ABORTION EDITION ISSUE 1/2018

Katswe Newsletter

HARARE, ZIMBABWE

Time to decriminalise abortion: Katswe

by Philemon Jambaya

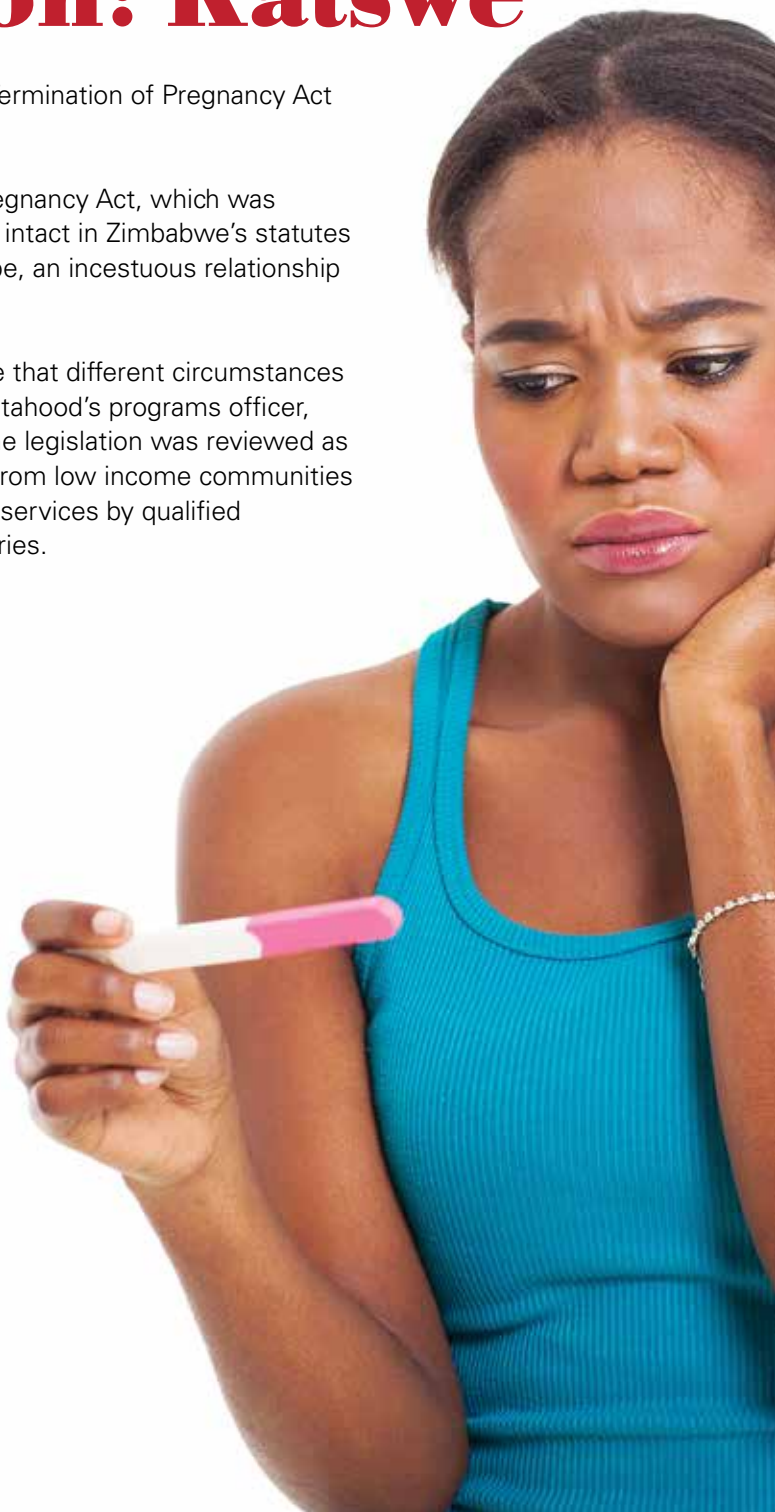
Katswe Sistahood has implored government to repeal the Termination of Pregnancy Act and replace it with legislation that fully legalizes abortion.

Abortion is outlawed in Zimbabwe by the Termination of Pregnancy Act, which was enacted law in 1977, in the then Rhodesia. The law remains intact in Zimbabwe's statutes and only permits abortion when pregnancy is a result of rape, an incestuous relationship or when the foetus or mother's health is at risk.

Women's rights groups are pushing for the law to recognize that different circumstances can necessitate the termination of a pregnancy. Katswe Sistahood's programs officer, Nancy Nothando Chabuda, states that it is high time that the legislation was reviewed as it is an equity issue which mostly affects women and girls from low income communities as those from high-earner households can afford to pay for services by qualified personnel locally, or better still travel to neighbouring countries.

