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SPECIAL ISSUE: FOCUS ON REPRODUCTIVE HEALTH

ACROSS THE GENERATIONS: Few women have control over their own bodies.

CHOICE: THAT'S ALL WE ASK FOR

By Lilian Juma, Kenya, and Rebecca Kwei, Ghana

Safe abortion is preserve of the rich; the poor must risk their lives in backstreets

WE are in Ward 1D at Kenya's main referral hospital. You would be forgiven for mistaking Kenyatta National Hospital for a market place. The four cubicles here are jammed beyond capacity. It begins in the reception, where a long queue of women are writhing and groaning in pain.

A few will be lucky enough to be admitted directly to the ward, where they will raise the numbers to three or four patients per bed. The rest must wait for others to be discharged. "Staying here is a nightmare," says Anne, a 24-year-old from Migori in western Kenya. "Sometimes there are even four women sharing a bed, and there's hardly any room to turn."

In one of the rooms, Margaret is in great pain. She is ashen and can barely speak. Every now and then, she clutches her stomach and throws up into a basin under her bed. Sharing the same bed is Clarice, who appears lost in her thoughts. As we approach, she recoils in suspicion. Her eyes dart back and forth between my colleague and I.

Only when it dawns on her that we are not about to shout at her does Clarice volunteer a small smile. But she refuses to say more than this: "I was experiencing a lot of pain in the womb when I was brought here two weeks ago."

But while the women are reluctant to talk about their illness, they are quick to speak of their experiences at the hands of the staff. Says Anne: "We are hardly given medicine. Those experiencing severe stomachache are given pain killers, and that's it."

Anne is at a loss to understand why she was referred here all the way from Migori, some 400 kilometres away, when she rarely gets any attention. "I was told I have insufficient blood. But I have decided to return home since I don't foresee any improvement in the services."

There are no surprises here. Hospital staff throughout the country has a reputation for mishandling women who come in with incomplete abortions. A number of women at Kenyatta are very resentful of this. They complain that they have had to live with the agony of being branded killers "for a crime not of our own making".

Stephen Ochiel, chairman of the Kenya Medical Association, argues that no woman goes out to get pregnant just so she can have an abortion. But not all of his colleagues are convinced and there is

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COMMENTARY

Gagging women is not the answer

By Florence Machio, Regional Coordinator

Addressing policy-makers from several African countries last March, Kenyan Vice-President Moody Awori described unsafe abortion as a critical public and human rights issue. These were wonderful sentiments indeed. There is one problem though. They have been repeated ad nauseum at international conferences by a country that has little to show for it.

Over the past decade, the international community has committed to a series of political and legal agreements designed to promote and fulfil women's and men's sexual and reproductive health rights.

At the 1994 International Conference on Population and Development, governments worldwide agreed to a definition of reproductive health that includes abortion in circumstances where it is legal

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under national legislation.

At the Fourth World Conference on Women held in Beijing in 1995, sexual rights were acknowledged as integral to women's empowerment and countries were encouraged to review restrictive abortion laws. And within the United Nations, several treaty monitoring bodies are increasingly addressing the linkages between reproductive and sexual health and human rights. Abortion is part of all this.

They have also highlighted the linkages between illegal and unsafe abortion and high rates of maternal mortality – realities that are experienced overwhelmingly by African women.

And, finally, the African Union has taken recognition of this and come up with the Protocol to the African Charter on Human and Peoples' Rights, which addresses the rights of women. It has to be the most progressive document to come out of the regional body insofar as women's human rights are concerned.

Yet the Kenya Government has not ratified this protocol. According to gender minister Ochilo Ayacko, the Cabinet has reservations about article 14, which states that "all parties will ensure the right to health of women, including sexual and reproductive health, is respected and promoted".

A MATTER OF FAITH: Despite the preaching, unwanted pregnancies continue.

The bee is in section two of the article. It says: "all parties shall protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest and where continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus."

So what's wrong with this statement, you might ask? According to the minister, Kenya will not ratify the protocol with this article because it "alludes" to abortion. Never mind that reproductive health encompasses a wide range of services, including contraception! In ordinary society, the first point of stopping an unwanted pregnancy – which could lead on to abortion – would be ensuring that contraceptives are easily available to those who need it.

Against this backdrop, it is not strange that most African countries should rely on donors to supply their women with contraceptives. It would also not be a surprise that governments should be at pains to avoid any talk of abortion, let alone safe ones. As far as our leaders are concerned, abortion is murder. Period.

For the better part of last year, Kenya experienced a shortage of contraceptives. Even when they were available, the choices were limited. The government was waiting for word from the US Agency for International Aid.

This is the crux of the matter. Given the Bush Administration's stand on reproductive health rights and the Gag Rule imposed on countries that allow abortion alongside the United Nations Fund for Population, countries that depend on aid from Big Brother have little choice but to give the word "abortion" a wide berth.

There has been little evidence that these restrictions have reduced incidents of abortion. What is clear, however, is that Bush's policy has reduced women's access to contraception, leading to more unwanted and high-risk pregnancies, more unsafe abortions and more maternal illness, injury and even death.

The hypocrisy extends to the religious arena, where conservative clergy would rather carry out elaborate funerals for the unborn than focus on the needs of dying women.

What we are saying, in effect, is that the interests of 52 percent of the population of Africa is being held hostage by a handful of leaders, who are themselves hostage to a new wave of religious fundamentalists. I eagerly await the day our ministers and policymakers wake up to the fact that they need to put their money where their mouths are.

Choice: That's all African women are asking for

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a difference in the way they treat patients perceived to have suffered a miscarriage and those they suspect of having complications arising from back street abortions.

The right to abortion is something of a cause for Ochiel, who says safe abortion has been reduced to a preserve of the rich while the poor can expect to be subjected to crude methods by unskilled people.

