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Study on Nineteen Years (1996-2014) Trend of Illegal Abortion in the Transkeisub-Region of South Africa

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Abstract

Illegal abortion is a serious and preventable public health problem affecting women of reproductive age. Despite theimplementation of a law legalising abortion in 1996 in South Africa, a high number of illegal abortions are still being carried out. The objective of thisstudy the trend of illegal abortion in the Transkei sub-region of South Africa (1996–2014). This is a retrospective record review, descriptive study on criminal abortion. All aborted foetuses brought formedico-legal examination at the Mthatha Forensic Pathology Laboratory between 1996 and 2014 were recorded in the post-mortem register. In total 4 986 unnatural deaths among females were recorded, which accounted for 21.51% of all unnatural deaths in this region from 1996 to 2014. Abortus material or products of conception ranked ninthin the list of autopsied cases of unnatural deaths; these numbered 208(4.17%) of all autopsied non-natural deaths. The average number of foetal deaths were 10.94 (5.2%) each year. This was highest (17.31%) in 2010, and lowest (0.48%) in 1997 in this study.There is an increasing trend ofillegal abortion in the Transkei sub-region of South Africa. Government must pay attention to the issue of illegal abortion in this region.

Keywords: Illegal Abortion; Foetuses; Death.

Introduction

According to a World Health Organization (WHO) estimation, each year about 44 million induced abortions occur globally.[1] About fifty percent of these abortions are unsafe, contributing substantially to maternal morbidity and leading to approximately 13% of maternal mortality.[1] Every year, about 19–20 million abortions are done by individuals without the requisite skills, or in environments below minimum medical standards, or both.[2] Nearly all unsafe abortions (97%) occurin developing countries.[2] Unsafe abortion is prevalent in many developing countries, mostly in sub-Saharan Africa, Latin America, and South and South East Asia, where abortion laws are more restrictive, the unmet need for contraception is high and the status of women in society is low.[3]

The number of induced abortions in Africa rose from 5.6 million to 6.4 millionbetween 2003 and 2008.[4] In 2008, most abortions occurred in Eastern Africa (2.5 million), followed by Western Africa (1.8 million), Northern and CentralAfrica (0.9 million), and Southern Africa (0.2 million).[4] About 13% of all pregnancies in Africa ended in abortion in 2008.[4] Out of 6.4 million abortions performed in Africa in 2008, only 3% were performed insafe conditions.[4] From 2010–2014, an estimated 8.3 million induced abortions occurred each year in Africa.[5] This number represents an increase from 4.6 million annually during 1990–1994, mainly because of an increase in the number of women of childbearing age.[5]

The Choice on Termination of Pregnancy Act, promulgated in 1996 in South Africa, provided for abortion upon request up to and including 12 weeks of gestational age, under certain

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circumstances between 13 and 20 weeks of gestation, and under limited circumstances after 20 weeks.[6] The Medical Research Council (MRC) found that 425 women died as a result of unsafe abortion prior to the promulgation of the Choice on Termination of Pregnancy Act.[7] The purpose of this Act was to improve women's health and to prevent unnecessary deaths. A2000 repeat study conducted by the MRC showed that there had been a dramatic decrease in maternal mortality (91%) and maternal morbidity (50%).[8]

Available data seem to indicate that a relatively high level of abortion correlates with low access to modern contraception, low status of women, strong sanctions against out-of-wedlock pregnancy, traditional tolerance to abortion and the availability of modern abortion practices.[9] The circumstances under which women obtain unsafe abortion vary and depend on traditional methods known and types of providers present. Health professionals are prone to use instrumental procedures to induce the abortion, whereas traditional providers often make a brew of herbs to be drunk in one or more doses.[10] There is widespread poverty and lack of education in the Transkei region of South Africa.[11] The purpose of this study is to determine the trend of illegal abortion in the Transkei sub-region of South Africa, and to explore the underlying factors that make women choose an illegal abortion, despite the legality of abortion in South Africa.

Method

The retrospective descriptive study was carried out from the records of the post-mortem register of Mthatha Forensic Pathology Laboratory from 1996 to 2014. The Mthatha Forensic Pathology Laboratory is the only laboratory in this region catering for a population of about half a million in the region of Mthatha. It is attached to the Nelson Mandela Academic Hospital, which is the only teaching hospital in this province. It is associated with the Walter Sisulu University Medical School, and all medico-legal cases in this area of South Africa are dealt with at this facility. In total 23 170 autopsies were conducted between 1996 and 2014 and recorded in the post-mortem register at this laboratory. Between 1996 and 2014 the laboratory dealt with 208 items of abortus material or products of conception. Foetuses of which theage could not be ascertainedwereignored in this study. Such foetuses were only found once they were in a state of advanced putrefaction, so the gender and cause of death could not be recorded. The majority of them were not viable yet, meaning the mother had been less than 28 weeks pregnant.

