

The casualty figure is amazingly frighteningly. 70,000 women die yearly as a result of unsafe abortion, 30,000 from Africa alone.

That makes the issue of abortion a major concern worldwide. Arguments for both Pro-life and anti-abortion took the front burner at a recent conference in Addis Ababa, Ethiopia. Our Senior reporter, CHIOMA UMEHA (cumeha@yahoo.com) who attended the conference relieves the passions and anxieties. Her report.

# Abortion still Africa's headache

**T**HE magnificent edifice of United Nations Conference (UNCC) Addis Ababa, Ethiopia, provided the serene environment for participants who converged for the August conference tagged, "Linking Research to Action to Reduce Unsafe Abortion in Sub-Saharan Africa; A regional Consultation."

In the conference hall sat over 120 researchers, medical and public health practitioners, advocates from women's health and policy makers from the four geographical poles of Africa; North, South, East and West, besides Europe.

Their mood was a mixed grill of anxieties and passion, perhaps due to the urgent mission that brought them together. You may ask what mission? The crux of the matter is how to save women from abortion, an act which they described as health tragedy of worldwide proportions. Perhaps more tragic is the high incidence of the phenomenon, that is unsafe abortion which is said to claim the life of nearly 70,000 women in the world, annually.

Indeed report from World Health Organisation (WHO) confirm this.

According to WHO, 46 million abortions take place every year, out of which 19 million are unsafe. However, the report states that 95 per cent of unsafe abortions occur in developing countries. It adds that out of every three unsafe abortions in the world, two occur among women aged 15 and 20 while 14 per cent occur among women below the age of 20.

Similarly, the report observes that a total of 137 women in the world have an unmet need for contraception even as about 50 per cent of women who would like to control their fertility do not have access to contraception.

The issue of unsafe abortion is now known as the silent war waged against women mostly in the developing world and their right to reproductive health especially safe abortion.

WHO defines abortion as the discontinuation of a pregnancy before the attainment of viability. It adds that the termination of pregnancy by a deliberate intervention, in an extremely safe medical procedure when carried out by qualified personnel according to health policy guidelines, is referred as induced abortion.

WHO state that spontaneous abortion or miscarriage can result in complications although these are relatively rare while unwanted pregnancy is a pregnancy that a woman or girl decides, of her own free will, is undesired.

However, unsafe abortion is the termination of pregnancy carried out by someone without the skills or training to perform the procedure safely, or in a place that does not meet minimal medical standards, or both.

Regrettably, several governments in the world have not been able to eradicate restrictive abortion laws and policies that contribute to the deaths of nearly 70,000 women every year from complications of unsafe abortions.

This is against the background of the agreement at the International Conference on Population and Development (ICPD) Programme of Action, 1994 and the Fourth World Conference on Women, Platform for Action, Beijing, 1995. Both conferences called on governments and relevant international organisations to strengthen their commitment to women's health, and to deal with the health impact of unsafe abortion as a major public health concern.

Perhaps more saddening is the prevalence of abortion in Sub-Saharan Africa. Reports from WHO states that 4.2 million unsafe abortions occur annually in Sub-Sahara, out of which about



•Kofi Annan, UN secretary general



•Amb. Dr. Eunice Brookman-Amissh

30,000 death occur.

To this, Dr Roland Edgar Mhlanga of Nelson R. Mandela School of Medicine, University of Kwazulu-Natal, Durban South Africa regretted that the African region is not bothered over this statistics. His words; "the tragedy is that we do not count the women dying of pregnancy related causes - our scourge indeed!"

According to him, African women are more 100 times more likely to die from abortion than their European and American counterparts; even as he added that young women form a significant proportion of women experiencing unsafe abortion.

Mhlanga noted that Africa casualties or deaths in Africa of abortion is not due to lack of knowledge but through inaction and lack of communication, for instance family planning.

Similarly, Dr Friday Okonofua, University of Benin, Edo State Nigeria, noted that sexuality education is important to curtail abortion incidence. According to him it is a biological process and if the time comes, that is when one becomes sexually active and he is not provided with the right information, he may begin to do the wrong thing. That is why sexuality education is important, Okonofua maintained and added that there are responsible ways of sexuality to prevent you from having problems.

He insists that sexuality education does not increase promiscuity rather when people have the right education, they become more responsive and more responsible. This prevents them from having cases of unwanted pregnancy, abortion and sexually transmitted disease (STD).

Reacting to this, Dr Eunice Brookman Amissh, Ipas vice president for Africa, point out that this war is fuelled by ignorance, taboo, stigma and unjust, archaic abortion laws. But more frightening is what Dr Amissh sees as a deliberate and organised campaign waged in the name of religious fanaticism, stigma and personal ideology and dogma in the highest places leading to the high incidence of abortion. This campaign she observes brought otherwise unlikely bedfellows together against women's right to choose. Dr Amissh, who is also a former Minister of Health in Ghana lamented that unsafe abortion continues to exert a toll on women's life in Africa just as maternal deaths and disability have continued to have a huge and tragic impact on African societies, disrupting families, economic life and the very fabric that support human existence on the continent.