IN THIS ISSUE

Edited by: Talent Jumo
Director of Katswe Sistahood



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Time to decriminalise abortion: Katswe

Chabuda remarks that once this law is in place, safe abortion facilities should be made accessible to every woman in Zimbabwe. The criminalisation of abortion in Zimbabwe leads to the death of thousands of women annually, as safe, legal abortion remains inaccessible to many. As a result, women resort to illegal abortions, many of which are performed under unsanitary and unsafe conditions.

Sexual and Reproductive Health and Rights (SRHR) campaigners state that, despite the five-year jail term that may be imposed if one were found guilty of the offence, 70,000 illegal abortions are carried out in Zimbabwe annually. They argue that the figure is clear evidence of an increasing demand for abortions in the country, and that deaths could be avoided if relevant authorities invested more in the prevention of unintended pregnancies, legalised abortion and introduced affordable safe abortion facilities.

The causes and reasons for unwanted pregnancies in Zimbabwe are many and varied. Based on information collected by Katswe Sistahood, Pachoto meetings, women have cited poverty, unavailability of free contraception, poor sex education and a shift in cultural or religious values. Other more liberal, and less popular reasons that have been cited in the meetings include the need to limit family size and that women have rights to decide whether the pregnancy is ideal for them or not.

Interviews conducted with healthcare practitioners who often have to deal with post abortion patients also reveal worrying patterns. For instance, adolescents mostly abort because of shame and fear of the stigma attached to teenage pregnancies and premarital sex in general. Usually they still have the desire to continue with school and are faced with the dilemma that the person responsible for the pregnancy is either also young and not financially independent or way older and not ready to commit.

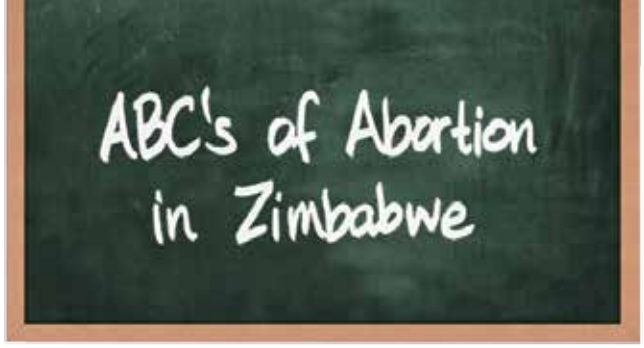
In 2016, the Ministry of Primary and Secondary Education said that impregnated students could be given three months off school after delivery and resume with their studies either at their old school or a different facility. However, this has not changed the girls mindsets. They would rather have an abortion than face the 'humiliation' of having to reveal their violation of cultural or religious norms of pre marital sex.

While it is debatable whether legislation that out rightly permits abortion is the answer, there certainly needs to be more practical, efficient and affordable ways of achieving legal abortions. In neighboring South Africa, it is legal for a woman to abort on demand, and without justification, provided she is less than 20 weeks pregnant.

Abortion is a reproductive health and rights issue. According to the World Health Organisation (WHO), reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and its functions or its processes. Given that definition, reproductive health may include a range of other issues that include satisfactory and safe sex life, the freedom to reproduce, and with adequate information that allows one to make informed choices about that reproduction, legal and safe abortion, right to birth control and freedom from coerced sterilization, among other issues.

Katswe Sistahood's campaign for the legalisation of abortion tackles the current legal and procedural barriers that make it difficult for women and girls to access safe abortion services. The review of the Termination of Pregnancy Act to guarantee free safe abortion services to all women on demand is the first step. Katswe emphasises that it is important that the law broadens the definition of health in accordance to the WHO definition to include a complete state of physical, mental and emotional wellbeing.

Philemon Jambaya is an SRHR champion with the RHRNzw.



The Constitution of Zimbabwe

Section 76 (1) of the Constitution **confers upon every citizen and permanent resident of Zimbabwe the right to basic health care services including reproductive health care services.**

Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions or its processes as explained by the World Health Organization (Reproductive Health retrieved 2008:08:19). Therefore, Reproductive health implies that people are able to have a satisfying and safe sex life and have the capability to reproduce and the freedom to decide when and how often to do so.

Reproductive rights may include some or all of the following:

- **the right to legal and safe abortion**
- **the right to birth control**
- **freedom from coerced sterilization**
- **contraception**
- **right to access good-quality reproductive healthcare**
- **the right to education and access in order to make free and informed reproductive choice**

The Constitution further outlines fundamental human rights such as the **Right to Privacy** as outlined by section 57 thus the state is not supposed to view Zimbabwean women as state property.

Zimbabwe did not meet the 2015 Millennium Development Goal of reducing the maternal mortality ratio (MMR).

Abortion is heavily restricted and is only allowed in cases where:
- rape or incest are the result of the pregnancy,
- where there is fetal impairment and
- where the pregnancy threatens the physical health of the patient.