Fourteen forensic officers are engaged in collecting corpses round the clock from 17 different police stations in four municipalities in the area. These municipalities are OR Tambo, Mhlontlo, Chris Hani and the Mbashe municipal area of about 200 square kilometres. The OR Tambo municipality is the largest and is covered fully by 10 police stations. Mhlontlo municipality has four police stations, there are two in Chris Hani and Mbashe municipality has one. The combined population was 439 091 in 1996, but this number has been increasing at an average rate of 3% annually. In 2005 there were five police stations to be taken into account. Therefore, the population in the area of this study has increased. Population statistics were calculated with the help of the South African Statistics Department in Mthatha. However, it is difficult to estimate the total population involved. The data were collected in hard copies designed to reflect post-mortem number and year. These data were transferred to the Excel computer program and analysed with the help of the SPSS computer program.

Result

In total 4 986 unnatural deaths among females were recorded, representing 21.52% of all the unnatural deaths in this region from 1996 to 2014 (Fig. 1). Abortus material or foetuses ranked ninthin the list of causes of unnatural death (Table 1 and Fig. 2). The total number of foetuses autopsied was 208 in this study, which was 4.17% of all autopsied cases in Mthatha Forensic Pathology laboratory over

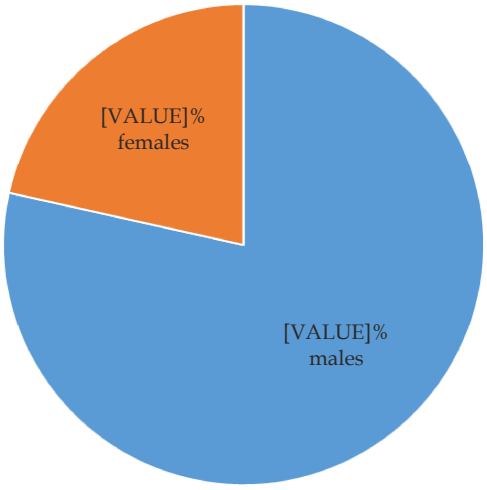

Fig. 1: Percentage of unnatural deaths among males and females in the Transkei sub-region of South Africa from 1996 to 2014 (n=23 170).

Table 1: Ranks of percentage of cause of death among females in the Transkei sub-region of South Africa from 1996 to 2014 (n=4 986).

Rank	Cause of death	Number of deaths	Percentage (%)
1	MVA	1563	31.34
2	Gunshot	632	12.67
3	Poisoning	481	9.64
4	Stabbing	430	8.62
5	Assault	365	7.32
6	Drowning	303	6.07
7	Collapse	259	5.19
8	Burns	242	4.85
9	Abortion	208	4.17
10	Lightning	170	3.4
11	Hanging	167	3.34
12	Fall from height	113	2.26
13	Decomposition	28	0.56
15	Gas suffocation	25	0.50
All ranks	All causes	4986	100

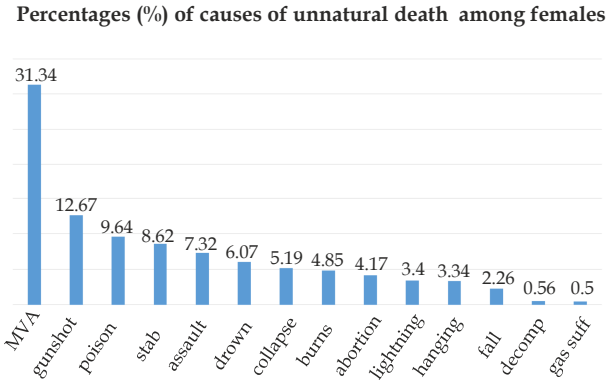

Fig. 2: Ranks of percentage of cause of death among females in the Transkei sub-region of South Africa from 1996 to 2014 (n=4 986).

Table 2. Yearly distribution of foetuses in the Transkei Sub-region of South Africa from 1996 to 2014 (n=208).

