

The Abortion Dilemma

How the debatable issue
of abortion is affecting
every aspects of women's
lives in Ethiopia

By Endalkachew H/Michael

Mesay's Hope

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Photograph by Endalkachew H/Michael

Mesay takes her kid to school

Being a teenager of just 17, pregnant, and poor is perhaps one of the toughest combinations one can imagine. Denied of parental love and care, this was the reality of Mesay Kefle six years ago. Today, what Mesay is trying to ensure more than anything else is that her five-year-old daughter Mimi, who survived her mother's second attempt at abortion, never suffers the way she has herself.

Mesay tells me her story with her head bowed down, cradling her small daughter's head in her hands. She looks so young that many would wrongly identify her and little Mimi as siblings. "I was 15 and thought that my first boyfriend was the one for me. I loved everything about him, and he was the sweetest guy I'd ever met. We had been going out for about a year. He had told me that he thought he was falling in love with me, and that made me fall more for him."

She didn't realize that she was pregnant when she missed her first period. "The month that I missed my period, I thought I might be pregnant but I just brushed it off, but when I missed it the second time, I knew I was carrying a child."

"It was one of the most difficult times in my life when I decided to terminate my first pregnancy. I was young and without anybody by my side to take care of me. I couldn't believe it when I heard that I had to get an abortion because my boyfriend didn't want to get stuck with me and a baby that he pretended he didn't even know if it was his. He told me so many cruel and hurtful things that I would never forget."

Mesay begged a neighbor and a class mate to take her to the nearest illegal abortion practitioner, 20 kilometers away from her home. The practitioner was an unsympathetic man, only versed in traditional lore and provided herbal remedies to induce bleeding, before inserting a dirty tube. She narrowly survived death, as she suffered from a massive loss of blood and later septicemia, a form of blood poisoning.

But in a sense, perhaps Mesay was one of the lucky ones - her health returned, whereas many women die after having illegal abortions. This is largely why, she says, she changed her name to Ehete Mariam, which is literally means "the sister of St Mary".

After her horrific experience, Mesay had no money to go back home, and no one to turn to. On top of that, she felt that she had embarrassed her mother, so she decided to leave home and looked for temporary employment in small towns. Eventually she moved to Addis from Kombolcha, a small town some 400 Kms north of the metropolis to look for work.

Existing in Addis, however, was not easy. She had no money and, at the age of 17, not knowing where to go, she turned to the only option that seemed available, trading sex for money. She found - and still finds - the experience deeply humiliating. "This is no way to live one's life," she says, recalling her three years as a sex worker. "It was very bad. I have no words to express my bad feelings."

"I worked as a waitress at a cafeteria for some time before I become a sex worker, where I met Mimi's father who - like my previous boyfriend - never bothered to acknowledge the child as his own."

"I was frozen inside and out, I cried at almost anything...and I knew the sensible thing would have been for me to have another abortion. But when it came to the crunch, when I was about to do it, I couldn't. I decided not to abort this baby...and that is why Mimi is in this world."

Mesay barely had the joys of childhood. These days, her only delight is to see her beloved daughter grow up happily. "Everything I do, I do for her. If I get some money or win an iqub (lottery), I will always run to buy something that pleases her." You can tell that the young mother means what she says when you take a look at her small but neat rented house, stuffed with everything you can expect to see in an average middle class family, including a TV set and a sound system.

"Sex work is not exactly the kind of job that you can get away easily with if you are a woman from the country side," says Mesay when she describes her job.

"I guess I grown desensitized to insults from my customers. I am used to rejection and abuse. Why should any more annoy me? After all, I am a survivor."

"I do my job because I have to live, and that's what I am going to continue to do. I don't know what the morrow holds. Only the will of the Almighty prevails, not mine, but I am sure one day I will get out of this ugly job."

What the numbers say on Abortion?

