, LES DROITS DE LA FEMME EN CÔTE D'IVOIRE 79 (1996).
144. INSTITUT NATIONAL DE LA STATISTIQUE, MINISTÈRE DÉLÉGUÉ AUPRÈS DU PREMIER MINISTRE, CHARGÉ DE L'ÉCONOMIE, DES FINANCES ET DU PLAN, ENQUÊTE DÉMOGRAPHIQUE ET DE SANTÉ - 1994, at 49 (December 1995) [hereinafter, 1994 DHS].
145. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 22.
146. *Id.*
147. LES DROITS DE LA FEMME EN CÔTE D'IVOIRE, *supra* note 143, at 64.
148. *Id.*
149. 1994 DHS, *supra* note 144, at 49.
150. LES DROITS DE LA FEMME EN CÔTE D'IVOIRE, *supra* note 143, at 64.
151. *Id.*
152. 1994 DHS, *supra* note 144, at 50.
153. *Id.*
154. *Id.*, at 56.
155. *Id.*
156. *Id.*
157. *Id.*
158. *Id.*
159. *Id.*, at 63-64.
160. Act No. 81-640 of July 31, 1981, Official Journal No. 1 (January 4, 1982).
161. 1994 DHS, *supra* note 144, at 68.
162. *Id.*, at 69.
163. *Id.*, at 68.
164. ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS, *supra* note 85, at 62.
165. PENAL CODE, Arts. 366-396.
166. *Id.*, Art. 366, ¶ 1.
167. *Id.*, Art. 366, ¶ 3.
168. *Id.*, Art. 366, ¶ 4.
169. PUBLIC HEALTH CODE, Art. 645.
170. PENAL CODE, Art. 367.
171. *Id.*
172. *Id.*, Art. 368.
173. *Id.*, Art. 342, ¶ 6.
174. *Id.*, Art. 343.
175. 1994 DHS, *supra* note 144, at 123.
176. *Id.*
177. *Id.*, at 124.
178. *Id.*, at 125.
179. *Id.*
180. *Id.*
181. Act No. 98-757 of December 23, 1998 prohibiting certain forms of violence toward women, Official Journal No. 2 (January 14, 1999).
182. *Id.*, Art. 1.
183. *Id.*, Art. 2.
184. *Id.*
185. *Id.*
186. *Id.*, Art. 4.
187. POLITIQUE NATIONALE DE POPULATION, *supra* note 12, at 32.
188. ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS, *supra* note 85, at 49.
189. *Id.*
190. 1994 DHS, *supra* note 144, at 167.
191. UNAIDS, REPORT ON THE WORLDWIDE HIV/AIDS EPIDEMIC 64 (June 1998).
192. *Id.*
193. *Id.*
194. *Id.*, at 67.
195. ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS, *supra* note 85, at 50.
196. *Id.*
197. *Id.*
198. *Id.*
199. *Id.*
200. Act No. 61-320 of October 17, 1961 concerning public health protection against endemic diseases.
201. Decree No. 67-294 of June 30, 1967 supplementing the list of medicines meant for the prevention of the tropical endemic diseases established in accordance with Article 30 of Decree No. 64-305 of August 17, 1964.
202. Decree No. 59-196 of October 14, 1959 creating the Côte d'Ivoire widespread endemic disease department.
203. Public Health and Population Ministry, Decree No. 345 of September 7, 1989 creating the National Committee for the Prevention of AIDS.
204. PLAN NATIONAL DE DÉVELOPPEMENT SANITAIRE, *supra* note 13, at 20.
205. CÔTE D'IVOIRE CONST., TITLE I, Art. 6.
206. Act No. 64-375 of October 7, 1964 on marriage, Official Journal No. 59 (October 27, 1964), modified by Act. No. 83-800 of August 2, 1983 [hereinafter, the Marriage Act].
207. *Id.*, Art. 19.
208. Transitional Clauses of the Marriage Act, Art. 20.
209. *Id.*
210. *Id.*, Art. 23.
211. Marriage Act, Art. 2.
212. PENAL CODE, Art. 390.
213. CODESRIA, DES DROITS DE LA FEMME EN CÔTE D'IVOIRE (1996).
214. Marriage Act, Art. 20.
215. *Id.*, Art. 3.
216. *Id.*
217. Act No. 98-756 of December 23, 1998 modifying and complementing Act. No. 81-640 of July 31, 1981 instituting the Penal Code, Official Journal No. 2 (January 14, 1999), modified Art. 378.
218. Marriage Act, Art. 1.
219. *Id.*, Art. 4.
220. *Id.*, Art. 5.
221. *Id.*, Art. 58.
222. *Id.*, Art. 59.
223. *Id.*, Art. 58.
224. *Id.*
225. *Id.*, Art. 51.
226. *Id.*, Art. 53.
227. *Id.*, Art. 68.
228. *Id.*, Art. 9.
229. Act No. 64-376 of October 7, 1964 on divorce and separation, modified by Act. No. 83-801 of August 2, 1983, then complemented by Act. No. 98-748 of December 23, 1998. [here-

- inafter, Divorce Act].
230. Act No. 98-748 of December 23, 1998, Official Journal No. 2 (January 14, 1999), Art. 1.
231. Divorce Act, Art. 1.
232. *Id.*
233. *Id.*, Art. 2.
234. *Id.*, Art. 4.