Year	Number of foetuses received	Percentage
1996	5	2.40
1997	1	0.48
1998	5	2.40
1999	4	1.92
2000	2	0.96
2001	2	0.96
2002	3	1.44
2003	3	1.44
2004	1	0.48
2005	8	3.85
2006	1	0.48
2007	31	14.90
2008	30	14.42
2009	14	6.73
2010	36	17.31
2011	21	10.10
2012	17	8.17
2013	12	5.77
2014	12	5.77
Average	10.94	5.26

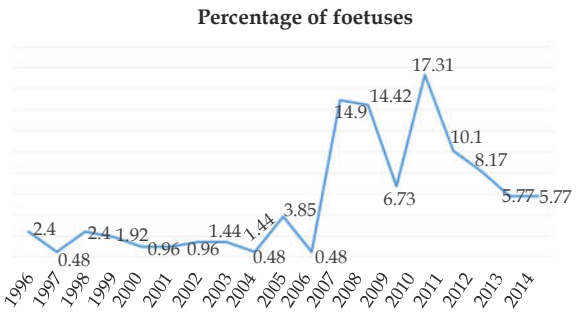

Fig. 2. Yearly distribution of criminal abortion in the Transkei sub-region of South Africa from 1996 to 2014 (n=208).

a period of 19 years (1996–2014) (Table 1 and Fig. 2). The average number of foetal deaths was 10.94 (5.2%) each year (Table 2). This was highest (17.31%) in 2010 and lowest (0.48%) in 1997 in this study (Table 2 and Fig. 3). The percentage of foetuses recorded in the register was 16.82% between 1996 and 2006 (Table 2 and Fig. 3). Eighty-three percent (83.17%) of the cases of foetal tissue in this study were reported to the laboratory from 2007 to 2014 (Table 2 and Fig. 3).

Discussion

This study is based on the assumption that all foetuses received at the Forensic Pathology Laboratory werethe product of illegal abortion. This could be a small tip of a very large iceberg, as most of the evacuated products of conception were probably disposed of by illegal abortionists in ways that would make them difficult to discover. It is like

wise difficult to estimate the total number of illegal abortion clinics in the Transkei sub-region of South Africa. Theremay be between 50 and 70 illegal abortion clinics in Mthatha and the surrounding area. At least 30 to 40 can be counted easily from their advertisement onlamp posts, street walls and pamphlets with their contact numbers. The illegal abortionists try to earn their bread by any means. They provide a guarantee of safe, painless, cheap and confidential abortion, as is evident from their advertisements. Most of the Transkei region is rural or semi-rural. Although the area merged with South Africa soon after the democratic elections in 1994, it is still not developed.[11] People are poor, ignorant and the illiteracy rate is high;[11] therefore, they do not understand the risks of abortion by unqualified abortionists and a poorwoman whois desperate for abortion is easy prey for them.

More than one fifth of the victims of unnatural death in this region of Transkei between 1996 and 2014 in this study were female (Fig. 1). Of the cases affecting women, 208 (4.17%) were aborted foetuses, taken from municipal dustbins and streets over a period of 19 years (Table 1 and Fig. 2). Evidence shows that induced abortions are more likely in countries in which abortion is illegal or restricted compared to those that are liberated.[12] South Africa is not among those countries and legalised abortion already in 1996. The Choice on Termination of Pregnancy Act, promulgated in 1996 in South Africa, provided for abortion upon request.[6] South African women have the choice to undergo abortion but there is still serious stigma attached to it. Legalisation of abortion on request is a necessary but insufficient step to improve women's health.In some countries, such as India, where abortion has been legal for decades, access to competent care remains restricted because of other barriers.[2]

This Act has provided enough room to aget abortion without any problem in South Africa at various legal abortion clinics. However, it seems that a liberal abortion law does not attract Transkeian women to utilise the facility of free legalised abortion clinics, as the number of foetuses foundincreased after the abortion law was passed. In 1996, only 2.4% of cases involved foetuses brought to the laboratory, but this increased to 5.7% in 2014 (Table 2 and Fig. 3). This more than double increase in illegal abortions in this region indicates that there is some problem in this region, involving either the health care service or the ignorance of women or both. Many women in South Africa risk their lives to end an unwanted pregnancy. Despite the liberalisation of laws and formalisation of services dedicated to abortions, women continue to resort to illegal and unsafe solutions that render them vulnerable to health and social risks, serious morbidity and even death.[13] The highest (17.31%) percentage of foetuses were brought to the mortuary in 2010. It is difficult to explain this high number in 2010, but it is well understood that aborted products of conception werepicked up by chance either by road cleaners or by strangers who were walking alongthe road. There is no human tissue disposal system that could help in counting the total number of abortions carried out in the town. Illegal abortionist have their own way of disposing of the product of conception.The municipality and police areignoring these abortionists, despite the fact that they advertise their services in public places. It is easy to meet them;one just has to make a call totheir cell phones.It is absolutely shocking that people can advertise their willingness to commit a crime with impunity!