Desperate women in these parts have been known to flush their private parts with caustic liquids such as bleach or gasoline. In Ghana, they use a solution called "the bomb" – a mix of sugar, salt and a local gin combined with broken bottles. Women may also insert sharp objects into their wombs, regardless of the risk that they may rupture their bodies and suffer from sepsis.

The World Health Organisation estimates that 60 percent of unsafe abortions in Africa occur in women less than 25. Even when they do not die, the toll on their health is immense and some may have problems later in life when they want children.

Says medic Kwame Aryee: "In advanced countries, abortion is a simple and safe procedure. Some institutions even monitor you for months after abortion to gauge your progress, but not in Ghana and most of Africa."

End up with quacks

Even where there are skilled medical personnel, women seeking abortions must contend with a legal and cultural regime that largely frowns upon them. Many of them will thus end up with quacks practising in sub-standard conditions.

Speaking at a regional consultation on unsafe abortion in Addis Ababa in March 2003, Professor O.A. Ladipo of Nigeria's Association for Reproductive and Family Health had this to say: "We cannot end unsafe abortion without first expanding the availability and accessibility of, and improving the quality of, family planning, post-abortion care, safe abortion and related sexual and reproductive health services in the communities where women live. This means involving non-physicians, especially midwives."

Abortion care must also be linked with other aspects of sexual and reproductive health, he said. In Brazil, for instance, there are protocols and procedures that help women who have been raped to get legal and abortion services.

He has a recipe for preventing unsafe abortion: "We must look more broadly than the health system. We must address the problems of unprotected sex and unwanted pregnancy by helping women and girls to understand how they get pregnant and giving them the information, skills and ability to manage their fertility in a way that works for their lives. Men must get involved and see how they can support the women in their lives in reproductive health and choice issues."

Ladipo made these arguments two years ago. They remain relevant today. And tomorrow.

HAPPY MOMENTS: A chastity campaign raises more questions than answers.

Chilling out on TV, but are they honest?

By Kwamboka Oyaro, Kenya

Pregnant girls can go back to school, but this is not always practical

THE news that she was one of the top performers in last year's Kenya Certificate of Primary Education barely registered with Peninah Makokha. She had a more pressing issue to deal with before she could join the celebrations.

Passing this exam put her on track to being a doctor. It meant she could join a prestigious national school, a sure card in this country for university entrance.

But before the celebrations could begin, Makokha had to do just one critical thing: she was pregnant and had to do something about it. She visited a quack known for helping out girls in her situation. She paid with her life.

During her funeral, another girl – this time in third form – was being buried in the same neighbourhood in Lugari, some 400 kilometres west of Nairobi. She too had died in the course of a back street abortion.

Even when abortions do not lead to death, the cost to women and the health care system is unbearably high. The Kenyatta National Hospital has only 40 beds in its obstetrics and gynaecology ward but, at any given time, accommodates more than 100 patients. "At least five patients with incomplete abortion are cleaned up daily and sent home," says Dr James Kiarie.

Problem for teenagers

Though there have been reports here of married couples resorting to abortion to deal with unwanted pregnancies, it is largely a problem for teenagers in this country. Though Kenya has a policy of readmitting schoolgirls who fall pregnant, this is not always practical. Besides, there is the social stigma attached to pregnancy before marriage.

It is a case of being caught between a rock and a hard place for girls who fall pregnant as any discussion of safe abortion in this country tends to be hijacked by the influential Catholic Church, which is dominant beyond its strength at only 28 percent nationally.

No moral justification

According to church teachings, there is no valid reason for allowing abortion – not even when the mother's life is in danger, according to dermatologist and pro-life activist Melanie Miyanji, because it is not up to man to decide to end the life of a person unable to defend themselves. "Choosing to kill a baby to save a mother's life has no moral justification," she says. "God knows the outcome as we try to save both lives."

Miyanji argues that if the young are taught that pre- and extra-marital sex is immoral, there will be no unwanted pregnancy to set off the abortion debate. So conservative is the local element of the Catholic Church that when the Spanish church recently okayed the use of condoms in curbing the spread of HIV, the Kenya Episcopal Conference issued a rejoinder that it would continue championing virtue since "condom use promotes immorality and sexual promiscuity, especially among youth".

But while high morals are a worthy ideal, young people are constantly exposed to images that portray sex as glamorous. Through the Internet and cheap video screening outlets, pornography is easily accessed by even the very young. Some parents have tried to control what their children watch on television, but this has not worked because their children can sneak out and watch the same programmes with friends or pay a mere Ksh.5 at video centres to watch pornographic movies.

Talking about abstinence is good, but not enough, says Rosemary Muganda-Onyando, executive director of the Centre for the Study of Adolescence. "Who teaches morality to orphans like Peninah?" she asks.

There have been spirited campaigns in local print and electronic media in which young people profess to have "chilled" out of sex. They are based on peer pressure and clearly hope to shame the young into avoiding pre-marital sex, but there have been no public indications of the success of this strategy so far. There are even those who argue that the young people being bombarded by these messages are simply mouthing platitudes and not necessarily doing as they say.

The promoters of the latest campaign can take comfort in one thing, though: there has been none of the backlash that met earlier campaigns promoting "Trust" condoms as a cheap and effective way to stay safe in the era of HIV/Aids.

In the name of culture

By Rebecca Kwei, Ghana

THE dancers move with rhythmic speed to the thunderous sound of drums amid the pouring of libation. They are dressed in rich kente cloth and the venue is in Kumasi, the capital of the Ashanti region of Ghana. Time seems to have stood still as the adowa dance continues much in the same way as it has been performed through the ages among the Akan people.

It is part of their traditions and they simply love it. Ask anyone what his or her people do during naming, marriage and funeral ceremonies and you are guaranteed a quick answer. But culture and unintended pregnancy are rarely mentioned in the same breath.

Says David Kojo Arhinful, a medical sociologist: "There are situations when a pregnancy is not welcome – such as cases of incest, rape, where a couple does not want any more children or in an unmarried young woman. But, even then, the question of abortion does not arise."

