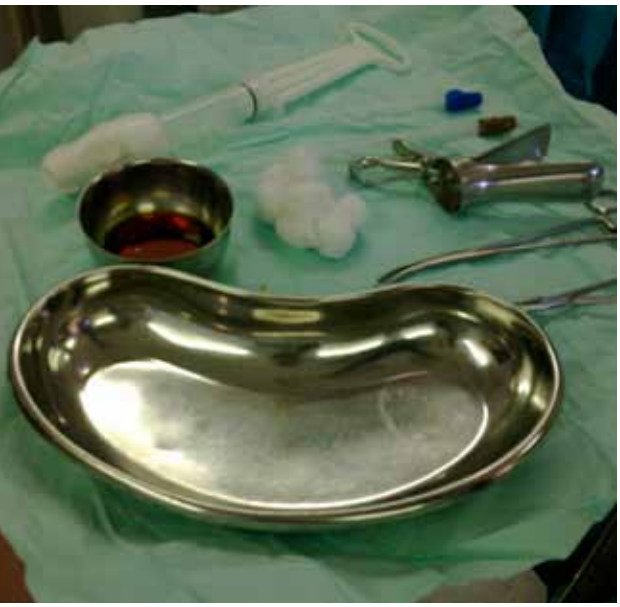
Support for ABORTION providers

Marion Stevens, a consultant for Women in Sexual and Reproductive Rights and Health (WISH) Associates https://sites.google.com/site/marionswish/, speaks about the alarming rise in maternal mortality related to unsafe abortions.



March 10 was Abortion Provider Appreciation Day. This day began in 1996 in memory of Dr David Gunn, the first abortion provider to be murdered (on March 10, 1993) in the United States. It is a day to honour every provider who dedicates their daily lives to helping women and making reproductive choice possible. Without abortion providers, there is no access to abortion and no "choice".

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In South Africa, some 70% of first trimester abortions are provided by nurses or midwives. They are undervalued and unsupported, and are clearly a class of provider under threat. Being an abortion provider is not what you talk about candidly when asked what you do as it is a stigmatised service. Similarly, when faced with an unwanted pregnancy, one is in a deep conundrum and it does not make for easy conversation. It easier to talk about being HIV-positive and I am curiously aware of colleagues and friends who are open about their HIV status yet find talking about their unintended pregnancies very difficult.

Our HIV Prevention of Mother to Child Transmission programmes seldom implement or address the second focal point, which is the prevention of unintended pregnancies. The focus is rather on the safe and happy delivery of a baby, and recently we have included ensuring that the woman or mother has access to treatment. Our new National HIV Strategic Plan has no indicators to address fertility management, whether the quality of contraception or abortion care in relation to HIV as part of their prevention programming. Our society is still deeply troubled by the reality that 50% of pregnancies are unplanned and that many women choose to have an abortion.

In March 2011, in a response to parliamentary question, the National Department of Health revealed that the number of abortions in state facilities had declined dramatically between 2009 and 2010. Of the 545 525 abortions at state institutions since 2004, 84 478 were in 2009 and 38 321 in 2010. Access to abortion services is decreasing as the number of designated termination of pregnancy clinics declines. One of the overwhelming facts that lead to our changing our legislation in 1996 was the Medical Research Study from 1994 which showed that 425 women – black women – died from illegal and unsafe abortions in that year. We changed our law in 1996 and provided access to abortions, and the deaths from unsafe abortions decreased by 90%, with only 34 deaths in 2004.

On 19 December 2011, when we were all on holiday, the Health Department loaded the full version of the maternal mortality report of deaths from 2005 to 2007 on to its website. The data are chilling. *"There is a 44%*

increase in deaths due to abortion with some 598 women dying from abortion and pregnancy related sepsis in the period 2005-2007. Eighty-nine per cent of women who died from abortion and were tested for HIV were found to be seropositive. Furthermore, the figures for septic abortion in this chapter may be an underestimate, because there were another 58 deaths associated with abortion where AIDS was considered to be the primary cause. According to Department of Health figures, Choice of Termination of Pregnancy services may be in decline, and this could be a factor in promoting unsafe abortion practices and an increase in septic abortion mortality. This needs further investigation."[1]

Data from 2008 to 2010 have not been released yet. Given the correlation and links between declining services and maternal mortality from illegal abortion services, there is cause for grave concern. This all takes place in the big picture of a health system that has enormous challenges in the form of the availability of human resources, management expertise and quality of care. The National Department of Health has made significant and meaningful strides in response to our HIV epidemic and in the provision of ART treatment. Many nurses are now central to this response in providing HIV care. The attention towards re-engineering our primary health care system and also implementing better stewardship of our health system through the national health insurance are also excellent initiatives.

But what about women at the bottom of the ladder who choose to have an abortion? This silent epidemic of deaths from unsafe abortions as a result of declining services needs to be brought back into focus. One solution has been the adoption of medical abortion as a method – this is where a woman takes tablets to have the abortion. Until recently we only offered the surgical option to terminate pregnancies. The Department of Health has the opportunity to support efforts towards implementation of medical abortion guidelines, some of which have already been adopted in provinces. Medical abortion might be easier for health workers as it is the dispensing of medication, and the woman then has the abortion in the privacy of her own home and goes for a checkup later. There are also initiatives to provide women with SMS messages of information and support during this time.

Yet we can also make a difference: on 10 March, find out who your local abortion provider might be – a box of chocolates or some flowers might not go amiss. Your mother, wife or partner, daughter, sister, aunt has needed them in the past and will be sure to need them in the future. Also, report any illegal providers you find and tear down those adverts for backstreet abortions you may find on lampposts. **NU**

This letter by Marion Stevens was published on the Mail & Guardian online website on 9 March 2012, and is reproduced here with her permission.

Link to article on the Mail & Guardian online website: http://mg.co.za/article/2012-03-09-conspiracy-of-silence-over-abortion

[1] http://www.doh.gov.za/docs/reports/2011/saving_b.pdf