Mesay's life represents a staggering reality about women and reproductive health situations in Ethiopia. Ethiopian women have the highest chance of dying while pregnant, according to a report released last year by the World Health Organization, the United Nations Population Fund and UNICEF.

Across the country, most women have limited or no access to prenatal care, contraception or competent doctors, due to poverty and poor public health systems. In Ethiopia, at least 55 percent of all maternal deaths are abortion-related, and unsafe terminations are the second biggest killer of women of child-bearing age after AIDS, according to a study by the New York-based Center for Reproductive Rights.

In Ethiopia, where 45 percent of the country's 72 million people live in poverty, giving birth is a high-risk activity. Many women terminate pregnancies as a method of contraception. When these procedures go wrong, as so many do, Ethiopian women often turn to domestic and foreign health agencies.

Abortion is a kind of an illegal contraceptive method here in Ethiopia. Over half of the women seeking abortions in Ethiopia are under 18. Unwanted pregnancy is a nightmare for young, unmarried women, who may be thrown out of home, drop out of school, and then risk exposure to HIV in

Continued on next page

commercial sex work. Yet safe abortion - legal only in cases of rape, incest, or the case of endangered health for mother or fetus - is not an option for most. Sadly, backyard abortions remain the second biggest killer of women in Ethiopia. For every 100,000 live births, over 90 women die from unsafe abortions, one of the highest rates in the world.

The Debate on Abortion

“Hospitals tell us they still see many deaths from illegal abortions,” said Amare Bedada, executive director of the Family Guidance Association of Ethiopia, a 42-year-old domestic health organization. “If we are going to keep women healthy and alive, we have to provide abortion-related advice.”

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conclusions from incorrect information, often estimates of abortion rates in countries where the procedure is illegal.

“All the information regarding reproductive health situations of women in Ethiopia are not definitive and very susceptible to interpretation according to the agenda of the people who are organizing their debate of abortion,” said Dr.Tesfaye Reggasa, director of education at the Ethiopian Evangelicals Church Associations Fund in Addis Ababa.

He said that the major reason women die in Ethiopia is that hospitals and health systems lack good doctors and medicines. “They have equated the word ‘safe’ with ‘legal’ and ‘unsafe’ with ‘illegal,’ which gives you the illusion that to deal with serious medical system problems, you just make abortion legal,” he said.

Scarce Fund for Abortion in Ethiopia

Given the limited services available, many Ethiopian health organizations depend on foreign aid, mainly on the U.S. Agency for International Development - Washington's principal vehicle for international funding. However, nowadays the U.S administration has banned abortion services by federally funded agencies

Most family planning groups agree that U.S. administration policy banning abortion services by federally funded agencies -- the “global gag rule” enacted by President Bush during his first days in office -- could not have come at a worse time for Ethiopian women. “We had to let go staff because we could not afford to keep them,” said Sister Yeshiemebet Giorgis, clinic project coordinator for the family planning agency, Marie Stopes International. The London-based group lost U.S. funding for sticking to its belief that abortion counseling is part of providing comprehensive health care. “It was a disaster because abortion is such a feature of this country and so many women need help.”

In 2006, the Family Guidance Association lost \$3.9 million in U.S. funding after lobbying the Ethiopian government to legalize abortion and refusing to sign a declaration from Pathfinder International, a USAID partner organization that demanded it halt all abortion-related services. Pathfinder International soon ceased supplying the Family Guidance

However, at present, even the doctor's judgment can be called into question by the authorities, and in recent months more than four medical staff have been arrested on suspicion of carrying out illegal abortions in Addis Ababa. This in a sense “forces” women to seek out illegal abortion practitioners.

Amare Bedada says: “In front of Marie Stopes abortion clinics, and hospitals, there are a number of illegal agents directing pregnant women to traditional means of abortion with a cheap service fee. When women resort to traditional ways of abortion for the sake of saving money, their lives could be at risk. To avoid criminal liability, the persons who terminate pregnancies may tend to throw away the remains of women who died from the abortion.”