According to Arhinful, Ghanaians value children and regard them as a gift from God and will accept them no matter the circumstances. "The woman in question may not want to reveal the situation, but pregnancy cannot be hidden and the family, society and community will support her during the pregnancy."

"Strong traditionalists will make sure the pregnancy is carried through and the woman lives with the 'disgrace'."

In cases where the mother is incapable of taking care of the baby for emotional or psychological reasons or where she is too young, someone else in the family will take over responsibility, just as family members step into the breach should a mother die during childbirth.

The cultural values approach is upheld by 74-year-old Medzinor Afornyo, who says tradition frowns upon those who fall pregnant before marriage and children born out of incest or rape are considered taboo.

Most communities did have control mechanisms for dealing with unwanted pregnancies. One such rite is dipo, a puberty rite to usher girls into womanhood among the Krobo of eastern Ghana. Every Krobo girl is expected to undergo this rite before marriage, failing which she is considered an outcast. Falling pregnant before dipo is considered taboo and a disgrace for the family and a cleansing ceremony is called for.

In such circumstances, the pressure for women to terminate their pregnancies is intense. "In the past, if a Krobo girl got pregnant before she was initiated, she was expelled from the community," says Tetteh Azu. "But Christianity and modernisation have changed things."

In cases of rape or incest, cleansing rites were performed and the child born out of such as union was considered an outcast. "That's why many people keep quiet when they are raped," he adds.

Among the Akan, girls who got pregnant before their bragoro puberty rites were thrown out of the village along with the man responsible. Journalist Ransford Tetteh insists that no culture here condones abortion as a way of dealing with unwanted pregnancy. He adds: "Strong traditionalists will make sure the pregnancy is carried through and the woman lives with the 'disgrace'."

Fred Sai, the government's adviser on reproductive health and HIV/Aids, is cynical about it all. He points to traditional methods of inducing abortion through the ages and asks: "How did people know about all these herbs?"

EDITORIAL

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Dare to care – and save a woman's life

LET'S BEGIN with a real life experience. It is the story of a young woman, who was decidedly frayed at the edges when we first met. She was just 20 and in her first job. Her pay package did not come anywhere near meeting her needs, let alone those of her siblings – all of them dependent on her for food, clothing and school fees.

And now she was expecting a baby of her own. She had come by it in one mad moment, when she caved in under pressure from a man five years older. When she told him about it, the answer came smartly back: "What does it have to do with me?"

Dumbfounded, she made her way home, dragging her feet. What to do? She could not afford a baby. Her reputation would be shot to pieces. Her mother lived far away. She would be bitterly disappointed in her first born. The thoughts swarmed around her head like bees in a hive.

She forced down castor oil in huge amounts, did physically taxing jobs and prayed that some natural disaster would strike and the baby would miraculously disappear.

One friend eventually said she had found a place ready to flush out the baby, no questions asked. In on Saturday morning, an overnight stay just in case she went into crisis and she would be safely back home on Sunday evening. All she had to do was raise $30 and find a convincing excuse for her weekend disappearing act.

An appointment was solemnly fixed. She did not turn up. In the 24-hour window period, she got cold feet. There was just something about that clinic that had given her the jitters. It was providence, perhaps. Two months later, the clinic was one of those raided in a flurry of government action after yet another girl died during an abortion stage-managed by a quack.

Is there a moral to this story? Yes, if you care to look hard enough – which is rare in a world in which the woman who chooses an abortion, safe or otherwise – is condemned out of hand as an immoral killer deserving only of being thrown into the eternal fires of hell.

Abortion in Africa is about perfectly ordinary but desperate women who know they can expect little support from a censorious society that is quick to condemn them – their mental and emotional state completely disregarded – while letting men off the hook.

It is about the hypocrisy of a society that is hell bent on taking out its anger on the needy without giving anything back. Governments do not consider contraceptives a worthy investment, yet there are no subsidies for women forced to bring into the world another mouth to feed.

Unsafe abortion will not end unless we invest in the three "Cs" – compassion, caring and counselling. The holier-than-thou brigade out there is supposedly so concerned about babies that it loses sight of the fact that the mother's life is always at risk too.

All the preaching in the world will not stop women taking a shot at illicit abortions. Try a more accommodating and empathetic legal and policy environment if you really care.

With this special edition, we urge you to put a face to the women who are victims of unsafe abortion. Only then will we be able to cut through the red tape and moral judgment and reach out to those who matter, where it matters most.

WOMEN'S VOICES

Not loud – or clear – enough

By Rebecca Kwei, Ghana

Hypocrisy. This is probably the kindest way to describe the attitude of some Ghanaians to abortion. Despite the fact that abortion has been with us since time immemorial, we give it a wide berth. The defeaning silence does not make it disappear, however. All it means is that the lives of more women and girls are put at greater risk.

Statistics from the two teaching hospitals in Ghana – Korle Bu in Accra and Komfo Anokye in Kumasi – show that abortion and its complications are among the top three causes of maternal death. Between 22 percent and 30 percent of all maternal deaths in these hospitals are due to unsafe abortion.

"Which doctor are you going to ask for an abortion at Korle Bu?" Edna Donkor, a 35-year-old mother of five retorted when I asked whether she knew of such happenings. "But although you can't have it formally, you can have it done in secret. They have a place near their flats. All you have to do is get there and you will be attended to."

"If our laws allow abortion under certain circumstances, our health facilities should be able to provide these services. I am not looking at the moral side of abortion but the maternal survival aspect."

Donkor confided that she had been a client. She said the abortion had been "done well". The place was neat and the doctors had the right equipment. But her sister had not been so lucky and had suffered severe complications. "It's a gamble. I can't say everyone who has gone there has been successful."

Ghanaian law permits abortion where there has been rape or incest and when there is a risk to the woman's mental and physical health. It also specifies where an abortion can be performed and who can do so – by a registered medical practitioner and in a clinic registered under the Private Hospitals and Maternity Homes Act of 1958.