A recent study of 1002 women found that 40% who presented to the facilities for post abortion care had moderate to severe abortion related complications.

Most severe symptoms included
- Temperature ≥39°C or ≤35°C and a clinical sign of infection
- Sepsis/septicaemia;
- Pelvic abscess or pelvic peritonitis and hemorrhage.

3% of women were classified as a near miss, therefore narrowly escaping death, and 0.2% of women died.

Women presenting to clinics in Zimbabwe were mostly young and from rural areas where access to education was limited.

WHAT DOES ABORTION ENTAIL?

When a woman decides to end her pregnancy, many safe procedures are available to do so.

Safe abortion can take place through:

MEDICAL PROCEDURES
In the early stages – meaning that one is less than 8 - 13 weeks pregnant (up to 56 days from the first day of her last menstrual period), depending on the law.

SURGICAL PROCEDURES
Involves vacuum aspiration, a gentle suction, which is done under local or general anaesthetic.

The Katswe Sistahood Agenda:

Improving SRHR outcomes of young women by promoting women's agency and body autonomy

Over the next five years we will work towards ensuring that **every young woman owns her own body and has power to decide on all matters of her sexual and reproductive health**. To this end, our work will be focused on;

i. **Movement building** by mobilising critical mass of young women to champion their rights, exercise agency over their bodies and enjoy access to SRHR services.

ii. Facilitating and **strengthening communities**' material, legal and social capabilities needed to support young women's SRHR.

iii. Fostering a **conducive legal and policy framework** that responds to the needs and challenges of young women.

As part of the **'Sistahood Agenda'** and our growth path, we shall use our 11 years of experience in organising and movement building to begin to serve as a peer support system for emerging young women's organisations and initiatives in Zimbabwe and in the SADC region.

Katswe's work is anchored on the **C.H.A.I.N.** strategy which combines the following approaches;

Capacity building and/or skills training to guarantee protection and promotion of young women's rights.

Health services and/or Help provision with services and commodities young women cannot afford or access.

Advocacy for legal and policy reform at all levels as we seek to enforce the rights of young women.

Information sharing and awareness-raising on young women's rights and ensuring that young women have information on and access to SRH services.

Networking and Partnerships to enhance our capacity to deliver and play our role in sharpening others through our knowledge, skills and experiences.

This is delivered through the **Pachoto platforms** i.e. safe spaces where peers examine the linkages between sexuality, politics and the political economy, to come up with social transformation initiatives and objectives that are relevant to women's daily survival needs.

