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 nauseam 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 fulfill 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

CONTINUED ON PAGE 2

By Lilian Juma, Kenya, and Rebecca Kwei, Ghana

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 80 kilometers 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 a gulf between the two positions.

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

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8. Too high a price to pay for silence

WHERE WOMEN HAVE NO WOMBS – PAGE 7
FOCUS ON REPRODUCTIVE HEALTH

Gagging women not the answer

FROM FRONT PAGE

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 to ensure 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

FROM FRONT PAGE

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 Ochilo, 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 practicing 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 understand 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.
Chilling out on TV, but are they honest?

By Kwamboka Oyaru, Kenya

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 unearely high. The Kenya 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 in-complete 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

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

roadmitting 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 Miyangi, 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.”

Miyangi argues that if the young are taught that pre- and extra-marital sex is immoral, there will be no unwanted pregnancies to set off the abortion debate. “Strong traditionalists will make sure people keep quiet when they are raped,” he adds. Among the Akan, girls who got pregnant before marriage and children born out of incest or rape are considered taboos.

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. “That’s why many people keep quiet when they are raped,” he adds.

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 Asu. “But Christianity and modernization have changed things.”

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

In the name of culture

By Rebecca Kivee, 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 Medimori Afornyo, who says tradition frowns upon those who fall pregnant before marriage and children born out of incest or rape are considered taboo.

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Among the Ashanti girls who got pregnant before their bragaro puberty rites were thrown out of the village along with the man responsible, Journalist Ransford Tetteh insists that no culture here condones abortion, though they do deal with unwanted pregnancy. He adds: “Strong traditionalists will make sure the pregnancy is carried through and the woman lives with the ‘disgrace.’”

Fred Saa, 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?”

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FOCUS ON REPRODUCTIVE HEALTH

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WOMEN'S VOICES

Not loud – or clear – enough

By Rebecca Kcle, 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 for some time immemorial, we give it a wide berth. The defanging silence does not make it disappear, however. All it means is that the lives of more women and girls are put at greater risk. Statistically, the three leading 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 Danko, 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." 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 or 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 spelled 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 those who have gone there have the right to know the benefits it has given them. Besides, training and facilities are critical to enabling medical staff to perform safe abortions.

"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." 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. Those who have more than two children, or who have been raped, can have their cases heard. And Nana Lithur still has reservations. "What is important is for the law to be clarified more under these protocols. Take, 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 Odol-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 10 percent, she reports. Since the mid-80s, 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 the individual to make the right decision for herself and her family, and not entrusting that decision to someone wearing the authority of government in any regard."
The poverty connection

By Lilian Kieni, 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 $62.5.

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 380 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 Matthew 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 kilograms 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 Mphazanje blames rampant maternal deaths on traditional healers who 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 of a maternal complication, 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 Witsa, Sedo 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.
**FOCUS ON REPRODUCTIVE HEALTH**

**Africa woman**

**It’s hypocrisy, but do our governments really care?**

By Lifagane Nare, Zimbabwe

THE Zimbabwean government is in deni. 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’s commitment makes a mistake and a foetus is a fact that is abnormal and that pregnancy may sometimes threaten a woman’s life. But they are not quite ready to accommodate women with unintended pregnancies that they can’t 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 causing 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 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 the 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.”

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 this is the only option available to a woman who wants to live and provide for him as a “highly immeasurable and imperceptible 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 2006 and 175,124 unintended births. There were 625,311 abortions.

Officials at Mpilo Central Hospital have observed that many cases of illegal and unwanted 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 is what is 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 Nonalanga Shandu says: “I was 17 and about to write my ‘A’ level exams when I fell pregnant. My mother took me to a doctor in our neighborhood 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 end and, when I woke up, there was no 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.

**IN a country where the battle lines have been drawn around abortion, the attitude of health care givers is making giving away their newborns. Already a mother of two and married, Chinembiri approached a nurse at her local clinic to help her end the pregnancy. The nurse 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.**

**By Christian Benoni, Kenya**

**Divided down the middle**

A woman’s life. But they are not quite ready to accommodate women with unintended pregnancies that they can’t afford economically and emotionally. Or that women are actually having sex for pleasure and not reproduction.

By Lifaqane Nare, Zimbabwe

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

one. Some would argue that it was destiny that brought the two together. Not so the magistrate who sentenced Chinembiri to 12 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.”

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 this is the only option available to a woman who wants to live and provide for him as a “highly immeasurable and imperceptible 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 2006 and 175,124 unintended births. There were 625,311 abortions.

Officials at Mpilo Central Hospital have observed that many cases of illegal and unwanted 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.

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Between the devil and the deep blue sea

By Dorothy Mmari, Tanzania

**ZENA MWAJUMA** doesn’t know whether to cry or laugh. She has just completed primary school at Dar es Salaam’s Usmati 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 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 logged 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 boyfriends are more often a young women’s problem. “The girls say they want to get pregnant because it helps them to escape from bullying at school,” 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.”

There are clinics for teenagers where they would be 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.”

**Fatal epidemic**

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.

Teenagers are stigmatised when they attend adult clinics. Stella Bendera, coordinator of the Tanzania-Umati. “But this is not allowed for those younger than 18.”

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.

**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. Ziuru 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 Nahnalongo Nabuhware, 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 Kiiga 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 Baganja, the cleansing rituals were so expensive and humiliating that some women chose to terminate their pregnancies before they could become public knowledge.

Stephania Birwanya, 74, is a traditional birth attendant in Lawobo village, where the women of Ziuru go for their abortions. She learnt the skill from her paternal grandmother. “I have so far helped over 300 women to abort. My grand-mother 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 “lawoko” – 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.”

There have 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. She was all for 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. “Men who impregnate schoolgirls never ask questions that may lead to the 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.”
They are lucky to be alive

By Caroline Somalian, Malawi

Abortion may be largely illegal here, but it is an open secret that poor women can afford the cost. A typical two- to four-year-old pregnancy costs for medical care costs the Malawian woman Kwaacha 3,300 ($29) at the referral hospital. "The cost is even greater when you consider that some women chose to die rather than keep the baby or so much social pressure," says Ssetumbwe-Mugisa.

In traditional Malawi, couples do not necessarily agree before they decide on the baby. Therefore, birth control is usually not an option. As a result, abortion is the only way to prevent unwanted pregnancies.

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

In traditional Malawi, couples are encouraged to have children as they can on the grounds that, with limited or no medical care, high infant mortality rates were the norm. "Child spacing is not only illegal but also dangerous," says Ssetumbwe-Mugisa.

The council has never carried out research on medical services because of 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 illegal, not only illegal but also dangerous."

The registrar of the Malawian Medical Council has rejected the pilgrimage of botched abortion. To her, the solution is 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 pregnancies. 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.

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Parliamentarian Sylvia Namahidde 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 Ssetumbwe-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 mean 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 $80 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 170,872 women carrying out unsafe abortions every year in this country can no longer be ignored. Uganda cannot afford the price of silence. It is must too high.