In South Africa access to safe reproductive health services remains a challenge, particularly in under-privileged areas such as the Transkei. Women want to obtain services quickly. Illegal abortionists respond to their problem quickly in town and therefore they avoid going to the legal abortion facilities.[13] In addition to this, at the legal abortion facilities patients report ill-treatment by the staff and lack of confidentiality, and a long waiting lists.[13] It has become more problematic in rural areas such as Transkei, where the availability of these services is limited. After theabortion law was promulgated in 1997 in South Africa, a study reported that the annual number of abortion-related deaths had fallen by 91% between 1994 and 1998–2001.[5] However, this study was carried out in metropolitan cities such as Cape Town and Pretoria, where all facilities are on the doorstep of the service seekers. The same may not be true in rural parts of South Africa. A high number of maternal deaths is reported in the Transkei region. A study conducted by the author (2004) showed that maternal deaths necessitated improved obstetric care in the Transkei region of South Africa.[14] Maternal mortality as a result of illegal abortion in the Transkei region could not be calculated with any accuracy, but 35% of all maternal deaths were considered to be preventable.[15]

Rural women who come from a distance want to return home on the same day after getting an abortion. This would help them maintain confidentiality. Therefore they need to get an abortion in a limited time. Illegal centres provide

them full proof of confidentiality.[13] Although they are poor and obtaining money is difficult for these women, they are still willingto pay illegal abortionist to solve their problem instantly. Many service providers in legal clinics are known to the client, and therefore these women do not want to risk their confidentiality. There are long waiting times, as the number of beds islimited. The behaviour of the nursing staff isanother challenge. One of the reasons for the high number of deaths, which still occur due to incomplete or septic backstreet abortions, is that many women requesting abortions are turned away because there are insufficient beds. Staff at clinics around Umtata and at Umtata General Hospital see between six and eight women daily, mostly between 16 and 22 years of age. Those women request abortions for a variety of reasons. Some abort claiming that they are not ready to raise a child, some say they became pregnant unexpectedly, and some use abortion as a means of contraception. There are private places around Umtata that also perform abortions,in addition to government centres. These places are mostly available in the streets of Umtata town and they post directions and contact details on the streets to attractwomen who prefer to go for an illegal abortion (Photograph 2). These places are said to be major causes of death resulting from abortions, since there is usually no follow-up when there are complications. Illegal abortionists do not understand the consequences of unsafe abortions, such as haemorrhage, infection and poisoning.[2]

To understand the dynamics of illegal abortion on the African continent, one has to understand the level of illiteracy, lack of empowerment of women, sexual promiscuity, and poverty. Traditional healers are the first line of health care providers, and belief in them is deeply ingrained in the psyche of many Africans. Poverty is severe in the Transkei region. Seventy-three percent of the rural people in the Eastern Cape were living on less than R300 per month in 2005/2006, and more than half of them on less than R220 per month.[11] Education is probably the only way to deal with this problem, but it is going to take more than one generation.

Limitations

Despite the assistance of Statistics South Africa, it is difficult to make an accurate estimation of the population in South Africa as a whole, and the region in particular, because of the awkward geographical position of police stations and migration numbers. The annual growth in population is accepted as 3%, which may not be strictly accurate in view of the lack of precise death and birth ratios. However, the author has tried to estimate the number as accurately as possible.

Conclusion

There wasan increasing trend ofillegal abortion in the Transkei sub-region of South Africa from 1996 to 2014. The basic purpose of the Abortion Act of 1996, to improve the health of women, has not been achieved in this region. Legal abortion clinics must be accountable fortheir quality of service. Government must make people aware of the consequences of illegal abortion,and illegal abortionclinics must be shut down without delay.

Ethical Issue

The author has ethical permission for collecting data and publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa. The photograph 2, the number blurred purposely to hide the contact number.

Acknowledgment

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