She regrets that the tragic consequences of

abortion are avoidable, explaining that reproductive health community knows how to prevent and treat unsafe abortion. According to her, it is ironic that what we do not lack the know-how on how to handle, yet women in the region are dying. This she attributed to lack of political will to act.

Challenging herself, including other reproductive health workers and researchers, Amissh said there is need to be sure that the right impact to convince the people that can make a difference and to change policies and strategies have been provided.

Against this background a conference consensus statement was reached at the conference signed by different organisations and stakeholders including experts and researchers in women's reproductive health among them were African Network for Research and Training in Reproductive Health and HIV (REPRONET), African Population and Health Research Centre, Ethiopian Society of Obstetricians and Gynaecologists, Guttmacher Institute, International Planned Parenthood Federation, Africa Region, Ipas-Africa Alliance for Women's Reproductive Health and Rights. Others are Ipas-US, Reproductive Health and HIV Research Unit, the University of Witwatersrand, South Africa, West Africa Health Organisation, Women's Health and Action Research Centre, Nigeria.

They bemoaned the state of health of women in Africa. According to them "the women of Africa bear a great burden. The vast majority are poor. On a daily basis they suffer the consequences of gender inequality, violations of their human rights, and exclusion from the political decisions that affect their lives. Their most basic health needs are systematically neglected, putting them at even greater risk."

Observing that many African women are taking leadership in the economic and social development of their nations, yet women in this region, they pointed are more likely to die from complications of pregnancy and childbirth than women anywhere else in the world.

They observed that millions of African women will experience an unsafe abortion in their lifetimes, especially if they are poor and young, many will suffer serious injuries, lifetime disabilities, or death due to unsafe abortion. But experts noted that virtually all of these deaths can be easily prevented and complications treated with available technology. According to them, access to comprehensive reproductive health care, including contraception and emergency

contraception to prevent unwanted pregnancies, safe abortion and post abortion care, are essential to save women's lives and enable them to take their place as full partners in the development of their countries.

These groups of experts further recalled that it has been over a decade since governments of the world agreed in Cairo and Beijing that unsafe abortion is a "major public health concern" requiring a concerted response. Noting that important progress has been made since then in building international support and reforming policies and practices in some countries, they viewed that deliberation at the just concluded meeting based on available research and evidence shows the problem persists. Action has been too slow in coming, they added.

They therefore challenged themselves among other researchers medical and public health practitioners, advocate for women's health, to document further the realities of women's experience with unsafe abortion, examine the causes, and identify and carry out the actions needed. They also agreed that additional credible research will capture public attention and help to overcome the stigmatization that affects both women who resort to abortion and the healthcare professionals who care for them. They expressed their support and commendation on the recent call by health ministers in Africa for governments to commit at least 2 percent of their health budgets to research, including studies in reproductive health. They further enjoined governments, health providers among others to translate research findings into programmes that better meet women's needs.

According to them their agenda for research and action focuses on the following: Measurement in more countries of the magnitude of unsafe abortion and its damaging health consequences for women, with a special focus on rural and poor women;

The reasons women seek unsafe abortions, including the role of contraception in preventing unintended pregnancies and abortions;

The financial and other costs to public health systems, women and their families and developing economies of the complications of unsafe abortion, and the comparative costs of safe abortion using preferred methods;

The important health and social impacts of unsafe abortion on adolescents and young women aged 10-24, who currently account for about 60 percent of abortions in Africa; other measures include;

Ways to broaden the voluntary reproductive health options of HIV-positive women, to integrate or link services for HIV prevention and treatment with contraception and abortion-related care and counseling, as well as investigations of relevant clinical and biomedical issues;

Ways to ensure that postabortion care to treat the complications of unsafe abortion is prompt, humane, and life-saving at all levels of the health care system;

Ways to ensure that comprehensive abortion care reaches down to the community level, is high quality and woman-centered, and includes postabortion contraception to reduce repeat abortions;

The role of medication abortion, a technology now on the WHO Essential Medicines List, in improving women's access to care at the primary care level through both the public and private sectors;

The unrealized potential of midwives, nurses and clinical officers in abortion-related care, including operations research on cost-effective training approaches; values and attitudes about abortion among community leaders and the public, healthcare providers, and other key stakeholders at all levels, and most importantly, women themselves; and;

The need to strengthen capacity to communicate research results effectively.

According to them, they also welcome the plan for a Consortium for Research on Unsafe Abortion in Africa, to mobilize resources in support of these priorities for research and technical exchange, and to contribute to informed advocacy and policy dialogue across the region.

Observing that research alone is not enough they declared their commitment to communicate what they know about the need to expand women's access to safe abortion care and to reach political leaders, mass media, and the public with accurate information on this public health crisis. They vowed to contribute to the continued networking and mutual support among all who participated in the conference and all others who share the common goal of ending women's suffering and deaths.

They restated their determination to work together to ensure that governments, international agencies, and other powerful institutions are held accountable for their failure to act in the face of compelling evidence about this threat to women's lives, health and wellbeing, and about cost-effective solutions. The future for African women and their families depends on our collective efforts. We must act now.