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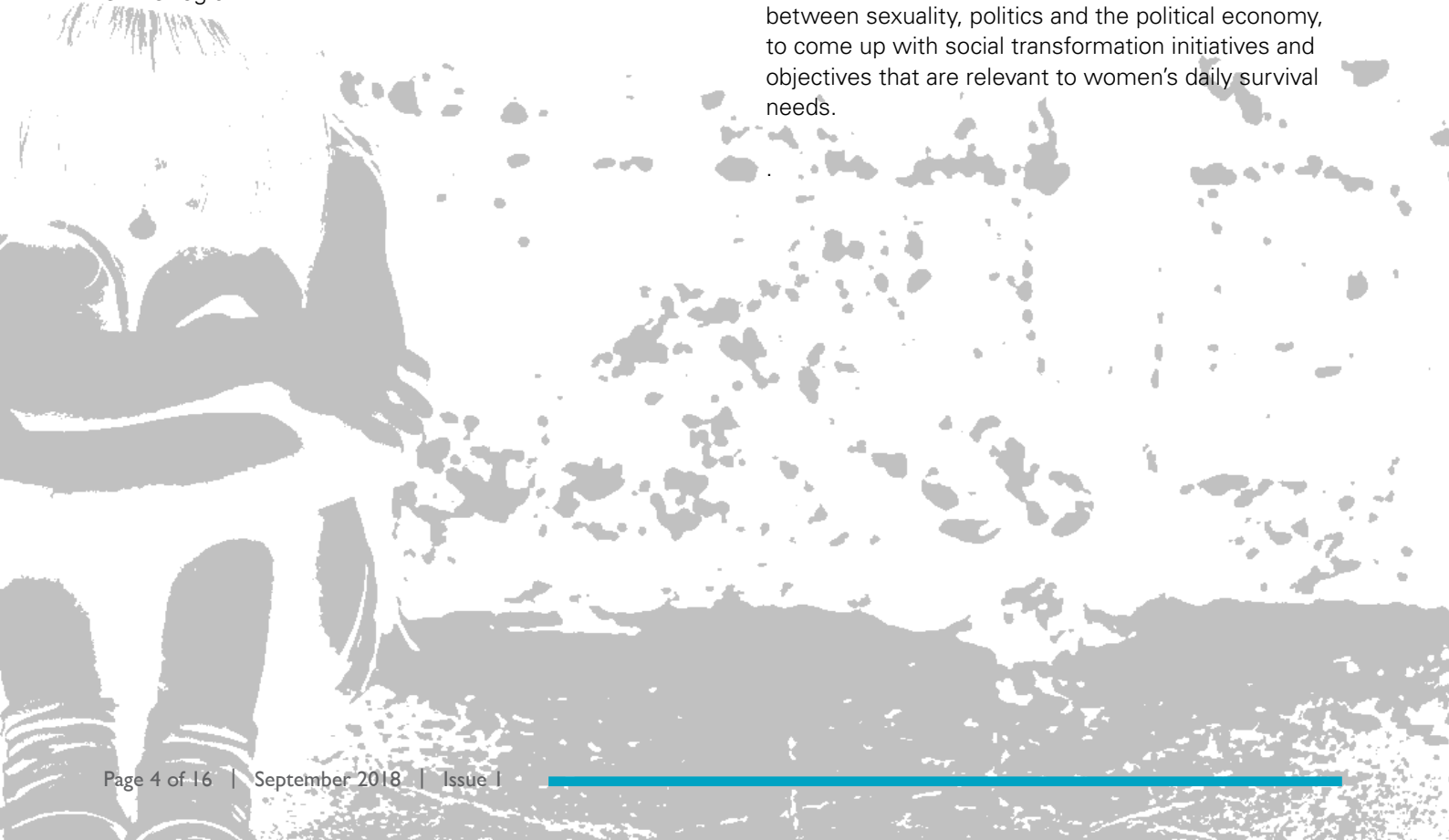
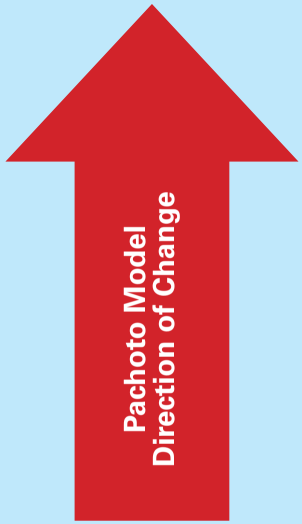


THE PACHOTO MODEL AND OUR THEORY OF CHANGE

Our Vision: Young Women are empowered in every aspect of their life and enjoy equal rights to their male counterparts.



Outcome 4: Organizational Capacity Strengthening

- Training of existing staff and board
- Recruitment of more skilled staff and board members
- Fundraising
- Strengthening communities participation in the organization
- Strengthening organisational systems and practices
- Provision of Services

Level in the Ecological Model	Strategies	Pachoto Model Stages
Outcome 3: Policies that support the rights of young women, including SRHR, are in place and are being implemented.	• **Awareness Raising** – sensitising communities, policy makers and institutions on the SRHR needs and rights of young women. • **Advocacy** – demanding laws and policies that promote positive SRHR outcomes of young women. • **Networking** – with key service providers for young women in need of services that KS doesn't provide.	**Stage 3:** Both young women and the community are actors in influencing policy change.
Outcome 2: Communities i.e. families, men, local political, religious and traditional leaders etc. are supporting and protecting young women's rights, including SRHR.	• **Awareness Raising** – on the rights of young women and the need to support them in relation to SRHR. • **Capacity Development** – of families and partners to support young women on their SRHR.	**Stage 2:** KS supports young women champions to raise awareness among the communities on rights of young women. They also cascade training to improve the capacity of the community to defend these rights.
Outcome 1: Young women claim space to champion their rights, exercise agency over their bodies and enjoy access to SRHR services.	• **Awareness Raising** – on their SRH and rights, where to access services. • **Capacity Development** – life skills and leadership skills to create voice and agency needed to access information and services as well as influence other levels of the ecological model with the accompaniment of KS secretariat.	**Stage 1:** KS enters community in need, awakens consciousness on their rights and develops capacity to act on promoting own rights.

Methods and Approaches

- Arts
- Leadership Development
- Story Telling
- Research
- PSS
- Safe Spaces
- Campaigns

Principles

- Feminism
- Education for Liberation
- Human Rights Based Approach

Issues Affecting Young Women in Zimbabwe and the Region: Stigmatisation of Sex Work; and violation of Sex Workers Rights, Limited Abortion rights; Denial of LBTIQ Rights • Rife GBV including Sexual Gender Based Violence • Lack of Access to Contraception incl. Emergency Contraception • HIV prevention, management, support etc. • Poor access to maternal health services and support, Poverty, Negative Community Attitudes towards Women's Rights, Service Provider Attitudes, Patriarchy.