Dr.Mammo Mengesha who is working in one local NGO in Addis says: “In Africa, abortion is legal only in South Africa, which has one of the continent's lowest maternal mortality rates -- 230 deaths per 100,000 live births, compared with an average of 830 per 100,000 for all of Africa.”

However, a comprehensive global study of abortion has concluded that abortion rates are similar in countries where it is legal and those where it is not; suggesting that outlawing the procedure does little to deter women seeking it.

Dr.Mammo Mengesha adds that abortion is safe in countries where it is legal, but dangerous in countries where it is outlawed and performed clandestinely.

Keflom Abera, a legal expert in Addis, says: “The legal status of abortion in Ethiopia does greatly affect the dangers involved in abortion generally. Where abortion is legal, it will be provided in a safe manner, and the opposite is also true: where it is illegal, it is likely to be unsafe, performed under unsafe conditions by poorly trained providers.” Keflom said that it is therefore better to legalize abortion in the country.

However, anti-abortion groups criticize the situation and those who believe in legalizing abortion in Ethiopia, saying that the people have jumped to



Photograph by Endalkachew H/Michael

Mesay busy washing clothes

Association with contraceptives.

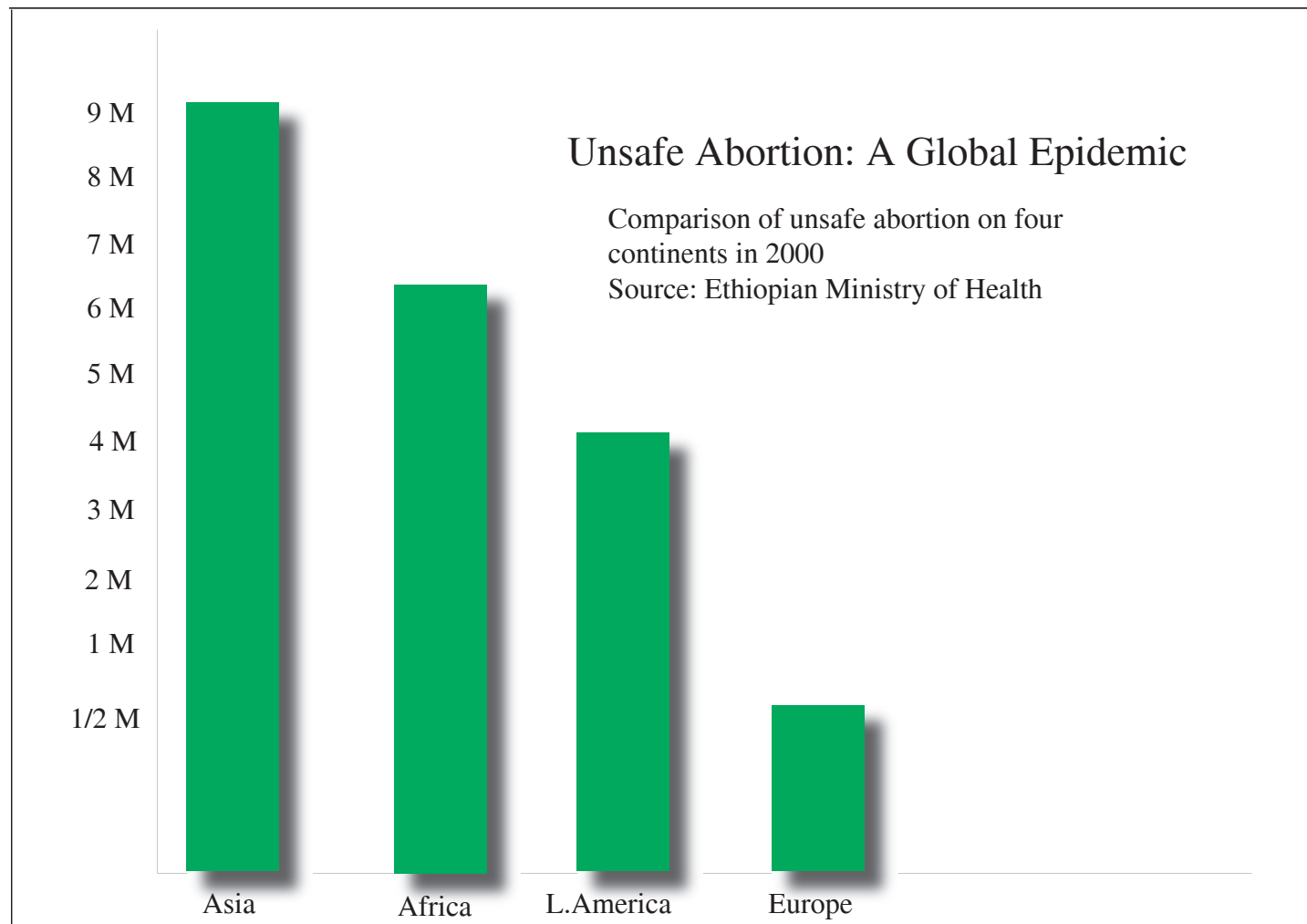
“By depriving us of contraceptives, we now face an increase in unwanted pregnancies,” Bedada said. “Women are once again using abortion as routine contraception, not as an emergency measure.”