Fred Sai, government adviser on reproductive health and HIV/Aids, believes the law could be more explicit. "It should be clearly spelt out that the woman has autonomy over her body and the state has no business interfering unnecessarily," he argues. "The state does not give the woman a certificate to go and have sex and yet it wants to have the right to determine what she should do with the result."

The professor adds that it is important that health professionals and lawyers are well versed in the law so that they can interpret it to the benefit of the woman. Besides, training and facilities are critical to enabling medical staff to perform safe abortions.

Nana Oye Lithur, coordinator of the Africa office of the Commonwealth Human Rights Initiative, shares these sentiments: "If our laws allow abortion under certain circumstances, our health facilities should be able to provide these services. I am not looking at the moral side of abortion but the maternal survival aspect. It has been reported to be the second highest contributing factor in maternal deaths, so why not make provisions for safe abortion?"

Ghana's reproductive health policy guidelines have been reviewed to include abortion as permitted by the law and the protocols are being developed, but Nana Lithur still has reservations. "What is important is for the law to be clarified more under these protocols. Take rape, for instance. It may take months or years for judgment to be given in rape cases, by which time a pregnancy will have matured. It should be made clear in such cases whether the doctor can perform an abortion without having to wait for the court's decision."

Henrietta Odoi-Agyarko, deputy director of public health in charge of family planning, has a different take. She thinks the law on abortion is very liberal and must not be touched. "The law is not the headache," she says. "The headache is for people not to use abortion as a form of family planning."

Contraceptive uptake in Ghana is low at less than 19 percent, she reports. Since the mid-90s, the ministry of health has been training doctors and midwives in the management of complications of abortion using Manual Vacuum Aspiration.

There have been arguments that countries that have legalised abortion, such as Romania, have reduced maternal mortality drastically. But the divide persists.

Mother Teresa once said of abortion that it is "the greatest destroyer of peace because if a mother can kill her own child, what is left for me to kill you and you to kill me? There is nothing between. If we have no peace, it is because we have forgotten that we belong to each other".

And Hillary Clinton says: "I am and always have been pro-choice, and that is not a right any of us should take for granted. There are a number of forces at work in our society that would try to turn back the clock and undermine a woman's right to choose, and [we] must remain vigilant. I have met thousands and thousands of pro-choice men and women. I have never met anyone who is pro-abortion. Being pro-choice is not being pro-abortion. Being pro-choice is trusting the individual to make the right decision for herself and her family, and not entrusting that decision to anyone wearing the authority of government in any regard."

The poverty connection

By Lilian Kemunto, Kenya

MORE than anything else, poverty defines abortion, determining whether or not a woman will be able to make choices over when to get pregnant and whether to have a safe or unsafe one. It contributes to health complications even whether or not she will be hauled to court.

"We need to empower women socially and economically," says Peter Gichangi, a senior gynaecologist at Kenyatta National Hospital and senior lecturer at the University of Nairobi. "Men control finances in Africa and they don't prioritise abortion."

Indeed, a study here indicates that giving women farmers the same support as men could increase their yields by more than 20 percent. African women face significant barriers to exercising their reproductive freedom. Access to contraception is generally limited and where it is available it can be prohibitively expensive.

Consequently, unintended pregnancies are common and expose women to health risks associated with pregnancy, childbirth and unsafe abortion. "Those without money are the ones going for back street abortions," Gichangi adds.

Abortion can cost as much as $625 in private clinics while quacks charge about $6.25.

Five million a year

The World Health Organisation estimates that five million unsafe abortions are carried out every year in Africa, resulting in the death of an estimated 34,000 women. In the developed countries, 900,000 unsafe abortions cost the lives of an estimated 500 women.

Josephine Kibaru, who heads the reproductive health division of the ministry of health here, also considers gender inequality a major stumbling block to women's health. "Women, especially in rural areas, have few choices and they may take long to seek care, sometimes only when their men decide that the problem is serious enough," she told *Africawoman*.

"Communities need to be told that reproductive health and family planning are not women's issues only and that men need to be involved."

Reducing maternal deaths calls for expanded access to skilled attendants at delivery, emergency obstetric care for women who experience pregnancy complications and referral and transport systems so that those women who need it can receive care quickly.

Kibaru adds that clean and safe abortion is available only to the rich. "And since abortion is illegal, we must make available services and facilities for post-abortion care."

It shouldn't happen to a good woman

By Caroline Somanje, Malawi

NEWLY wed Chisangalatso Mofati had just conceived, putting her on track to being the good woman ready to bear her husband as many children as could prove his manhood. Chisa, as they fondly called her, was the long awaited daughter-in-law and Matthews Mofati's family was ecstatic at this quick pregnancy.

Soon enough, though, the celebrations turned alarming as the expected morning sickness graduated into severe abdominal pains and loss of appetite and weight. Her tummy was unusually big, and the family predicted twins or more. As the pain grew more intense, Chisa went to hospital, where a scan showed a mass growing alongside the baby. At three months, the cyst was matching the baby in growth and weight and was clearly competing for space in her uterus.

Urgent measures were called for, but the pregnancy was not too advanced for a safe abortion. There were fears that the cyst could burst and kill both mother and child. While Chisa was quick to give her consent, Matthews was in no mood to compromise. It had to stay, and that was final.

Soon she was in hospital as much as out of it, eventually delivering by Caesarean section. Baby and cyst weighed 3.2 kilogrammes each and Chisa had surgery twice more to remove other cysts in her womb. While the baby has made remarkable progress, his mother remains weak and has been advised not to perform tough chores.

First three months

Abortion is permitted in Malawi only in the first three months of pregnancy. Three doctors have to certify that it is necessary to save the mother's life. Director of clinical services Rex Mpazanje blames rampant maternal deaths on traditions that demand a husband's permission before a woman can go into hospital.

One in every 15 women dies from pregnancy and delivery complications in Malawi. Doctors attribute these deaths to haemorrhage, inexperienced birth attendants and limited resources and drugs. For every woman who dies aof maternity complications, another 20 to 30 suffer short and long term disabilities.

