



HEALTH-AFRICA:

Anti-Abortion Laws a "Silent War Waged Against Women"

Joyce Mulama

ADDIS ABABA, Mar 22 (IPS) - This four-day conference, which ends Mar. 23, has been organised by Ipas and the Guttmacher Institute, both based in the United States. Ipas is an international non-governmental organisation that seeks to reduce abortion-related deaths and injuries, and advance women's sexual and reproductive rights. The Guttmacher Institute, a non-profit group, conducts research and education into sexual and reproductive health.

More than 140 researchers, key government officials, and health practitioners from 16 African countries have gathered in Ethiopia's capital, Addis Ababa, to attend the consultation. Discussions are focusing on research into termination of pregnancy, and how the findings of inquiries can influence policy.

Abortion is prohibited in most African countries, except in cases where the mother's life is in danger – something that may have to be confirmed by more than one doctor. The result is that women who are desperate to end unwanted pregnancies often turn to back street abortionists, some of whom use devices as crude as hangers to get rid of the foetus.

In the process, women may have their uteruses punctured, sustain heavy bleeding, or succumb to infections that can – in turn – lead to death. According to the World Health Organisation, 4.2 million unsafe abortions occur in Africa every year, resulting in about 30,000 deaths.

"There is a silent war waged against women, mostly in the developing world, and their right to reproductive health -- especially to safe abortion. This war is fuelled by...archaic abortion laws," said Eunice Brookman-Amisshah, Ipas vice-president for Africa.

"We need to ask ourselves whether we will allow old...laws to kill women. If we have a law that kills people, we need to review it."

By contrast, South Africa – one of the few African states to have legalised abortion on request – has drastically reduced the number of deaths related to termination of pregnancy.

"The number of women dying from abortion has plummeted. Initially, before the new law was established, there were 425 deaths arising from abortion every year. Now the number is less than 20," Roland Edgar Mhlanga, head of the Department of Obstetrics and Gynaecology at the University of KwaZulu-Natal in South Africa, told IPS.

Abortion on demand became legal in South Africa in 1997.

Efforts to relax laws on abortion were also made recently in Ethiopia, where unsafe abortion is the second-largest cause of death among women admitted to hospitals – according to Health Minister Tedros Adhanom.

"The articles pertaining to abortion provide more conditions whereby women can get safe abortion services in cases of incest, rape, severe foetal impairment – and where the pregnant woman is physically as well as mentally unfit to bring up a child," said Adhanom. Guidelines on how the new provisions will be implemented have yet to be issued by government.

However, it was noted that changes to abortion laws did not in themselves put a stop to unsafe abortions.

"Having the laws is one thing, and having the laws work for everyone is another thing. Laws must also be in place to ensure that these services are available for the poorest of the poor," said Mhlanga.

The importance of providing women with contraception to prevent unwanted pregnancies was also highlighted.

According to Adhanom, the low level of contraceptive usage in Ethiopia (just 14 percent of married women used this family planning method in 2005) had shown the need for more community health workers to provide information about contraceptives, and distribute them.

Thirty-thousand of these workers are required; to date, government has managed to train 9,000 workers, who have visited a third of the country's 15,000 villages.

"We can see an increase in contraceptive use in areas where the health extension workers have been to," said Adhanom.

Neighbouring Kenya is also faced with the need for more personnel to provide reproductive health services.

"Our biggest constraint is human resources. We do not have enough health workers to offer these services," Enoch Kibinguchy, Kenya's assistant health minister, told IPS at the Addis Ababa conference.

"Currently, we are not recruiting because there is an embargo on hiring new health workers, because the wage bill is too high." (FIN/2006)

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