The loss in U.S. financing almost forced the Family Guidance Association to close several clinics. But their 18 clinics, 26 youth centers and 600 community health sites remain open, thanks to the Los Altos-based David and Lucile Packard Foundation, which stepped in to cover the \$3.9 million loss.

Amere Bedada said the Packard Foundation kept scores of clinics open in remote regions where indigent women “use herbs, poisons, wire and other methods to induce bleeding. Abortions are often carried out by local women healers who are not well trained.”

Health experts say the surge in abortions is also partly due to chronic poverty and starvation. According to the World Food Program, 13.2 million Ethiopians needed food aid in 2003 due to a severe drought.

Continued on next page



Mesay's Profile



Photograph by Endalkachew H/Michael

Name: Mesay Kifle
Place of Birth: Kombolcha
Date of Birth: 1984
Education: High School
Favourite Food: "Kuantu Firfir"
Hero: Emperor Tewodros
Work: Escort Service
Favourite past Time: Time with her mother
Favourite movie: "Gudifecha"



Africa was 2nd only to Asia in terms of unsafe abortions in 2000

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"It is difficult enough to feed yourself under these conditions, let alone five or six children," said Dr. Daneal Kebede of Addis Ababa. "The drought has pushed people to confront family planning."

"The consequences of an unwanted pregnancy are severe," said SHEMELES GIRMA, a youth leader in the village of Kolfe, Sub-City of Addis Ababa. "A young girl (who becomes pregnant) will drop out of school. In our area or Kebele, if a girl is pregnant, everyone will know about it. Often she will throw the child away soon after birth. Or she will try and abort it."

For young women, the trauma of an unwanted pregnancy does not end with the birth of a child.

"A pregnant girl will be thrown out of home and may end up working in a bar as a prostitute," SHEMELES SAID. "It is then only a matter of time before she gets the AIDS virus and dies."

Ethiopia has one of the world's highest incidents of

HIV, with 8 percent of the population infected. "So an unwanted pregnancy is like a death sentence," SHEMELES SAID.

Mesay says: "I look back now and I hate myself so much. I feel so weak because I couldn't stand up to the requirements of a poor nation like Ethiopia. I feel things would have been different if I had been wise and educated."

Mesay is not aware whether there is a debate on abortion or not but she says: "Now I would never ever stand for abortion, and yes, I had one, and I regret every second of it. The truth is, or at least what I tell myself, is that the part of me that wanted it was very vulnerable. I had no idea what to do so I turned to my mother, friends and others, and the decisions of others determined my fate. They threw me into a negative spiral, into fears of failure, of embarrassment, of poverty, of hating myself, regret, a horrible life, health problems, so that any wonderful feeling that I had was taken away by abortion."