"The numbers are comparable to about eight buses full of passengers crashing in just 30 days," he says, "but while such accidents are given prominence in the Press, the death of women due to pregnancy is never highlighted. In the media, women die a quiet death."

For Women in Law in Southern Africa, it is all about women's autonomy and the right to choose what they want to do with their bodies. The director of Wilsa, Seodi White, argues that nothing should come in the way of what a woman wants.

She adds: "It is to do with human rights and decision-making. Women are in the best position to know a certain decision has to be made and should not be dictated to by the law. If the same laws will not permit a woman to abort to preserve her physical or mental health, then we are already going against the World Health Organisation's definition of health in general. "

IN A DILEMMA: Many young women can't face up to the stigma of having a child out of marriage.

It's hypocrisy, but do our governments really care?

By Lifaqane Nare, Zimbabwe

THE Zimbabwean government is in denial. It does not want to accept that women are having abortions. No one cares that they are dying daily. Their government can't be bothered to legalise a process that would save thousands of lives.

Yes, our legislators acknowledge that women get raped and fall pregnant, that nature sometimes makes a mistake and produces a foetus that is abnormal and that pregnancy may sometimes threaten a woman's life. But they are not quite ready to accept that women have unintended pregnancies that they can ill afford economically and emotionally. Or that women are actually having sex for pleasure and not reproduction.

The general feeling among the anti-abortion brigade is that only unmarried women do it. They are wrong. In late January, 29-year-old Grace Chinembiri was convicted of giving away her newborn. Already a mother of two and married, Chinembiri approached a nurse at her local clinic to help her end the pregnancy. The nurse, married but childless, turned her down but advised her to have the baby and surrender it to her at birth. As part of the deal, she paid all the costs of the pregnancy.

Unfortunately for them, Chinembiri's relatives noticed that she was no longer pregnant but had no baby. They reported the matter to police, who arrested Chinembiri for breaking the law under the Child and Adoption Act.

This case raises some interesting points. Here are two women – one expecting a baby she really does not want and another who wants a baby desperately but cannot have one. Some would argue that it was destiny that brought the two together. Not so the magistrate who sentenced Chinembiri to 18 months in jail. Mercifully, the sentence was suspended. He also said he could not ask her to pay a fine because "Chinembiri, being unemployed, is not in a position to raise the money".

In Zimbabwe, unlike other countries, women are not stigmatised for having an abortion

Here is a magistrate who appreciates that Chinembiri cannot pay a one-off fine but still expects her to fully provide for this human being for the next 18 years at least. The baby is taken away from a foster mother who has the emotional and financial capacity to look after a baby because the magistrate thinks that giving away your baby to someone who will love and provide for him is a "highly immoral and reprehensible act".

It is hypocrisy of the highest order that the law should refuse to let Chinembiri end the pregnancy and then turn around and castigate her for giving the baby away to someone who wants him and is well placed to look after him. The court will probably be "shocked" if Chinembiri's baby ends up in the streets begging for a living.

At 29, Chinembiri has high chances of getting pregnant again – and that this time she will try to end it all herself and die in the process.

According to the Global Health Council, there were 800,435 unintended pregnancies in Zimbabwe between 1995 and 2000 and 175,124 unintended births. There were 625,311 abortions.

Officials at Mpilo Central Hospital have over the years expressed concern at the number of women turning up with complications of back street abortions. "I cannot give you the figures off hand," said Juliet Dube-Ndebele while she was superintendent at the hospital. "but it is a fact that many women are attended to at the hospital after abortions. Unsafe abortion is dangerous because a patient can bleed to death if not attended to early. The woman can also develop complications leading to perennial infection, which can be fatal. In some cases, we have to remove the whole womb."

Unlike most African countries, Zimbabwe does not suffer the stigma often associated with abortion. Women are not treated like pariahs for having abortions. But this is not necessarily a good thing. Because abortion remains illegal, Zimbabwean women must resort to unsafe abortions.

Laws vary widely

Says Aids researcher Helen Jackson: "Laws on abortion vary widely from country to country, with the rate of aseptic, back street abortion and consequent maternal deaths highest in countries that prohibit safe therapeutic abortions. More liberal countries approve abortion on the grounds of HIV infection in the mother should she choose to terminate. Services to terminate unwanted pregnancy would undoubtedly save the lives of many women, both HIV-positive and negative."

Zimbabwe would do well to learn from neighbouring South Africa, where abortion is legal without restriction as to reason. The maternal mortality ratio there is 340 out of every 100,000 live births. Zimbabwe's is 610.

Complications of illegal and unsafe abortions are a major health concern, but the government continues to drag its feet when it comes to making the critical decision to provide safe and accessible abortion to women.

That law is at variance with cultural practices and what is now socially acceptable. Almost every community has an abortion provider. People know who the person is and where to find him or her. This person can be guaranteed protection from the community.

Women's rights activist Nomalanga Sibanda says: "I was 17 and about to write my 'A' level exams when I fell pregnant. My mother took me to an old lady in our neighbourhood who gave me a herbal mixture to drink. After about two hours, I had abdominal pains and I aborted. It was fortunate that it was a weekend and, by Monday, I was well enough to go to school. I guess I was lucky because I have heard stories of women dying from such abortions. But my mother and I could not face my father."

Until now, men have dominated the debate on abortion. It is imperative that Zimbabwean women make their voices heard. It should be up to a woman to decide on what she wants, and her voice should be louder than anyone else's. And when women speak out, we can only hope that the government will be listening enough to make the decision to stop women dying in the name of morality.

Divided down the middle

By Christian Benoni, Kenya

IN a country where the battle lines have been drawn around abortion, the attitude of health care givers is increasingly coming into question. Despite thousands of deaths arising from abortion-related complications, many doctors and nurses choose to sit on the fence. Now they are under pressure to demonstrate their commitment to promoting sound maternal health.

