



Unsafe Abortion: Threat to Nigerian Women

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Global campaign has continued to increase on the urgent need to guarantee women's access to safe abortion as part of essential strategies for achieving the Millenium Development Goals (MDGs). Yet the incidence of unsafe abortion has continued to rise unabated. CHIOMA UMEHA writes that the death toll of Nigerian young ladies who become victims in the hands of quacks, in attempts to terminate unwanted pregnancies, is on the rise and concludes that the phenomenon is a threat to Nigerian women.

Her lifeless body lies in the morgue. A mere sight of it evoked pity, regret and compassion. That is the body of Sarah Liman, a 21-year-old girl. The corpse was retrieved by security men from two young men who wanted to dispose of it with a Ghana Must Go Bag, penultimate week around Mullang Village, a suburb in Bauchi.

Sarah was a victim of unsafe and failed abortion. She was a lover to 24-year-old Ali Auwalu who was alleged to be responsible for her pregnancy. Auwalu was further alleged to have sought the assistance of his friend, 45-year-old Yakubu Mohammed for the termination of the three months pregnancy.

The Bauchi State Police Commissioner Ibiyinka Kayode, whose men unveiled the crime confirmed that Auwalu, a staff of Federal Polytechnic, Bauchi, engaged Mohammed, a nursing consultant with Yelwa Domiciliary Clinic in Yelwa, Bauchi, to perform dilation and curettage otherwise known as 'D & C' on Sarah. But fate cheated her. She developed complications. Three days later, she was gripped by the cruel and cold hand of death in her lover's apartment.

In an attempt to secretly dispose of the corpse which was put in Ghana Must Go Bag, the two partners in suspect were sighted and later arrested by police.

Sarah is just an example of the tragic consequence of unsafe abortion. Unsafe abortion has been described as a public health crisis with serious implications. Dr. Jemilu Tukur, Consultant, Obstetrician and Gyneacologist, Aminu Kano Teaching Hospital, Kano observed that the impact of unsafe abortion on people involved are both medical and social; longterm reproductive health effects, such as infertility besides psychological consequences. Dr. Tukur who spoke during an interview in kano pointed out that unsafe abortion constitute a major cause of high incidence of maternal and morbidity rates (MMRs) in Nigeria.

He bemoaned that maternal death has wrecked havoc on the female populace, regretting that statistics of women who die daily go unreported. His words; "maternal mortality is an invisible epidemic"

Reports from World Health Organisation (WHO) showed that unsafe abortion constitutes a serious public-health problem in Nigeria and accounts for about 33 to 40 per cent of maternal deaths. WHO further estimated that 610,000 unsafe abortions are performed annually in Nigeria. The report also stated that 60 per cent of induced abortions are performed by midwives, nurses, pharmacists, paramedics, even women themselves.

However, physicians perform the remaining 40 per cent, even as about 142,000 women are treated annually for abortion related complications.

Unsafe abortion is the termination of a 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 standard, or both.

The phenomenon has become one of great global concern. The issue was the focus last March in an international conference on "Linking Research to Action to Reduce Unsafe Abortion in Sub-Saharan Africa" in Addis Ababa, Ethiopia. The conference drew together over 120 researchers and experts across the world. The conference which was jointly organised by various stakeholders including; Ipas, Guttmacher Institute, African Population and Health Research Centre, Ethiopian Society of Obstetricians and Gynaecologists, Reproductive Health and HIV Research Unit and Women's Action Research Centre.

Participants bemoaning the increase in unsafe abortions across the world noted that the incidence is higher in developing countries.

Reports issued at the conference showed that out of 19 million unsafe abortions that take place each year in the world, Africa accounts for 4.2 million.

The report further observed that one out of every ten pregnancies, ends in unsafe abortion in the world. Giving the breakdown, it stated that one out of every seven successful pregnancies often ends in unsafe abortion in the developing countries. While, one out of every 25 successful pregnancies in developed countries is affected by unsafe abortion.

Participants also agreed that unsafe abortion is entirely preventable. They also observed that there is increasing evidence that unsafe abortion is on the increase among women especially unmarried adolescents, particularly where abortion is legally restricted and there is unmet need for contraception.

Experts argue that despite severe restrictions and stigmatising controversy, abortions take place in large numbers under both safe and unsafe conditions.

For instance, reports from Ipas showed that in Nigeria an estimated 610,000 women aged 15 to 44 years procure abortions, mostly from non-physicians, which portends grievous consequences for them and the nation.

According to Friday Okonofua, president, Nigerian Society of Obstetricians, and gynaecologists, most Nigerian women who seek abortion stress a desire to either avoid premarital births or to control their family sizes, de-emphasising more traditional reasons of spacing births and protecting infant health. Yet, it is a crime to perform or to obtain an abortion except to save a woman's life.

Penalties also exist for any person who performs an abortion, as well as for any woman who procures an abortion or attempts to cause her own miscarriage. But women in Nigeria still find ways to obtain abortion, mainly from physicians providing the service in private clinics and hospitals.