Pregnancy timeline

Weeks 1-4

Fertilization occurs and a ball of quickly multiplying cells embeds itself in the lining of the uterus.

Week 5

The mass of cells is developing fast and becomes an embryo. For many women the first sign of pregnancy is a missed period.

Week 6

The embryo officially becomes a fetus. It is about the size of a baked bean and its spine and nervous system begin to form.

Week 7

The baby's Heart is beginning to develop. Morning sickness and other side effects of early pregnancy may take hold.

Week 8

It is quite common to have a first scan at this stage if the woman has had a previous miscarriage or bleeding.

Week 9

The fetus is about 5cm long with its head tucked onto its chest. It has most of its major organs and eyes and ears are developing.

Week 10

A scan at 10-13 weeks is recommended to pin down the date of the pregnancy.

Week 11

The umbilical cord is fully formed providing nourishment and removing waste products. The fetus looks fully human now.

Week 12

By this week the threat of miscarriage is much reduced. Many women announce their pregnancy to friends and colleagues.

Week 13

The woman's uterus is becoming larger and is starting to rise out of the pelvis. The fetus can move its head quite easily.

Week 14

Third of the way through. The average pregnancy lasts 266 days or 280 days from the first day of last period.

Week 15

Screening for Down's syndrome is offered about now. A simple blood test is carried out first then further tests may be offered.

Week 16

The fetus now has toe and finger nails eyebrows and eyelashes. It is also covered with downy hair.

Week 17

The fetus can hear noises from the outside world. By this stage the mother is visibly pregnant and the uterus is rising.

Week 18

By this stage the fetus is moving around a lot - probably enough to be felt.

Week 19

The fetus is now about 15-20cm long and weighs about 300g. Milk teeth have formed in the gums.

Week 20

Half way through pregnancy now. Almost all mothers are offered a routine scan. The fetus develops a waxy coating called vernix.

Week 21

The mother may feel short of breath as her uterus pushes against her diaphragm leaving less space for the lungs.

Week 22

Senses develop: taste buds have started to form on the tongue and the fetus starts to feel

touch.

Week 23

The skeleton continues to develop and bones that form the skull begin to harden - but not fully

Week 24

Antenatal checkup and scan to check the baby's position. A baby born this early does sometimes survive.

Week 25

All organs are now in place and the rest of the pregnancy is for growth. Preeclampsia is a risk from here onwards.

Week 26

The fetus skin is gradually becoming more opaque than transparent.

Week 27

The fetus measures about 34cm and weighs about 800g.

Week 28

Routine checkup to test for Preeclampsia. Women with Rhesus negative blood will also be tested for antibodies.

Week 29

Some women develop restless leg syndrome in their third trimester.

Week 30

Braxton Hicks contractions may begin around now. They are practice contractions which don't usually hurt.

Week 31

The fetus can see now and tell light from dark. The mother's breasts start to produce colostrums about now

Week 32

Another antenatal appointment. The fetus is about 42cm and weighs 2.2kg. A baby born now has a good chance of survival.

Week 33

From now the baby should become settled in a head downwards position. A midwife can help to move it if necessary.

Week 34

The mother may find it more difficult to eat full meals as the expanded uterus presses on her stomach.

Week 35

If the mother has been told she may need a planned caesarean, now is a good time to discuss it further.

Week 36 The baby's head may engage in the pelvis any time now.

Week 37

The baby's lungs are practically mature now and it can survive unaided. The final weeks in the womb are to put on weight.

Week 38

Babies born from this week onward are not considered early.

Week 39

Another ante-natal appointment. The mother has reached her full size and weight by now.

Week 40

In theory the baby should be born this week. The mother's cervix prepares for the birth by softening

Week 41

First babies are often up to a week late but if there are signs of distress to mother or child the birth will be induced

Source: Ethiopian Ministry of Health