Time to talk abortion

Abortion is a conversation that Zimbabweans would rather not have despite the dire post abortion complications that health facilities continuously deal with. However, the number of deaths and the health burden associated with backyard abortions make this conversation a necessary and important one. The RHRNzw, a network of youth led and youth serving organisations working on SRHR for adolescents and young people in 2017, began to engage Members of Parliament and other SRHR activists as abortion rights champions.

This is against the realisation that the current limitations on abortion imposed by Zimbabwe's Abortion Act (1977) are in complete violation of women's right to freely and responsibly determine whether or not to have a child.

Zimbabwe's Termination of Pregnancy Act is a draconian law that deliberately ignores that, after almost four decades of its independence, the status of women in the country has evolved.

The Act criminalises abortion unless it has been proven that the pregnancy will endanger a woman's life. Through state protection, the unborn child is given rights to remain in a woman's womb unless there is evidence of serious risk that the child may suffer physical or mental defects causing them to be seriously handicapped after birth. The law also permits abortion where the pregnancy is a result of rape.

Undoubtedly, this law allows the State to interfere with a very private matter relating to a woman's body. Pregnancy by nature is a private and personal issue, this is why women do not seek authorisation to engage in a sexual act. When they do engage, supposing it is consensual, it is a private act. Section 57 of Zimbabwe's constitution guarantees the right to privacy. So depending on the woman's age, as defined by Legal Age of Majority Act, she should be granted the right to decide, without state interference, what to do with her pregnancy.

It is critical to clarify that although abortion is in fact partially legal in Zimbabwe; many women and girls are not aware of the circumstances under which legal abortion is permissible. Failure by the government to avail this information is a direct violation on women's sexual and reproductive rights. Unfortunately, the few women who have tried to access legal abortions on grounds stated in the Act are still barred from accessing by the multiple bureaucracies such as the need for a approvals and signatures by certified government medical doctors. In a country with a dire shortage of staff, it is difficult for a commoner to access so many doctors in one facility. Besides, doctors are also not compelled to provide this service and my still refuse on grounds of their religious or cultural convictions.

It is alleged that, provided the procedure is kept under the wraps, some medical practitioners will conduct abortions, although it will cost an arm and a leg.

Qualified and licensed medical practitioners are hesitant to perform abortions as the risk of losing their practicing certificate is very high should the information leak.

For those who cannot afford or fail to have a clinical termination, the next available option is the riskier backyard procedure. Most of those who conduct these procedures have no medical experience. They, however, are by far very common because of the continuously declining economy that has, in fact left basic health services, out of the reach of many.

When women are socially and economically empowered, they can assert themselves on sex and sexuality matters, and overall reproductive health issues.

Women should be supported to prevent unwanted pregnancies in the first place, this can be done in two ways that is ensuring the unmet need for contraception is covered and addressing women's social economic rights. When women are socially and economically empowered, they can assert themselves on sex and sexuality matters, and overall reproductive health issues.

The Government and Parliament's continued silence on abortion is unacceptable, particularly that Zimbabwe ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The convention addresses the reality and consequences of unsafe abortion by stating the need to revise or modify laws and policies that perpetuate damage to women's health, loss of life and violations of gender equality in health care. The country's constitution gives good grounding for such an intervention. In section 76 (1), the constitution says that citizens and permanent residents of Zimbabwe have the right to basic health care services including reproductive health care services.

Maidei's Story:
An abortionist's tale

On the dusty streets of Epworth, 58-year-old Maidei *(not her real name)* looks like any ordinary senior woman in the neighbourhood. She even maintains that she is ordinary, but it is her trade that keeps her far from it.

Maidei has a history in the business of abortions. Illegal as they are in Zimbabwe, they are so desperately needed by a large population of the women in the country. Although it is said that her backyard procedures are dangerous, women would rather take the risk than keep an unwanted pregnancy.

However, the trade is not peculiar to Maidei, Epworth harbours a number of these 'doctors', referred to as 'MaMbuya' because of their advanced age. However, the term has also been popularised in hospitals to refer to midwives.

Epworth, is one of Harare's heavily populated high-density suburbs. There in the 'ghetto', her base, like many others, is a combination of plastics, rusty iron sheets and boxes upon layers of boxes. The shack she calls home is her theatre. In the closet that stands in the room are the tools of her trade; a large stash of knitting hooks and needles. One could be forgiven for thinking that she knits for a living. It is here that she shares her experiences of a trade that she has engaged in over decades from her teen years.

Maidei does not flinch throughout her description of the procedure. Her face is emotionless as she outlines the necessity of ensuring that the body of the foetus disposed of by either burning or dumping in a deep-water source to ensure that any evidence that could potentially lead to her is disposed.

Maidei admits that although the practice takes years to refine, one is forced to perfect the art to reduce any chance of complications for the clients. This is because such incidences can compromise one's clientele, in a highly competitive field. With very limited resources, the women that conduct backyard abortions have the challenge of ensuring that they avoid infections.