In an interview, Professor Okonofua points out that there is no law to regulate abortion, that is, to stipulate who can perform an abortion or where, even in the one circumstance in which it is legal. The regulations that exist are informal he explained,

created by practice rather than Jurisprudence. An example is the use of midwives to provide post-abortion care (PAC) services.

He continued, "there are no laws saying that midwives cannot provide post abortion care neither laws saying that they can."

According to him, "this lack of guidance has generally resulted in midwives not providing PAC when medical doctors are available, for instance in urban centres where teaching hospitals are located. However, they provide PAC in rural areas where there are fewer doctors."

Besides legal restrictions, Professor Isaac F. Adewole, who works with Campaign Against Unwanted Pregnancy (CAUP), reasoned that numerous institutional factors affect women's access to abortion services. For example, most medical establishments require that a woman secures spousal consent before an abortion is provided, Professor Adewole explained, during an interview.

Adewole, also professor at the University of Ibadan, Oyo State, added "there is a limited number of public health facilities that are able to provide abortion services." He further pointed out "there is also financial impediment, because government does not provide any subsidy for abortion services."

He argued that despite the harsh punishment stipulated for providing abortion services, many Nigerian doctors do perform induced abortions. In fact, due to high incidence of abortions, many believe that abortion restrictions is merely nominal, Professor Adewole said.

According to an information and resource kit for the mass media, jointly published by Development Communications (DEVCOMS), Network and Ipas, Nigeria, non-physicians including pharmacists, paramedics, nurses, midwives, women themselves among other individuals with no formal medical training (or quacks) perform or induce 366,000 abortions each year.

The information kit also stated, "physicians respondent believe that the main methods used by non-physicians to induce abortions are dilation and curettage (D & C), hormonal or synthetic drugs and insertion of solid or sharp objects."

Therefore Sarah's plight is just one instance of such failed attempt of induced and unsafe abortion.

An induced abortion is one brought about intentionally opposed to spontaneous abortion. Police reports, stated that Mohammed charged his friend N4,000 for the D & C that went awry.

The report stated that; "Mohammed has been in the business of illegal abortion for several years and had done at least 30 of such acts in the past three years."

Unarguably, there is urgent need to liberalise abortion policy, stamp out quackery, create awareness and public enlightenment as well as embark on rights awareness advocacy.

Similarly, Dr. Boniface Oye-Adeniran emphasised on conditions and other needs upon which the prevention of abortion is contingent. These include provision of family life (or sexuality) education for adolescents and other young people, provision of effective family planning services among others.

He stressed the role of parents and other adults in ensuring that young people have access to appropriate information.

Corroborating, Dr. Ejike Oji, country Director Ipas, in an interview insisted that parents role are important to address abortion-related needs and the prevention of abortion among youths.

He stressed that family life (or sexuality) education for adolescents will reduce patronage to quack abortionists.

His words; "youth-friendly reproductive health services are important to prevent recourse to the back-street abortionist."

Obviously, women are suffering because of inadequate and inappropriate laws. They are therefore exposed to illegal abortion, and its negative consequences on their health status. The need for legal reform in the area of Reproductive Health Rights (RHR) and abortion laws cannot be over-emphasised to save the lives of our women.

Experts have advocated that the revised abortion law should expand to include indications for legal abortion such as incest, rape, under-aged women, educational considerations, cultural/traditional considerations (including pregnancy resulting from extramarital sex) as well as HIV-positive women already on anti-retroviral drugs.

At the moment, several bodies of Nigeria's law regulate access to abortion including; Criminal code in the South; the penal code in the North; and the Sharia penal code in some of the Northern states. Hajia Bilksu Yusuf, National vice-president Federation of Muslim Women's Associations in Nigeria (FEMWAN) in an interview confirmed this, adding that the 'Qur'an' and 'Hadith' allows abortion to be carried out before a pregnancy reaches four months in order to save the life of a mother.

All the three codes stipulate that abortion is legal only to save the life of a woman, with the main differences among the bodies of law being the punishment stipulated for the offence: having, providing or helping to procure an abortion. The attempt to procure an abortion is punishable regardless of whether it was successful.

Under the criminal code, the punishment for abortion offences is 14 years imprisonment, while under the penal code the judge has discretionary power to sentence the offender up to 14 years.

However, under the criminal code, a woman who has procured her own miscarriage may be imprisoned for up to seven years, while under the penal code the woman may be imprisoned for up to 14 years, fined or punished with both imprisonment and fine.

While the body of Sarah lies in the mortuary waiting to be claimed by the yet-to-be identified relations, illegal abortionists continue to snuff life out of young Nigerian girls in their slaughter slabs. As accused persons, Auwalu and Mohammed are still waiting trial for their ignominious act, experts have raised alarm over the future of Nigerian women and are worried to save the lives of over 610,000 involved in unsafe abortion yearly.

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