

Strict laws, churches behind rising clandestine abortion in Africa: experts

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Stringent or vague legislation, coupled with deep-rooted social and religious beliefs in many African countries, have been blamed for the rise of often life-threatening backstreet abortions, health and social experts say.

Of Africa's 53 nations, only South Africa, Cape Verde and Tunisia allow unconditional pregnancy termination within the first three months after conception.

In 25 of them, abortion is only legal when the mother's health is threatened.

Some 300,000 women have abortions in Kenya yearly, of whom 21,000 are admitted to hospital from resultant complications, according to 2003-2004 statistics, and at least 3,000 die.

"In Africa, Kenya is one of the most restrictive countries," Matildah Musumba of Planning Parenthood Federation of America told AFP in Nairobi.

"The situation is worsening because of social pressure, lack of use of contraceptives and lack of information," said Boaz Otieno-Nyunya, head of the Reproductive Health department at Kenya's Moi University School of Medicine.

Otieno-Nyunya explained that 66 percent of the admissions of women with gynaecological problems to public hospitals are linked to incomplete or unsafe abortion.

And according to the World Health Organisation (WHO), 44 percent of women who die of complications arising from unsafe abortion are in Africa. Of the 4.2 million African women who decide to terminate a pregnancy, 30,000 of them end up losing their lives.

In countries such as Kenya, Uganda, Senegal and Nigeria, abortion is punishable by up to 14 years in prison for the woman and seven for the doctor.

"The main problem derives from the laws, most of the time they are old and too restrictive," said Fred Sai, a gynaecologist from Ghana attending a regional conference on abortion in Addis Ababa.

"Many countries have either not changed these laws dating from the colonial period or put them into the criminal code, making abortion a crime," he added.

Torn between draconian laws and the various reasons for which they opt for abortion, many either resort to backstreet clinics or the crudest of methods.

These include inserting a bottle or a coat-hanger up the vagina or asking a boyfriend to stamp on their bellies, said Nina Kavuma, also at the Addis Ababa conference.

In South Africa, where laws are less stringent, mortality among women has been reduced by half and only one in 120 dies of abortion-related complications, according to the World Health Organisation.

Against such successes, women come up against heavy social and religious obstacles, especially from Catholic and other churches campaigning both against contraception and the interruption of the pregnancies that may result from failure to obtain it.

"We are working in a very Christian and controlled country. The Catholic Church and evangelical churches are very influential," Musumba said.

Such influence has permeated through to medical service providers, and even accessing contraceptives in pharmacies is in itself a task.

"It is difficult to access (for the young girls) because of the unfriendly attitude of the providers, so they are less likely to have safe sex," said Eunice Brookman-Amissah, a doctor in Nairobi.

"Post-abortion care is like mopping the floor when the tap is running," she said, adding that the Kenyan government has to review the laws on abortion to reverse maternal deaths.

"Kenya's government has to acknowledge that over 3,000 women a year are dying due to unsafe abortion," she said. — AFP

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