"Abortions are my survival, especially during these hard times. But at the same time, I know that I am helping a young girl whose life might be destroyed by a pregnancy she was not prepared for. These needles are not just tools, without them I can confidently tell you that many lives would have been destroyed and many marriages broken," she says shaking them vigorously to emphasise her point.

For a fifty dollar payment ($50.00), MaMbuya carry out an abortion and offer counseling to their clients on the decision that they have made so that it does not come back to haunt them.

"The counselling is very important. It is important for one to understand the implications of their coming here for such a procedure. It can be very emotional. This is why I counsel, especially our younger clients" adds Maidei.

Surprisingly, Maidei who herself had two children out of wedlock, and with two different men, believes that only disorganised women fall pregnant during the course of an extra-marital affair.

One such client that spoke on condition of anonymity, did not hide her desperation to get 'this thing out of me' as she put it. At the time she had raised half the fees and was still negotiating for Maidei to go ahead with the procedure, so that she completes the payment after the process.

Such clients, Maidei says, remind her that her job is a community service. Maidei explains that the client fell pregnant while having an affair with a married neighbour. The man had since notified her that he would not marry her nor assist in anyway after the baby was born. She was already two months into the pregnancy.

"I am a 21-year-old orphan and I struggle to feed myself as it is. How will I be able to take care of a baby?" she said as she related her ordeal with watery eyes.

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Maidei's Story:
An abortionist's tale

Proprietor of a private clinic in Chitungwiza, Dr Malvern Mahachi, said that the side effects of backyard abortions were usually long term.

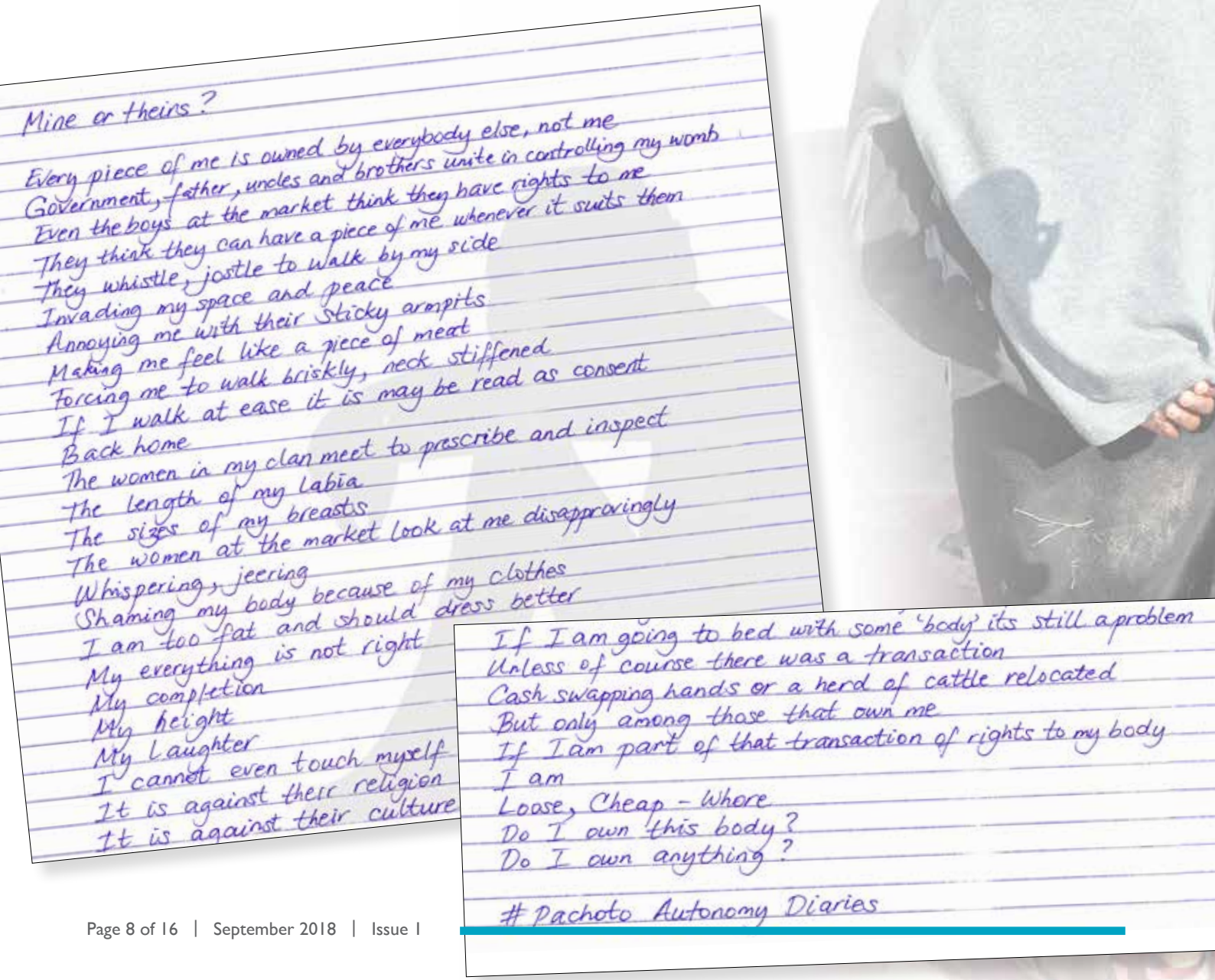
> *"Contraception is the only way one can avoid having a backyard abortion. MaMbuya disregard the long-term effects of such abortions either deliberately or out of genuine ignorance. These include bruising and outright damaging of the uterus that occur during the process of trying to destroy a foetus, which may lead to infertility,"* said Dr Mahachi.