Says Peter Gichangi, a senior lecturer at the University of Nairobi's department of obstetrics and gynaecology: "We are divided in the middle. There are those who are supportive and others will not hear anything about abortion. The majority of those who support abortion do not do so publicly. They support it in the sense that even if they cannot perform it, they can refer the woman or girl to a colleague.

"They are not being honest. They are not seeing the reality for what it is. Instead, they are hiding behind the stigma that has characterised abortion in this country. They must realise that women are dying from abortion and deliberate on the way forward, regardless of their stand."

A study conducted by the Ministry of Health, the Kenya Medical Association, Federation of Women Lawyers-Kenya Chapter and IPAS last year says 300,000 abortions are performed in Kenya every year, resulting in the hospitalisation of 20,000 women and girls with abortion-related complications. Titled "A national assessment of the magnitude and consequences of unsafe abortion in Kenya", the study says these figures translate into 800 abortions daily and a death rate of 2,600 yearly.

The few health care providers who have supported safe abortion have been calling for reviewing of the law as one way of addressing the problem. A doctor with an established clinic told *Africawoman*: "I have been carrying out this procedure since the early 1990s when I was employed at a private clinic, and I am continuing with it in my own clinic which I began in the late 1990s. The number of women coming here has been increasing over the years. My charges range from Sh10,000 to Sh30,000 ($133 to $400) depending on the stage of pregnancy. But I advise my clients against terminating pregnancies that are well past three months."

The majority of women and girls cannot afford these costs and they have fallen back on quacks who charge as little $6. Here, the use of crude instruments including hangers, forks and plastics is the order. Many have died in the process.

"The most rational thing to do is to legalise the procedure and have it performed even in government facilities so that our women and girls do not continue to die at the hands of quacks. It does not make sense for the government to spend huge amounts of money on post-abortion care when this can be avoided by providing professional safe abortion," the doctor noted.

Authorities have reportedly spent $240,000 every year on post-abortion care services, now available in public health institutions.

There are isolated cases of those implicated in abortion being arrested. One case involves Dr John Nyamu, whose documents were found inside polythene bags with more than 20 foetuses last year. He faces a court hearing next month.

There are concerns that campaigns to legalise abortion are not enough. Says Gichangi: "These must go along with family planning and education. It must be a comprehensive package. Without family planning, unwanted pregnancies will occur. Again, women and girls must have information on how to use the family planning facilities, because if they do not, pregnancies will occur.

"But most importantly, cases of family planning drugs and coils missing should never happen. This is almost criminal, and doctors and nurses involved in maternal health issues must add their voice in campaigning for the comprehensive package."

Kenya has experienced a shortage of contraceptives for the past two years after what the authorities have described as a delay in the supply process.

Analysts say it is only after all aspects of abortion are addressed that Kenya will see a drastic reduction in maternal mortality. The 2003 Kenya Demographic Health Survey (KDHS) says the maternal mortality ratio stands at 414 deaths to 100,000 live births, down from 590 deaths to 100,000 live births in previous years.

However, this is considerably high in view of the Millennium Development Goal of 147 deaths per 100,000 live births, a situation most African countries are far from achieving. This MDG seeks to reduce the maternal mortality ratio by three-quarters by the year 2015.

Between the devil and the deep blue sea

100,000 unsafe abortions every year – mainly by women aged 16 to 45

By Dorothy Mmari, Tanzania

DRAMA OF LIFE: Teenagers are stigmatised when they attend adult clinics.

ZENA MWAJUMA doesn't know whether to cry or laugh. She has just completed primary school at Dar es Salaam's Umati Youth Centre, set up to assist teenagers forced out of school by pregnancy.

She is a survivor in more ways than one: Few girls in her situation have the good fortune to continue with their schooling here once they fall pregnant as it is Tanzania's official policy to throw out pregnant students. Before she came here, Mwajuma had a back street abortion – egged on by her sister, who not only played the role of chief adviser but also somehow found the money to pay the quack who performed the operation.

Though Mwajuma can boast a school-leaving certificate, there are no prospects of going on to secondary school. She is no longer welcome at home and her boyfriend abandoned her as soon as her pregnancy began to show.

Mwajuma's life has been dogged by poverty. Had she come from a well-off family, no one would have been any the wiser about her pregnancy. She would have had a safe abortion in an up-market health centre and continued with her studies uninterrupted.

Some 2,227 girls dropped out of primary school in Tanzania mainland in 2003 out of a total enrolment of 3.1 million. Though abortion is illegal in this country, except in cases of rape or where the mother's life is at risk, many teenagers seeking to avoid the stigma of pregnancy before marriage often resort to quacks to end their misery.

Unsafe abortions

Health Minister Anna Abdallah reports that 100,000 unsafe abortions are carried out every year – mainly by women aged 16 to 45 though it is more often a young women's problem. "The girls say they want to continue with their studies, and that they fear their parents' finding out," says Jackson Memba, a clinical officer at a dispensary in Dar es Salaam. "Those who can't pay use herbs or go to unqualified practitioners who ask for less money."

Though women do not have to pay in public hospitals for post-abortion care, they have to bring along gloves. In private clinics, abortion charges are pegged to how far into pregnancy the woman is. "They can range between Sh20,000 to Sh50,000 (US$20 to 50) depending on how big the pregnancy is," says Memba.

Such charges are well beyond most Tanzanians, but some teenagers are able to raise it through older male friends.

In an attempt to keep more girls in school and other institutions, the Tanzanian government launched Umati, which is in the pilot stage in 16 districts on the mainland. Says Stella Bendera, coordinator of the project: "We cover up that the girls had to suspend classes for a year for a 'genuine' reason and not pregnancy."

Eighty-one girls have since returned to school and completed their primary education.

"These pregnancies and abortions could be prevented if the girls were given contraceptives," argues Walter Mbunda, Executive Director of the Family Planning Association of Tanzania-Umati. "But this is not allowed for those younger than 18. At any rate, they get such a hostile reception when they go to health centres that they are unable to speak out."