235. PENAL CODE, Art. 391, ¶1.
236. *Id.*, Art. 391, ¶ 2.
237. *Id.*, Art. 391, ¶ 3.
238. Divorce Act, Art. 20.
239. *Id.*, Art. 21.
240. *Id.*, Art. 22.
241. Transitional Clauses of the Marriage Act, Art. 15.
242. Marriage Act, Art. 15.
243. Act No. 98-750 of December 23, 1998 on rural public land, Official Journal No. 2 (January 14, 1999) [hereinafter, Act on Rural Public Land].
244. Act on Rural Public Land, Chapter II, Art. 5.
245. Act No. 64-379 of October 7, 1964 on successions, Official Journal No. 59 (October 27, 1964) [hereinafter, Act on Successions]
246. *Id.*, Chapter III, Art. 8.
247. *Id.*, Chapter III, Art. 22.
248. Act No. 95-15 of January 12, 1995 on the Labor Code and abrogating Act. No. 64-290 of August 1, 1964, Official Journal No. 8 (February 23, 1995), Art. 2 [hereinafter, the LABOR CODE].
249. Act No. 92-570 of September 11, 1992 on the General Civil Service Statute and abrogating Act. No. 64-488 of December 21, 1964, Official Journal No. 39 (September 17, 1992).
250. LABOR CODE, TITLE II, Chapter 3, Work of Women and Children.
251. *Id.*, TITLE II, Chapter 3, Art. 238.
252. *Id.*, TITLE II, Chapter 2, Art. 22.2.
253. General Civil Service Statute, Art. 74.
254. *Id.*
255. Interprofessional Collective Agreement, Art. 26, (1977).
256. LABOR CODE, PART II, Chapter 3, Art. 23.5.
257. *Id.*, TITLE II, Chapter 3, Art. 23.6.
258. *Id.*, TITLE II, Chapter 3, Art. 23.5.
259. *Id.*, TITLE II, Chapter 3, Art. 23.7.
260. *Id.*, TITLE II, Chapter 3, Art. 23.2.
261. *Id.*
262. *Id.*, TITLE II, Chapter 3, Art. 23.3.
263. *Id.*, TITLE II, Chapter 7, Art. 27.3.
264. *Id.*, TITLE IV, Chapter 3, Art. 43.1.
265. Order No. 06 MPFCAB of June 22, 1990 creating an interministerial committee charged with coordinating the projects aimed at integrating women into social and economic development, Official Journal No. 25, (June 28, 1990).
266. *Id.*
267. 1994 DHS, *supra* note 144, at 19.
268. *Id.*
269. *Id.*
270. *Id.*
271. WORLD BANK, WORLD DEVELOPMENT REPORT, at 192 (1998/99).
272. *Id.*
273. *Id.*
274. PENAL CODE, Art. 354, ¶ 1.
275. *Id.*, ¶ 2.
276. *Id.*, ¶ 3.
277. *Id.*, Art. 55, ¶ 1.
278. *Id.*, ¶ 2.
279. Act No. 98-756 of December 23, 1998 modifying and complementing Act. No. 81-640 of July 31 instituting a Penal Code, (Official Journal No. 2 (January 14, 1999), modified Art. 356.
280. *Id.*, Art. 357.
281. *Id.*, Art. 359.
282. *Id.*
283. *Id.*, Art. 345.
284. POLITIQUE NATIONALE DE POPULATION, *supra* note 12, at 11.
285. 1994 DHS, *supra* note 144, at 46.
286. *Id.*
287. *Id.*, at 46-47.
288. *Id.*, at 47.
289. *Id.*
290. *Id.*
291. *Id.*
292. *Id.*
293. *Id.*, at 80.
294. *Id.*, at 123.
295. *Id.*, at 124.
296. ASSEMBLÉE NATIONALE, RAPPORT SUR LE SÉMINAIRE/ATELIER À L'INTENTION DES PARLEMENTAIRES SUR LES PRATIQUES TRADITIONNELLES NÉFASTES À L'EGARD DES FEMMES ET DES JEUNES FILLES: LES MGF (March 1998).
297. Act No. 98-757 of December 23, 1998 prohibiting certain forms of violence toward women, Official Journal 2 (January 14, 1999).
298. Marriage Act, Art. 1.
299. Act No. 98-756 of December 23, 1998 modifying and complementing Act. No. 81-640 of July 31, 1981 instituting the Penal Code, Official Journal No. 2 (January 14, 1999), modified Art. 378.
300. 1994 DHS, *supra* note 144, at 77.
301. *Id.*, at 77.
302. *Id.*
303. *Id.*, at 78.
304. *Id.*
305. ANALYSE DE LA SITUATION DES FEMMES ET DES ENFANTS, *supra* note 85, at 86.
306. *Id.*, at 87.
307. *Id.*, at 101.
308. 1994 DHS, *supra* note 144, at 21.
309. *Id.*
310. *Id.*, at 22.
311. PENAL CODE, Art. 354, ¶ 2.
312. *Id.*, Art. 354, ¶ 3.
313. *Id.*, Art. 355, ¶ 2.
314. Act No. 98-756 of December 23, 1998 modifying and complementing Act. No. 81-640 of July 31, 1981 instituting the Criminal Code, Official Journal No. 2 (January 14, 1999), modified Art. 356.
315. PENAL CODE, Art. 357.
316. *Id.*, Art. 337.