However, Katswe Sistahood's concerns on the backyard theatres is the lack of documentation of the results of their procedures.

> *"Our concerns are that the abortion related deaths recorded annually may not include or just speculate those that occur in such theatres"* said Katswe Sistahood Director, Talent Jumo.

Furthermore, by virtue of being a medical procedure, those that conduct such procedures should be licensed and their premises should meet the requisite health premises standard.

But for Mbuya Maidei, the struggle is real. She stands between women's reality and the law. Until the day abortion is fully decriminalised, and safe procedures are guaranteed Maidei remains a hero for desperate women in her own and surrounding communities.



What about the girl on the street?

Life is a nightmare for girls living on the streets as experience varying forms of abuse from fellow homeless males and perverted men whose mission is to prey on their vulnerability.

They stand at street corners or between moving traffic on the busy streets of Harare begging for food, money or anything to get them through the day. It is clear from their blank stares that their future is distant. To a certain extent they seem not to even anticipate a life beyond what they see that day.

Interviews conducted with street children confirmed that they engage in both heterosexual and homosexual relations. In these instances, which may be consensual, coerced or forced sexual activity, the girl-child bears the brunt of it all. Contraception is either unknown, unaffordable or not a priority. The little money the girls get from begging is usually reserved for food, therefore exposing a large number of them to sexually transmitted diseases.

> *"Sometimes we are approached by men in cars who pick us. They sleep with us long hours. Sometimes they rape us repeatedly and then assault us when we ask for money"* said a 15 year old girl who lives in Harare's city centre.

> *"Even the boys that we call our brothers by day, rape us at night. If you unlucky, they gang rape you"* she added.

Some girls also alleged that some members of the police on night patrol duty subjected them to sexual harassment instead of protecting them.

> *"I used to think that police officers were there to protect us but I realise that they too can be criminals. At times in the middle of the night they come and take us, fondle our breast or ask for sex"* said Miriam *(pseudo name)*.

They admit that after one is raped there is absolutely nothing that one can do as they cannot make a formal report at the police station. Often they will contract either a Sexually Transmitted Infection (STI) or wake up to an unwanted pregnancy.

As a way of coping, the girls have also resorted to sniffing glue like the boys.

> *"If you are high you tend to forget all your pain and the problems,"* Miriam added.

Zimbabwe's declining economy has increased poverty in the country. Undoubtedly, children living on the streets across the country are a sign of the state of the economy. Almost all cities and towns in Zimbabwe have a significant number of children living on the street.

In Zimbabwe, the girl-child is made more vulnerable by the poverty in the country. She remains economically disadvantaged at family level and at community level, she is subjected to varying forms of sexual abuse from family members, close family friends or the odd man - paedophile who feels entitled to her body. The girl on the urban streets of Zimbabwe is undoubtedly vulnerable.

Beyond the forced removal of children on the streets by the police here and there, there seems not to be deliberate effort by the relevant authorities to totally eradicate the problem of street children.

Given the government of Zimbabwe's fiscal challenges, the Ministry of Social Welfare is least likely to be prioritised. This, coupled with a lack of vibrant non-governmental organisations that support and rehabilitate street children, has worsened their plight. In the past, organisations such as Street Ahead and the Bulawayo based, Thuthuka, played an important role that bridged the gap.

It is crucial for the government of Zimbabwe to begin to see that the existence of such children on the streets is a direct violation of children's rights.

Joint Katswe, Roots and RHRN Dzivarasekwa Community Dialogue

Engaging communities and policy makers on abortion in Zimbabwe

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Joint Katswe, Roots and RHRN Dzivarasekwa Community Dialogue

On the 19th of October 2017, The RHRNzw platform, through member organisations, Katswe Sistahood, ROOTS, SAYWHAT, and PSZ supported a community advocacy dialogue on the Termination of Pregnancy Act (ToPA). The meeting which was held at the Dzivarasekwa 3 Community Hall was attended by the Parliamentary Portfolio Committees on Health, led by the Committee Chairperson, Honourable, Dr Ruth Labode; and the Parliamentary Committee of Justice, Legal and Parliamentary Affairs, led by Honourable Priscilla Misihairabwi-Mushonga.