Jail sentences

Men who impregnate schoolgirls face between three and six years in jail, and head teachers are required to keep records of the girls and measures taken against the men.

Umati urges a realistic approach to pregnancy among teenagers and has been holding seminars on reproductive health for teachers in the hope that they will pass on the information to their students.

Though the association counsels those who come to their centres and gives them contraceptives, says Mbunda, it is all hush-hush as this runs counter to circulars from the ministry of education. "We don't ask questions that may lead to their making bad decisions," he confides.

The ideal situation would be to create health centres specifically for teenagers where they would feel comfortable enough to express themselves. "There are clinics for babies and for adults, but teenagers are left out," Mbunda adds. "When they attend adult clinics, they are stigmatised. They are not accepted in any social group."

When pregnancy becomes anathema

By Margaret Nankinga, Uganda

IT is called the island of women without wombs, not because the women here do not actually have them but because they choose not to get or stay pregnant. Ziiru is one of 81 islands in Buvuma county, Mukono district. It has a population of 600 and is mainly fishermen's territory although some women come here to smoke fish and sell sex. "All women on this island are free, with no uteruses, no husbands. They go with any man if the price is right," says Moses Kiwanuka, an elder.

But Nnaalongo Nabudware, one of the few women on this island with children, sets the record straight: they use local family planning methods to prevent pregnancy. Should this fail, they rush to the shores and visit traditional birth attendants for abortions and then it is business as usual on the island.

Abortion the traditional way has always been so secretive an affair that it is barely mentioned in this country. It was taboo for women to get pregnant before marriage. Among the Kiga in Kabale, the mountainous region of Western Uganda, if a woman "messed up" and fell pregnant before marriage, she would be taken to the peak of one of the mountains and her brother would push her over the edge. Family members would look on as she rolled to her death. The tradition was abandoned only after one of these doomed women grabbed her brother and took him along.

Given such harsh rituals, women went to desperate lengths to protect their daughters from men before marriage. Among the Baganda, the cleansing rituals were so expensive and humiliating that some women chose to terminate their pregnancies before they could become public knowledge.

Stephania Birwanya, 78, is a traditional birth attendant in Luwobo village, where the women of Ziiru go for their abortions. She learnt the skill from her paternal grandmother. "I have so far helped over 300 women to abort. My grandmother was also a traditional birth attendant."

She continues: "I use the leaves of a pawpaw locally referred to as male pawpaw because it doesn't bear fruit, together with the leaves of a shrub called "luwoko" – which is poisonous and is also used as a pesticide. I add very concentrated tea leaves and the leaves of another plant called the "ennanda". I crush all these together, add water and give it to the woman to drink."

Have there been any casualties of this cocktail? Birwanya admits that two women died after taking her concoction, but quickly adds that this was because they did not strictly follow her instructions. She is highly respected in her village, both for helping women deliver and for getting rid of their unwanted pregnancies.

Her main problem is the police, who keep arresting her. "They have turned me into their manna farm, where they can harvest money whenever they like," she complains.

In Birwanya's traditional Ganda culture, an unmarried woman who fell pregnant was sent into seclusion. A hut was built for her on the edge of the forest and she lived there alone until she had the baby. Rituals would follow where the man who made her pregnant would bring a goat to the in-laws to kick-start the cleansing.

The family's shame would be such that some men threw out their wives for not "disciplining" their daughters. If the father of the baby refused to accept her, the new mother could expect to remain single for the rest of her life.

In the face of such stigma, women resorted to poisonous herbs and crude instruments to get rid of unwanted pregnancies before they could begin to show. Anxious parents married off their daughters at 12 to 15 to avoid the risk of so-called humiliating pregnancies.

Birwanya says: "Abortion has always ben a woman's secret affair and the golden rule that my grandmother passed on to me is this: don't ever tell a man of an abortion; you never know when he will use this information against you."

At between $7 and $9, many women find the traditional birth attendants more affordable than medical practitioners. Shrouded in secrecy as abortion is, it is no wonder that the men here believe that a ghost called Ziiru takes away women's wombs as soon as they step on the island.

Too high a price for silence

By Margaret Nankinga, Uganda

There are women who still believe taking aspirin with beer can prevent pregnancy

SHE was in high school and had everything to live for. But all was lost the moment she chose to go for a back street abortion. This is the story of Leticia Namulindwa, a 19-year-old student at Daystar High School in Kampala. Namulindwa died of profuse bleeding in Mulago, Uganda's referral hospital.

Medic Dan Musisi is paying for her death, having been sentenced to four years in jail. His defence that she died as he tried to save her life cut no ice with the judge, especially as he did not have written proof that he had examined the patient and made notes before treating her. Musisi took her to Mulago only after he failed to stop her bleeding.

His other defence, that he had done an average 20 abortions daily for 14 years – all of them without complications – also fell on deaf ears. Again, he had no documentary evidence and no woman came to his defence – probably for fear of being arrested and jailed.

Musisi was lucky. The maximum sentence for assisting in an abortion is seven years. A woman found guilty can expect to be behind bars for 14 years. Abortions are allowed in Uganda only when a doctor considers that the pregnancy is likely to affect the physical, mental or psychological well being of the mother.

Grossly deformed

It is also allowed if a doctor proves that the foetus is so grossly deformed that it cannot survive outside the womb or that care and treatment for the baby might be too expensive for the parents. In both cases, the decision to end the pregnancy can only be made by at least two doctors "of integrity" and with the pregnant woman's agreement.

Namulindwa died in October 1996, and Musisi was sent to jail in 1999. There were 1,057,093 abortions in Uganda between 1995 and 2000, according to the Global Health Council. Of these, 9,947 ended in the women's death.

Namulindwa's death and Musisi's conviction are just a blip in the story of unsafe abortions in this country. World Health Organisation records show that eight percent of maternal deaths in Uganda are due to abortion. In the absence of appropriate interventions, Uganda can expect to lose 78,000 women to pregnancy and childbirth complications between 2004 and 2013. That works out to 6,240 women dying because of abortion complications.