Through a Mock Tribunal presented by RHRNzw SRHR Champions, the community presented evidence of their lived realities of unsafe abortions, and its effects on women's general health and wellness. The platform opened up critical dialogue around the difficulties women and girls face in preventing unwanted pregnancies and accessing safe abortion services.

Ms Margret Nyandoro from the SRH Department in the Ministry of Health and Child Care led a discussion on the effects of botched backyard abortion as follows:

The risk of death following complications of unsafe abortion procedures is several hundred times higher than that of an abortion performed under legal surgical and safe conditions. Adverse effects are experienced by pregnant women in Zimbabwe because most of the abortion providers are not only non-physicians but backstreet abortionists.

Botched backyard abortions often result in Reproductive Tract Infection.

Prolonged bleeding is also another effect of illegal abortion because more often than not, the service providers of abortion lack expertise and unprofessional methods are used. Depletion of uterus may occur causing profuse bleeding during menstrual period or during child bearing. Bleeding may lead to Hemorrhage and also Genital sepsis.

Insertion of sharp reeds, hangers, drinking surf and resorting to backyard abortions by unqualified personnel may cause other gynecological complications.

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women can assert their rights over their bodies

Joint Katswe, Roots and RHRN Dzivarasekwa Community Dialogue

Botched backyard abortions can cost lives. This calls for the need for liberalized abortion laws in Zimbabwe to ensure that it is carried out in health institutions and by qualified personnel with expertise.

KEY RECOMMENDATIONS

We, the women of Zimbabwe do recognize that the Zimbabwean government has functional health facilities offering post abortion care services. However, not every woman will access these services due to the stigma, and fear associated with Abortion.

The Ministry of Health and Child Care, should also recognize that dealing with consequences of backyard unsafe induced abortions is more costly than offering safe abortion services from the onset.

Therefore, we recommend the following:

- Implement comprehensive sexuality education in schools as a priority, and not an add on subject. Beyond that, Adolescent Girls and Young Women should be supported to freely access comprehensive SRHR services, including contraception and emergency contraception, to avoid unplanned and unwanted pregnancies
- Youth friendly services, marked by positive service provider attitudes will restore young people's confidence in the health system and young people they will not be afraid to seek help, support, and protection when they need it.
- Review the Termination of Pregnancy Act to guarantee free safe abortion services to all women, on demand. *Given the magnitude of the health burden and costs associated with abortion complications, it is vital for the Government of Zimbabwe to extend post abortion care services to women and girls, and to ensure they access safe abortion services in the first place.*

  A law that allows for women to access safe abortion services on grounds of health should broaden the 'health' definition- in accordance to the WHO definition of health, 'health is the complete sate of physical, mental and emotional wellbeing, and not the mere absence of disease'.
- Utilise the technological coverage as an opportunity to scale up awareness **and roll out programmes on legal abortion services** i.e. for victims of rape. Tackle the procedural barriers that make it difficult for women and girls to access safe abortion services.

choice

more than just morality

WOMEN'S RIGHTS

safe abortion reproductive health rights

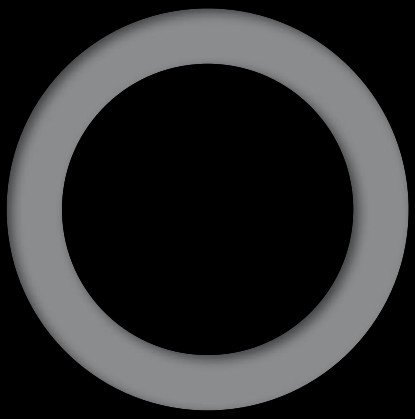
survivors of rape

What is the Global Gag Rule and what does it mean?

- The "global gag rule", originally implemented by President Ronald Reagan of the USA, is also known as the Mexico City Policy.
- Prevents health providers receiving US global health funds to provide abortion services or even information perceived as promoting abortion.
- January 2017, President Donald Trump reinstated the Mexico City Policy, under the name Protecting Life in Global Health Assistance.
- The global gag rule reverses decades of progress on sexual and reproductive health and putting women's lives at risk.
- The diagram below is from PAI.

THE MANY EXTREMITIES OF A MONSTROUS POLICY

ABORTION



I, AS A WOMAN

I, AS A WOMAN

Should have the right to choose.
Should be free to choose.
Should be responsible to choose.

SHOULD HAVE YOUR SUPPORT.

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AMPLIFYCHANGE

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