To understand the significance of this, we need to measure this against the fact that women contribute 70 to 80 percent of the labour force in agriculture, Uganda's mainstay. The WHO estimates that Uganda will lose Sh700 billion ($350 million) to maternal death. Some $28 million of that will be due to abortion. This is an immense loss in a country whose national budget is just slightly over $2 billion.

"The cost is even greater when you consider post-abortion care that is given to women who go to health centres with complications like profuse bleeding and sepsis and those that may need operations," says Olive Ssentumbwe-Mugisa, family health and population adviser to WHO in Uganda.

A practising gynecologist, Ssentumbwe-Mugisa says 75 percent of the women who go for infertility treatment in Uganda have a history of botched abortion. To her, the solution lies in narrowing the gap between infrastructure and the communities, creating awareness about contraception and liberalizing abortion laws.

"The government has spent a lot of money on family planning but very little on disseminating information to the communities," she says. "As a result, pills and other family planning accessories are rotting in public hospitals as women are not aware that they can get them free."

Abortion clinics

Ssetumbwe-Mugisa continues: "It is rumors that are killing women. Even health workers do not have proper information on family planning. There are women who still believe that taking aspirin with beer can prevent pregnancy. They have no idea the provisions under which women can have a legal abortion."

In some districts, there is just one government hospital and the doctor-patient ratio is 1:15,000. The situation is worsened by the fact that many of those carrying out illegal abortions are not even qualified. "Many get information from fellow practitioners that may be inadequate or may be used inadequately," says Ssetumbwe-Mugisa.

Parliamentarian Sylvia Namabidde is all for legalising abortion. "Every hospital should have an abortion clinic, which should be publicised, to stop women resorting to unsafe methods," she argues.

But Ssentumbwe-Mugisa says that medical professionals should consult and interpret the legal jargon. "What does saving the life of a mother mean medically? Do we really need a law on abortion? Why don't we just scrap it so that doctors can handle abortion normally, basing their decision on their judgment and conscience, and so that women can go to health centres to ask for services without a law hanging over their heads?"

It is a debate that has deeply divided the medical profession here, and many of her colleagues will have none of it. Five medical practitioners told *Africawoman* they did not want abortion legalised because it would interfere with their profit margins. Private clinics in Kampala charge between $45 and $50 for secret abortions.

The majority of Ugandan women cannot afford this and end up using crude instruments such as sticks, chloroquine overdose and even herbs to try and end unwanted pregnancies. The needs of the 176,182 women carrying out unsafe abortions every year in this country can no longer be ignored. Uganda cannot afford the price of silence. It is much too high!

They are lucky to be alive

By Caroline Somanje, Malawi

ABORTION may be largely illegal here, but it is an open secret that post-abortion care costs the public purse huge amounts each year. Malawian women traditionally begin an abortion with quacks and turn up in public hospitals for treatment of life-threatening complications.

A dilation and curettage costs some Kwacha 625 ($5) while a major operation would cost Kwacha3,300 ($29) at the referral Queen Elizabeth Central Hospital. While this might be considered small change in developed countries, it is too much for many Malawians and the government subsidises treatment at two-thirds of the cost.

Safe Motherhood reports that almost half the admissions in the gynaecology ward at Queen Elizabeth are the result of complications arising from unsafe abortion. Teenagers aged below 19 account for a quarter of these back street abortions.

Most of them are lucky to be alive. They have often had their insides poked with sharp objects such as knitting needles, coat hangers, sticks and anything that could induce premature labour. The quacks sometimes use drugs such as quinine to begin the process, with the government bearing the final responsibility for cleaning up. This in a country with one of the highest maternal mortality rates in the world at 1,700 (check with recent statistics from PRB's Women of the World) per 100,000 live births.

But despite the fact that post-abortion care is readily available, most women are unable to take advantage of the services because of factors such as long distances to hospital, overcrowding in medical facilities and inadequate resources and personnel in government institutions. But the biggest problem by far is mistreatment by health staff.

Women caught up in this dilemma would probably get better services at private hospitals, but this would mean paying five to 10 times more than the prescribed cost.

Bleeding and infections are the major causes of death in illegal abortions, says Charles Dzamalala of the College of Medicine. The lives of most of these women would be saved if they received prompt and adequate treatment. But they are reluctant to seek treatment, until it is too late, for fear of the stigma attached to abortion.

The registrar of the Medical Council of Malawi, Rex Moyo, says the organisation prefers to tread the narrow path when it comes to abortion. "I can't say whether we are pro- or anti-abortion," he explains. "We just implement what is in the laws. The emphasis is on telling the people that abortion is not only illegal but also dangerous."

The council has never carried out research on medics who do illegal abortions, but Moyo says a medical assistant was recently suspended for "conducting himself unprofessionally". Had he gone to court, he would have been jailed for 14 years while the woman would have been locked up for half that time. Those who provide the means for the abortion get three years in jail.

Malawi does not follow the 1938 English Bourne ruling in determining whether an abortion performed for health reasons is lawful. In that case, the court ruled that an abortion was justified when it was meant to prevent a woman from becoming "a physical and mental wreck".

The country chooses instead to focus on supplying contraceptives to anyone of reproductive age who asks for them, including adolescents.

In traditional Malawi, couples were encouraged to have as many children as they could on the grounds that, with limited or no medical care, high infant mortality rates were the norm. "Child spacing, family planning abortion are all borrowed from the West," says Pierson Ntata, a sociology lecturer at Chancellor College. "Unintended pregnancies were not so disastrous as to warrant termination, and this belief was the same across the cultures throughout the country."

He argues that abortion has been "orchestrated" by Western women whose values centre on individuality and education as opposed to a sense of community and shared decisions and responsibility in the African context.

There is plenty of evidence, though, of quick solutions to pregnancies out of wedlock in those days – forced marriage to the father of the baby or so much social pressure that some women chose to die rather than face the resulting humiliation.

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